

#### **Pain Assessment**

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### **Titles and Affiliations**

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### Disclosures





### **Learning Objectives**

Discuss the role of the pain assessment in the care of a patient

Discuss the value of using the mnemonic "PQRSTU"

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Review a pain assessment using single- and multidimensional assessment instruments to assess a complaint of pain Describe mitigation strategies for common barriers to pain assessment

4



### **Steps for Appropriate Treatment**

- 1. Problem identification and assessment
- 2. Define the therapeutic objective
- 3. Identify available modalities
- 4. Identify variables that affect drug selection
- 5. Select appropriate pharmacologic agent(s)
- 6. Identify expected/potential toxicities
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- 8. Monitor patient response
- 9. Adjust regimen as appropriate



# Why do we assess pain?



Pain is a personal and subjective experience



Clinical presentation of pain can be very complex with many qualitative factors to consider



Comprehensive assessment of pain complaint allows practitioner to determine the most likely pathogenesis of the pain



Clearly defined pathogenesis will help guide appropriately treatment



Assessment and reassessment allows practitioners to determine if a given therapy is effective

### **Joint Commission Pain Management Standards**



#### Facts about pain management

It is estimated that in the United States more than 76 million people suffer from pain. Pain can be chronic or acute, such as post-surgical pain.

#### Pain management standards

On January 1, 2001, pain management standards went into effect for Joint Commission accredited ambulatory care facilities, behavioral health care organizations, critical access hospitals, home care providers, hospitals, office-based surgery practices, and long term care providers. The pain management standards address the assessment and management of pain. The standards require organizations to:

- recognize the right of patients to appropriate assessment and management of pain
- screen patients for pain during their initial assessment and, when clinically required, during
  ongoing, periodic re-assessments
- educate patients suffering from pain and their families about pain management

The pain management standards require that patients be asked about pain, depending on the service the organization is providing. There are some services that do not require a pain assessment; for example, if a patient is being X-rayed. However, if a patient is experiencing pain, appropriate care should be made available. The organization's response to a patient's pain is based on the services it provides. If screening indicates that pain exists, the organization may assess and treat the pain; assess the pain and refer the patient for treatment; or refer the patient for further assessment. Patients are encouraged to report pain and to cooperate with the prescribed treatment.

www.jointcommission.org/standards/r3-report/r3-report-issue-11-pain-assessment-and-management-standards-for-hospitals/.





#### Painweek.

## Unidimensional vs Multidimensional Assessment



## Ideal Pain Assessment Tool

- Readily available
- Ease of use
- Well-liked, accepted
- Correlated with patient cognitive level
- Consistent use



#### Unidimensional Assessment Tools





## **Unidimensional Pain Assessment Tools**



- Visual Analog Scale (VAS)
- Numeric Pain Intensity Scale
- Verbal Descriptor Scale
  - None, mild, moderate, severe, pain as bad as it could be

rebelem.com/rebel-cast-episode-49-pediatric-pain-management-pearls-with-sebrina-perkins/visual-analog-scale/.



### **Unidimensional Pain Assessment Tools**



#### • Faces Scale



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openi.nlm.nih.gov/detailedresult.php?img=PMC3151631\_kju-52-452-g001&req=4.

### **Unidimensional Pain Assessment Tools**



4

Albanian

- Arabic
- Bulgarian\*
- Catalan
- Cebuano (Philippines)
- Chichewa
- Chinese
- Croatian\*
- Czech\*
- Dutch (Belgium)\*
- Dutch (Netherlands)\*
- English
- Estonian
- Filipino (Philippines)
- French (Belgium)\*

- French (Switzerland)\*
- German (Germany)\*
- German (Switzerland)\*
- Greek
- Hebrew
- Hindi

- Latvian\*

- Malagasy
- Malaysian\*
- Mandarin (Malaysia)\*
- Mandarin (Taiwan)\*
- Mongolian
- Nepali
- Norwegian
- Persian
- Polish\*
- Portuguese (Brazil)
- Portuguese (Portugal)\*
- Romanian\*
- Russian (Russia)
- Russian (Ukraine)\*
- Serbian
- Slovak\*
- Slovenian\*
- Spanish (Argentina)
- Spanish (Chile)\*
- Spanish (Colombia)\*
- Spanish (Costa Rica)\*
- Spanish (Mexico)\*
- Spanish (Peru)\*
- Spanish (Spain)\*

- Swedish\*
- Tamil (Malaysia)\*
- Telugu\*
- Thai
- Turkish
- Ukrainian\*
- Wallisian (Uvean)

www.iasp-pain.org/Education/Content.aspx?ItemNumber=1519.

