PAIN AS 5TH VITAL SIGN

PEKELILING KPK BIL 9/2008

PEKELILING KETUA PENGARAH KESIHATAN BILANGAN 9 TAHUN 2008;

PELAKSANAAN TAHAP KESAKITAN SEBAGAI TANDA VITAL KELIMA *(PAIN AS FIFTH VITAL SIGN)* DI HOSPITAL-HOSPITAL KEMENTERIAN KESIHATAN

- **Mandatory** to carry out Pain as 5th Vital sign
- To provide **routine** assessment, treatment and documentation of pain score

CRITERIA

PAIN FREE HOSPITAL
Transformasi Konsep Rawatan Pelanggan Bebas Kesakitan

CRITERIA FOR PAIN FREE HOSPITALS: Does your hospital…
1. Have a written policy on pain assessment and management?
2. Implement Pain as the 5th Vital Sign?
3. Have standardized treatment protocols for management of acute pain?
4. Train all healthcare staff on knowledge and skills in pain assessment and management?
5. Educate patients and get them actively involved in their own pain management?
6. Carry out regular audit of pain assessment and management practices and outcomes?
7. Have a policy and guidelines on Minimally invasive surgery?
8. Have a policy and guidelines on Day Care Surgery?
9. Use a multidisciplinary team approach in pain management?
10. Incorporate non-pharmacological including T/CM into pain management practices?

TRAINING OBJECTIVES:

- To improve understanding of pain
- To teach simple framework of pain assessment

DEFINITION OF PAIN

- Pain is an unpleasant **sensory** and **emotional** experience associated with actual or potential tissue damage or described in terms of such.

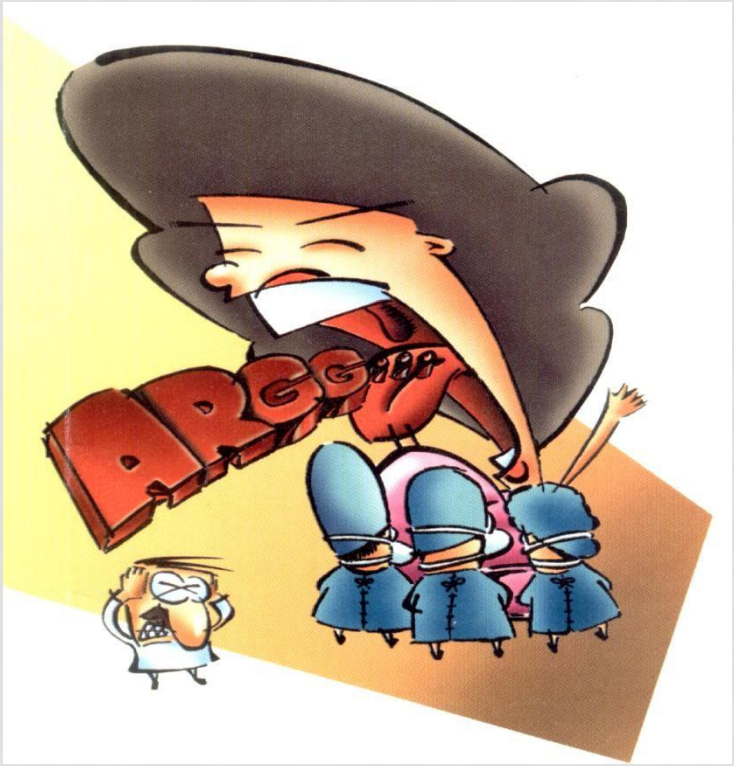
(International Association for the Study of Pain, 1996)

- Sensory component
  - Physical aspect of pain
- Emotional component
  - Tolerance to pain
  - Depression
  - Anxiety

DEFINITION OF PAIN

To the patient

- Pain is what the patient says



Pain can affect…

ANYONE

Rich and poor

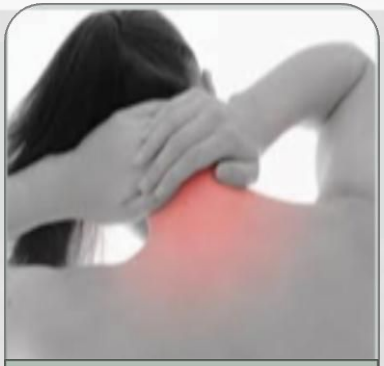
Young and old

Educated and illiterate

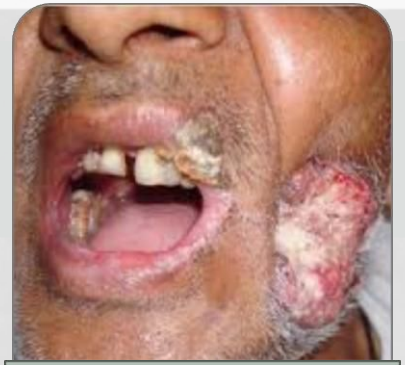
Doctors and nurses Lay person

DIFFERENT TYPES OF PAIN DIFFERENT LOCATION

Injection



Neck pain



Cancer

Trauma

Low back pain

Post op pain

Arthritis

Labour

CLASSIFICATION OF PAIN

Type	Descriptions
Acute	Pain of recent onset/sudden onset
Chronic	Last for more than 3 months, cannot identify cause Pain persist even after wound is healed
Cancer	Progressive; many different cause May be a mixture of acute and chronic pain
Non cancer	Acute or chronic
Nociceptive /physiological pain	Obvious tissue injury or illness Somatic = bones and tissues = well localized Visceral pain: abdomen, thoracic cavity Nature of pain: sharp or dull
Neuropathic/ pathological pain	Nervous system damaged or abnormality; May not see tissue injury Nature of pain: shooting $\pm$ numbness, pins and needles, not well localized

