

PAIN MANAGEMENT

Types of Pain

Superficial Somatic	Skin, tongue, mucus membranes
Deep Somatic	Muscles, tendons, bones
Visceral	Internal organs <ul style="list-style-type: none"> • Lack of blood supply • Overstretching
Referred	Pain originates in one location → felt in another <ul style="list-style-type: none"> • Ex: Heart attack felt in left arm • Theory: shared interneuron

Non-pharmacologic Pain Management

Non-pharmacologic measures should be chosen based on the specific injury or source of pain.
Not all techniques will be effective for every type of pain.

Bedrest	For muscle or joint pain, bedrest can help to decrease irritation or inflammation in the affected area.
Massage	Massage can help to relieve tension and improve blood flow to the affected area, which can decrease pain.
Relaxation Techniques <ul style="list-style-type: none"> • Hypnosis • Guided Imagery • Breathing 	These measures help with the "mind over matter" aspect of pain, and help with psychological coping. <ul style="list-style-type: none"> • Example: breathing through a contraction during labor
Bracing or Splinting	Bracing, splinting, casting, and/or traction can help limit movement in an affected area, which can decrease irritation of the area. <ul style="list-style-type: none"> • Example: splinting abdomen with a pillow when coughing after abdominal surgery
Electrical Stimulation	Stimulation, such as a TENS unit can help reduce muscle spasm and decrease soft tissue edema.
Heat or Ice	Heat → increases blood flow Cold → decreases inflammation

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Pharmacologic Pain Management

Non-Opioid Analgesics

- NSAIDs (ibuprofen, aspirin, ketorolac)
- Cox-2 Inhibitors (celecoxib)
- Acetaminophen
- Muscle relaxants can also relieve pain caused by muscle spasm or tension

Oral Opioid Analgesics

- Hydrocodone
- Oxycodone
- Tramadol
- Methadone

Injectable Opioid Analgesics

- Morphine
- Hydromorphone
- Fentanyl
 - Also transdermal/intranasal

- Always escalate from least "invasive" to most invasive based on patient's response.
 - Use consistent pain scoring and evaluate on appropriate timeline.
 - If pain still unacceptable:
 - Consider increased dose or frequency
 - Alternate 2 or more drug classes
 - Advance to the next level
1. Nonpharmacologic measures
 2. Non-Opioid Analgesics
 - a. Evaluate after 30-60 minutes
 3. Oral Opioid Analgesics
 - a. Evaluate after 30-60 minutes
 4. Injectable Opioid Analgesics
 - a. Evaluate after 30 minutes

Consult with Pharmacy regarding dosing or appropriateness

Confer with Provider if ordered pain management does not appear effective

Follow provider orders regarding administration dosing and frequency