1.4

- - Finnish\*

  - French (Canada)\*
  - French (France)

  - German (Austria)\*

  - Hungarian\*
  - Indonesian
  - Italian\*
  - Japanese
  - Kannada\*
  - Korean\*
  - Lao
  - Lithuanian\*

- Spanish (USA)\*
- Swahili

#### Multidimensional Assessment Tools

- Evaluation of pain in several different domains
- Captures a more comprehensive understanding of the pain complaint
- Intensity, affect, sensation, location, impact on ADLs, etc
- Takes longer to administer
- Requires training of personnel to perform
- More challenging to "score" or "document" than unidimensional
- Examples:
  - McGill Pain Questionnaire
  - Wisconsin Brief Pain Inventory

#### Short Form McGill Pain Questionnaire

FIGURE 10-2 | The McGill Pain Questionnaire



slideplayer.com/slide/5699552/.



#### Brief Pain Inventory (Short Form)





www.sciencedirect.com/topics/medicine-and-dentistry/brief-pain-inventory.



WHAT H	AVE YOU LEARNED?			

## Self-Assessment!

- Which of the following statements is true regarding the use of unidimensional and multidimensional pain assessment tools?
  - A. A unidimensional scale assesses a single element of the complaint, usually the severity
  - B. A unidimensional pain assessment is too brief to provide any meaningful clinical information
  - C. A multidimensional pain assessment evaluates several elements of the complaint including intensity, sensation, location, impact on ADLs and more
  - D. A and C
  - E. All of the above

WHAT HAVE YOU LEARNED?				

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## Elements of Symptom Analysis

**P** — palliative/precipitating factors and previous therapy

🏷 🛛 T — temporal

**U** — YOU associated symptoms, impact on ADLs



## **P** — Precipitating Factors



- What brings on the pain or makes it worse?
  - Position changes, weight bearing
  - Certain activities, coughing, bowel movements
  - Changes in weather
  - Personal care
  - Light touch



## P – Palliating Factors



- What helps relieve the pain (from a nonmedication perspective)?
  - Heat, cold application
  - Position change (standing, lying down, rolling over)
  - Coping strategies (prayer, meditation)
  - Distraction (listening to music, watching TV, looking at photographs)
  - Energy therapy
  - Surgery



## **P** – **Previous Therapy**



- What methods of pain relief have been tried previously?
  - Medications
    - OTC
    - Prescription
    - Injections
  - Herbal and natural products
- Did you have any side effects?
- How well did they work?



## Q — Quality

- What does the pain feel like?
  - Somatic nociceptive pain: aching, deep, dull, throbbing, sharp, well localized
  - Visceral nociceptive pain: diffuse, gnawing, cramping, squeezing, pressure
  - Neuropathic pain: burning, numbness, radiating, shooting, tingling
- Use the patient's own words!
- Don't prompt them with words listed above unless necessary
- Their own description of the pain is often the most helpful in determining the pathogenesis



## **R**—Region/Radiation

- Where does it hurt?
  - Can the patient point to it?
  - Is it localized or referred?
  - Superficial or deep beneath the skin?
- Does it spread or radiate to other areas?
- Does it stay in one place?
- Can the pain be duplicated?
  - Touch, pressure, or specific movements



### S — Severity

The most commonly defined element on a given scale

Same scale should be used with each reassessment of pain

#### How much does it hurt?

- Pain right now?
- Pain at its worst?
- Pain at its best?
- Pain on average?
- Tolerable pain level?

How does the pain change with activity or rest? Before and after medication administration?

