

NHS Training for
AHP Support Workers

Workbook 5
Pain control awareness



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Workbook 5

Pain control awareness

5.1 Aim

The aim of this workbook is to provide the Healthcare Support Worker (HCSW) with the knowledge and understanding to effectively manage therapeutic interventions for patients who are in pain.

2.2 Learning outcomes

By the end of this workbook you will be able to:

- Describe the factors that might influence an individual's perception of pain and be able to explain how this might limit therapy activities.
- Recognise when a patient is in pain and take the necessary action.
- Describe when and how pain rating scales may be used.

5.3 What is pain and why does it occur?

- Pain is an unpleasant emotional or sensory experience arising from actual or potential tissue damage.
- Pain provides us with a warning that enables us to become aware of and avoid possible harm.
- The central nervous system and its connections throughout the body detect sensations of pain.
- These connections let us know about the location, duration and strength of the pain.
- Pain is not just a physical sensation. It may also be influenced by previous experiences, anticipation, anxiety, and social and cultural issues.

Physical causes of pain include:

- inflammation
- infection
- tissue damage or damage to nerves or the nervous system
- Pain may arise from internal organs due to tumour or obstruction.

Physical responses to pain

Unrelieved pain can be very harmful and stressful, causing physical symptoms such as increased heart rate and blood pressure, as well as muscle spasm, increased fatigue and immobility.

Mental responses to pain

Patients with unrelieved pain may also become confused. Sleeplessness, anxiety and fear are also associated with unrelieved pain.

Patients experience pain differently depending on their experience, perceptions, coping mechanisms and emotional responses. It is therefore not surprising that patients differ in the extent to which they feel pain following surgery or injury, infection or disease.



Evidence

Describe the factors that might influence an individual's perception of pain.



Activity

Can you think of two patients whom you have dealt with and who have demonstrated different experiences of pain?

Describe the differences.

What effect did this have on how you dealt with the patients?

Effect of pain on an individual's ability to participate in therapy

Because pain is experienced differently by individuals, the effect that their pain may have on how they can participate in therapy will differ.

Patients may find therapy difficult if they are in pain, they may also avoid doing things that they perceive might increase their pain.

It is important that before you ask a patient to participate in therapy, you ascertain their individual needs in relation to their pain.

You might want to ask the patient how they are feeling, whether there has been a change in their condition, and whether they would like you to do anything about their pain before therapy.

If patients appear to be in pain during therapy, or if they report that therapy is increasing their pain, it is important to liaise with your supervising therapist.



Evidence

Describe the impact that pain might have on the patient's ability to participate in therapy.

From your own practice, describe how you determined whether a patient might be in pain.

How did this influence what you asked the patient to do in therapy?

What action did you take, and to whom did you report?

Healthcare workers are known to believe that patients at times overstate their pain. This leads to pain relief being often inadequate for the pain that a patient is experiencing.

Case scenario

Gillian, a physiotherapy support worker goes to visit a patient on the ward who has had surgery to replace his hip two days before. The patient tells Gillian that his pain is severe and that he does not wish to do any exercise or walking today.

Gillian has just finished working with another patient who had surgery on the same day and who participated well in his physiotherapy.

She tells him that he cannot possibly be as sore as that and that he must do his exercises.



Activity

Why do you think Gillian did not believe that the patient was in pain?

How do you think that Gillian ought to have responded to the patient?

What impact do you think that her response might have on the patient's future progress in physiotherapy?

Gillian had ignored the following definition of pain that is often used:

"Pain is whatever the experiencing person says it is, existing when he says it does."

(McCaffery 1968)

Because she had seen other patients at the same stage following surgery, Gillian had assumed that the patient was exaggerating, and had ignored his complaint of pain. She did not appreciate that the experience of pain is unique to the individual and may be influenced by fear and anxiety or previous experience.

The patient's report of pain is the most reliable indicator of the existence and severity of their pain

Clearly, even if she had persuaded the patient to carry out his therapy, he would have found it difficult to do.

In trying to persuade him to participate against his will, she has lost his trust, and may have made him anxious and fearful about therapy.

This in turn will interfere with his progress in therapy. The likelihood of him participating well in therapy is lower, and his progress to discharge may be hampered.