DIFFERENCES BETWEEN ACUTE AND CHRONIC PAIN

	Acute pain	Chronic pain
Onset & timing	Sudden, short duration Resolves /disappears when tissue heals	Insidious onset Pain persists despite tissue healing
Signal	Warning sign of actual or potential tissue damage	Not a warning signal of damage False alarm
Severity	Correlates with amount of damage	Severity not correlated with damage
CNS involvement	CNS intact- acute pain is a symptoms	CNS may be dysfunctional- chronic pain is a disease
Psychological effects	Less, but unrelieved pain anxiety and sleeplessness (improves when pain is relieved)	Often associated with depression, anger, fear, social withdrawal etc.

COMMON CAUSES

ACUTE PAIN	CHRONIC PAIN
Trauma/fracture/Surgery Burns Arthritis Abscess Myocardial infarction Labour pain & child birth	Chronic headache Chronic low back pain Chronic abdominal pain Chronic pelvic pain Cancer pain
NEUROPATHIC PAIN	
Acute shingles Post spinal cord injury-(immediate) Brachial plexus	Post herpetic neuralgia Spinal cord injury (SCI) Brachial plexus injury

WHY PAIN AS 5TH VITAL SIGN?

Respiratory rate

4 Vital Signs

Temperature

Pulse rate

Blood pressure

4 VITAL SIGNS- ARE THEY ADEQUATE?

In the past: zero communication

Pain as 5th vital signs- Paramedics

BENEFITS OF OF PAIN AS 5TH VITAL SIGN

- To patient, family and organization
- To provide holistic patient care
- To evaluate pain level accurately
- To give effective treatment
- To promote early ambulation
- To reduce post operative complications

BENEFITS OF PAIN AS 5TH VITAL SIGN

- Enhance healing, reduce length of stay
- Reduce health care cost
- Promote staff- patient interaction
- Promote client satisfaction
- Improve QOL, sleep, appetite
- Reduce psychological distress

PAIN ASSESSMENT

- Patients are the experts to give their pain score
- Patient“s self report is the most reliable indication of the presence and intensity of pain

WHY PAIN ASSESSMENT?

- To establish baseline of patient“s pain
- To enhance patient“s comfort and satisfaction
- Reduce complications
- Shorten stay in ward
- Enable titration of analgesia to achieve the best analgesia with least side effects
- To reduce incidence and severity of pain
- For research and documentation

WHEN SHOULD PAIN ASSESSED?

- At regular interval- as the 5th vital sign
  - during routine observation of BP, HR, RR and temperature
  - 4 hrly, 6 hrly or 8 hrly
  - On admission of patient
  - On transfer – in of patient
- At other times apart from scheduled observations:
  - 1/2 to 1 hr after administration of analgesics and nursing
  - During and after any **painful procedure** in the ward e.g. wound dressing
- Whenever the patient complains of pain

WHERE IS PAIN ASSESSMENT DONE?

WARD

S

CLINIC

S

OPERATING ROOMS

CRITICAL CARE

AREAS

EVERYWHERE

WHO DOES PAIN ASSESSMENT?