## T — Temporal

- Onset
- Duration
- Variation (pain course/changes)
- Frequency
- Patterns (persistent/intermittent)
- Acute vs chronic





### U — You! Associated Symptoms: How does pain affect your life?

- How does the pain affect:
  - Mood/emotional state
  - Ability to work
  - Activities of daily living
  - Personal relationships
  - Ability to sleep
  - Quality of sleep
  - Appetite







## Self-Assessment!

- A patient you are caring for tells you: "My pain is about a 5 on a scale of 0-10 right now. If I lie perfectly still the pain is tolerable and I'm okay, but when I roll over in bed it skyrockets." Which elements of symptom assessment are addressed in this statement?
  - A. Quality and severity
  - B. Temporal and quality
  - C. Severity and precipitating events
  - D. Quality and palliating events
  - E. Impact on ADLs and severity



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How can you tell if the patient is experiencing pain?

## Assessing pain in a nonverbal patient





## **Types of Nonverbal Patients**

#### Pediatrics

- Infants
- Children

#### **Cognitive Impairment**

- Dementia
- Mental deficits

#### Critically III

- Postoperative
- Intubated
- Comatose

#### **Communication Barriers**

- Cultural
- Educational
- Language



Checklist of Nonverbal Pain Indicators

Behavior	w/movement score	at rest score
Nonverbal Vocalization: sighs, gasps, moans, groans, cries		
Facial Expression: furrowed brow, narrowed eyes, clenched		
teeth, tightened lips, jaw drop, distorted expressions		
Bracing: clutching or holding onto furniture, equipment or area		
of the body		
Restlessness: constant or intermittent shifting of position,		
rocking, intermittent or constant hand motions, unable to keep		
still		
Rubbing: repeated massaging of body in same area(s)		
Verbal Complaints: words expressing discomfort or pain [e.g.,		
"ouch," "that hurts"]; cursing during movement; exclamations of		
protest [e.g., "stop," "that's enough"]		
Subtotal		
Scoring: 0=not present; 1=present		
Total		



### PAINAD

www.cheatography.com/davidpol/cheatsheets/pain-assessment-in-advanceddementia/?prsrc=3.

**Pain**week.

#### PAIN ASSESSMENT IN ADVANCED DEMENTIA (PAINAD) SCALE

Items	Score = 0	Score = 1	Score = 2	Score
Breathing (independent of vocalization)	Normal	<ul> <li>Occasional labored breathing</li> <li>Short period of hyperventilation</li> </ul>	<ul> <li>Noisy labored breathing</li> <li>Long period of hyperventilation</li> <li>Cheyne-Stokes respirations</li> </ul>	
Negative vocalization	None	<ul> <li>Occasional moan or groan</li> <li>Low level of speech with a negative or disapproving quality</li> </ul>	<ul> <li>Repeated troubled</li> <li>calling out</li> <li>Loud moaning or groaning</li> <li>Crying</li> </ul>	
Facial expression	Smiling or inexpressive	• Sad • Frightened • Frown	• Facial grimacing	
Body language	Relaxed	<ul><li> Tense</li><li> Distressed pacing</li><li> Fidgeting</li></ul>	<ul> <li>Rigid</li> <li>Fists clenched</li> <li>Knees pulled up</li> <li>Pulling or pushing away</li> <li>Striking out</li> </ul>	
Consolability	No need to console	<ul> <li>Distracted or reassured by voice or touch</li> </ul>	• Unable to console, dis- tract, or reassure	
Total				

Note. Total scores range from 0 to 10 (based on a scale of 0 to 2 for each of five items), with a higher score indicating more behaviors indicating pain (0 = no observable pain to 10 = highest observable pain).

Adapted from Warden, V., Hurley, A.C., & Volicer, L. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. Journal of the American Medical Directors Association, 4, 9-15.

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## **Setting Functional Goals**

- Understanding impact on function and setting functional goals are important in treating pain
- "What would you like to be able to do that you can't do now because of your pain?"
  - "I want to go back to work"
  - "I want to be able to play with my grandchildren"
  - "I want to be able to sleep through the night"
  - "I want to finish my needlework"
  - "I want to walk to the bathroom alone"



# Summary

- Pain is a prevalent symptom, occurring across most disease states and chronic illnesses
- An optimal treatment plan must start with a comprehensive pain assessment
- PQRSTU is a helpful mnemonic to use when assessing a patient's pain complaint





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