Activity

Write here what you would feel if someone did not believe that the pain you were feeling was real.

Write how you think Gillian should have dealt with the situation.

Gillian should have reported the patient's pain to her supervising therapist.

She should have discussed with them how best to time therapy with the patient's drug management of pain. She could then have scheduled therapy at a time that the patient's analgesia was maximal.

In doing so the patient would have benefited from physiotherapy in comfort and would probably have participated willingly.



Activity

Write down here what a patient might do that could indicate that he or she is in pain.

Patients do not always report their pain to you.

Non-verbal signs of pain

A patient in pain might

- grimace
- limp
- frown
- cry
- adopt a rigid posture
- demonstrate distress

You must remember however, that even though the patient does not demonstrate these signs, they are in pain if they say they are.



Evidence

Describe a patient that you recognised was in pain before or during therapy.

How did he or she demonstrate the pain?

Did you realise that you should discontinue therapy?

What action did you take?

What went well and what could have been better?

What would you do differently next time?

How does a pain management regime work?

Patients may be on a variety of drugs to control pain. These vary depending on the nature and cause of the pain, and may include opioid drugs such as morphine, or NSAID's (non steroidal anti-inflammatory drugs) such as ibuprofen.

Pain relieving drugs can be administered in a variety of ways; tablets, injections, patches, epidurals or in some instances via a PCA (Patient Controlled Analgesia).

Generally the aim of a pain management regime is to enable the patient to stay on top of the pain, and to prevent it from occurring.

The drugs used normally may not provide adequate cover for painful events such as change of dressings or physiotherapy.

In this case, other drugs can be used to top up the analgesia and provide cover so that the patient does not become sore.

It is a good idea to talk to the nurse looking after your patients and to find out

- when the patient receives analgesic drugs
- when is the optimum time to treat the patient
- when you should ask for additional analgesia for therapy

Remember, most drugs do have side effects. For example, morphine can cause drowsiness or an epidural may prevent the muscles in the legs from working, thus preventing the patient from mobilising

5.4 Pain rating scales

Sometimes staff caring for patients will use rating scales with patients to assess patients.

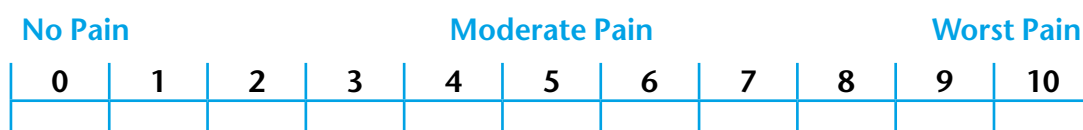
You may not use them yourself, but an understanding of what they are and how they work may be useful.

A commonly used scale is the **visual analogue scale**.

This scale asks the patient to identify the intensity of his or her pain on a scale between 0 and 10.

0 is normally classified as no pain, and 10 is that the pain is as bad as it could possibly be.

Sometimes a graph like this is used:





Evidence

Find out which scales are used by physiotherapists on the unit in which you work.

Describe why they are used in your area of work.

If you are required to use the scales, describe how and when they are to be used.

Provide an example of having used a pain rating scale with a patient.

Describe with whom it was used, and why. What changes did it lead to in the physiotherapy management of the patient?

Acknowledgements

NHS Tayside

5.5 Pain Control Awareness workbook completion

Your supervising physiotherapist will sign your portfolio to indicate that you have completed this workbook successfully.

Objective	Therapist's signature	Date
Describe the factors that might influence an individual's perception of pain		
Explain how pain might limit therapy activities		
Recognise when a patient is in pain and report it promptly		
Demonstrate that you can arrange treatment scheduling around pain management regime		
Recognise when it is inappropriate to continue with therapeutic activities due to pain		
Describe when and how pain rating scales may be used		

Support worker (name)
Support worker's signature
Therapist (name)
Therapist's signature
Date

5.6 Pain control awareness reflection

Suggested KSF Dimensions: C2, HWB2, HWB7

This form should be placed in the appropriate section of your portfolio.

What did you learn from this module?

How has this influenced your work?

Date module completed

