CONSIDERATIONS:

1. Millions of patients suffer from chronic pain. Some of these patients enter home care for other reasons, and their pain is discovered during the OASIS assessment, when asking the pain assessment questions, M1240 and M1242. Many of these patients have given up on trying to achieve pain control. Clinicians may be able to help these patients achieve a better quality of life.
2. One way to categorize pain:
   a. Acute pain: Usually has an abrupt onsite that subsides in a period of days or weeks
   b. Cancer/terminal pain: Usually comes on gradually, growing ever more severe over time as the disease process worsens, eventually leading to the patient's death
   c. Chronic pain: Pain is resistant to treatment; pain is not anticipated to end and therefore, opioid therapy is problematic
3. The WHO analgesic ladder, which is the foundation for pain management, was developed for cancer pain management. As pain escalates, medications escalate, recommending opioids for severe pain. However opioid therapy for chronic pain presents challenges for the patient and the clinician.
4. Evidence indicates that chronic pain management requires a multi-modal, individualized plan of care, which supports pharmacologic approaches with non-pharmacologic approaches, such as:
   a. Cognitive-behavioral methods
   b. Physical methods (e.g., ice, TENS)
   c. Exercise programs
   d. Rehabilitation programs
5. Major causes of chronic pain include:
   a. Osteoarthritis
   b. Neuropathic pain: Fibromyalgia, shingles, trapped nerve syndromes, neuropathies
6. Neuropathic pain can be severe and persistent:
   a. Pain is caused by nerve cell or sympathetic nervous system dysfunction
   b. Best medication options for treating neuropathic pain are anticonvulsants, anti-depressants and anti-arrhythmics
   c. When these medications are not effective at relieving the patient's pain, other therapies may alleviate the pain, such as procedures performed by interventional pain management anesthesiologists, such as nerve blocks
7. Investigators are still studying the effectiveness of advanced pain management interventions, but studies indicate that the following interventions are effective for some people:
   a. Biofeedback
   b. Acupuncture
   c. Transdermal electrical nerve stimulation (TENS)
   d. Trigger point anesthetic injections
   e. Spinal cord stimulation (pain pacemakers)
8. The relaxation response and interventions that relieve stress and promote mind/body relaxation, relax the sympathetic nervous system and stimulate the body to secrete endorphins and serotonin.
9. Many complimentary therapies promote mind/body relaxation or use the senses of sight, vision, smell, touch and imagination to promote comfort and well-being. Complementary therapies which may be helpful include:
   a. Prayer/spiritual practices
   b. Relaxation breathing
   c. Awareness/centering training
   d. Guided imagery/visualization
   e. Progressive muscle relaxation
   f. Yoga and stretching exercises
   g. Massage of back, hands or feet
   h. Therapeutic and healing touch
   i. Affirmations
   j. Diary/journaling
   k. Aroma therapy
   l. Expression of emotions through art (e.g., painting, crafting)
   m. Life review/reminiscing
   n. Music therapy
   o. Pet therapy
   p. Humor and laughter therapy

EQUIPMENT:

Pain Scale
Guidelines for analgesic drug orders

PROCEDURE:

1. Complete a comprehensive pain assessment
   a. See procedure for *Pain Management – Assessment: Screening and Comprehensive*
   b. Caring about and giving the patient the opportunity to discuss his/her pain experience may be the most healing intervention the patient has experienced for pain in a very long time
2. Determine what interventions the patient has tried and if all appropriate medications/interventions have been attempted.
3. Ask if the patient about interest in exploring:
   a. A different medication management plan
   b. Advanced pain management interventions with a pain specialist
   c. Complimentary therapies
4. Tell the patient you would like to discuss options with the patient's physician.
5. Report findings to physician:
   a. Patient's pain rating

b. Current activities and effect on quality of life
c. Ask about exploring other options:
   i. Adjuvant medications
   ii. Referral to Pain Management Specialist
   iii. Referral to cognitive/behavioral program or rehabilitation therapist

6. Consult resources for complimentary therapies. Consider scripts and resources from:
   a. Breathing and Relaxation Exercises
   b. Guided Imagery and Visualization Exercises

AFTER CARE:

1. Communicate with physician, as appropriate:
   a. Obtain orders for new medication trial
   b. Referral to Pain Management Specialist
   c. Referral to PT and OT for possible physical interventions, TENS, positioning, exercise, etc.
2. Instruct and teach patient/caregiver about options available for chronic pain and how to access them.
3. Document in patient record:
   a. Pain assessment and pain management interventions
   b. All teaching provided to patient/caregiver
   c. All communications and care coordination efforts with physician and team members
4. Reassess patient's plan 24 hours after the initiation of a new pharmacological or non-pharmacological intervention.
5. Continue to support and encourage patient to explore strategies for attaining optimal well-being.

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