NURSES

DOCTORS

STUDENTS: MEDICAL &

NURSING MEDICAL

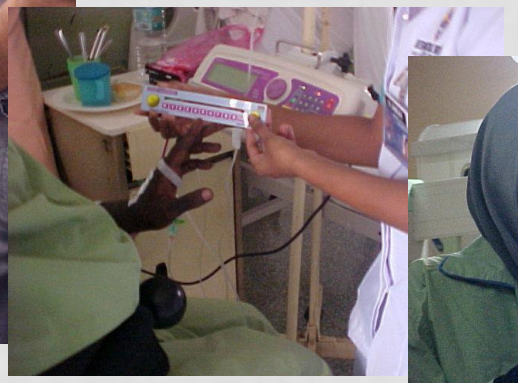
ASSISTANTS

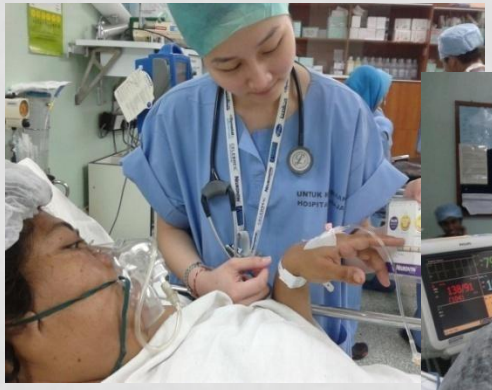
PHYSIOTHERAPISTS

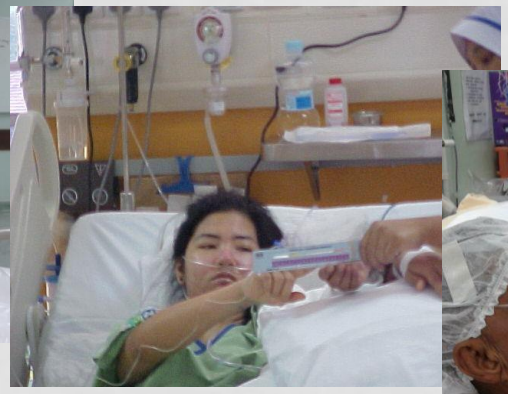
OCCUPATIONAL THERAPISTS

EVERYONE!

Everywhere…everyone…




Pain as 5th vital signs- Paramedics

PAIN ASSESSMENT TOOL

WHI CH TOOL TO USE ? HOW TO USE ?

WHICH TOOL TO USE

- Use the standard tool for pain assessment as recommended by the Ministry of health, M“sia

- For **adult** patients:
  - use the MOH pain scale
- For **paediatric** patients:
  - 1 month-3yrs: FLACC scale
  - 3-7 years old: WONG BAKER FACES scale
  - >7 years: MOH pain scale
- Always use the same tool

MOH PAIN SCALE

On a scale of „0“-“10“ (show the pain scale)

if „0“ = no pain and „10“= worst pain you can imagine, what is your pain score now?

Patient is asked to slide the indicator along the scale to show the severity of his/her pain, which is recorded as a number (0 to 10)

Pain as 5th vital signs- Paramedics

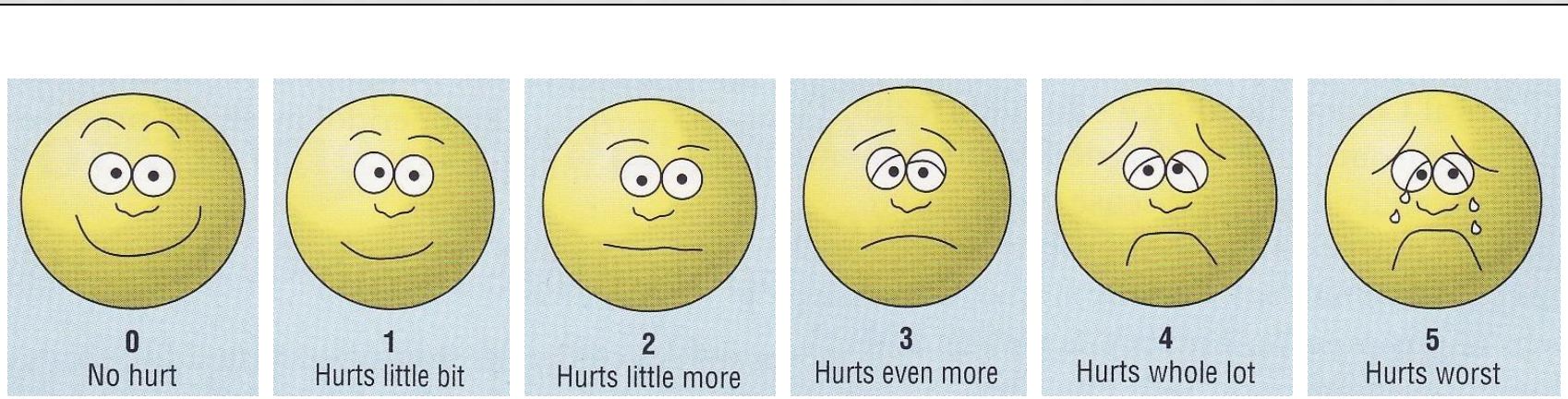
FLACC SCORE

- Observational tool for pain assessment
- Indications:
  - For paediatric patients (1month-3 years)
  - Elderly patient
  - Cognitively impaired patient
- How to perform FLACC score?
  - Observe for 2-5 minutes
  - Observe patient“s behaviour
  - Select score according to behaviour
  - Add the scores to get the total score

FLACC SCALE

Category	Score		
	0	1	2
F ace	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
L egs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
A ctivity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
C ry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints
C onsolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to distractible	

FACES SCALES (FOR 3-7 YEARS)



The Wong –Baker faces scale
(adapted from Wong DL et al, eds. Whaley and Wong"s essential of pediatric nursing. 5th ed. St Louis, MO: Mosby, 2001)

WONG BAKER FACES SCALE

- This is a self report tool consisting of 6 cartoon faces
- Ask the child to choose a face which best describe his/her pain
- Multiply the score below the face by 2 to get a maximum score of 10
- Be careful as some children might confuse the faces as a measure of happiness

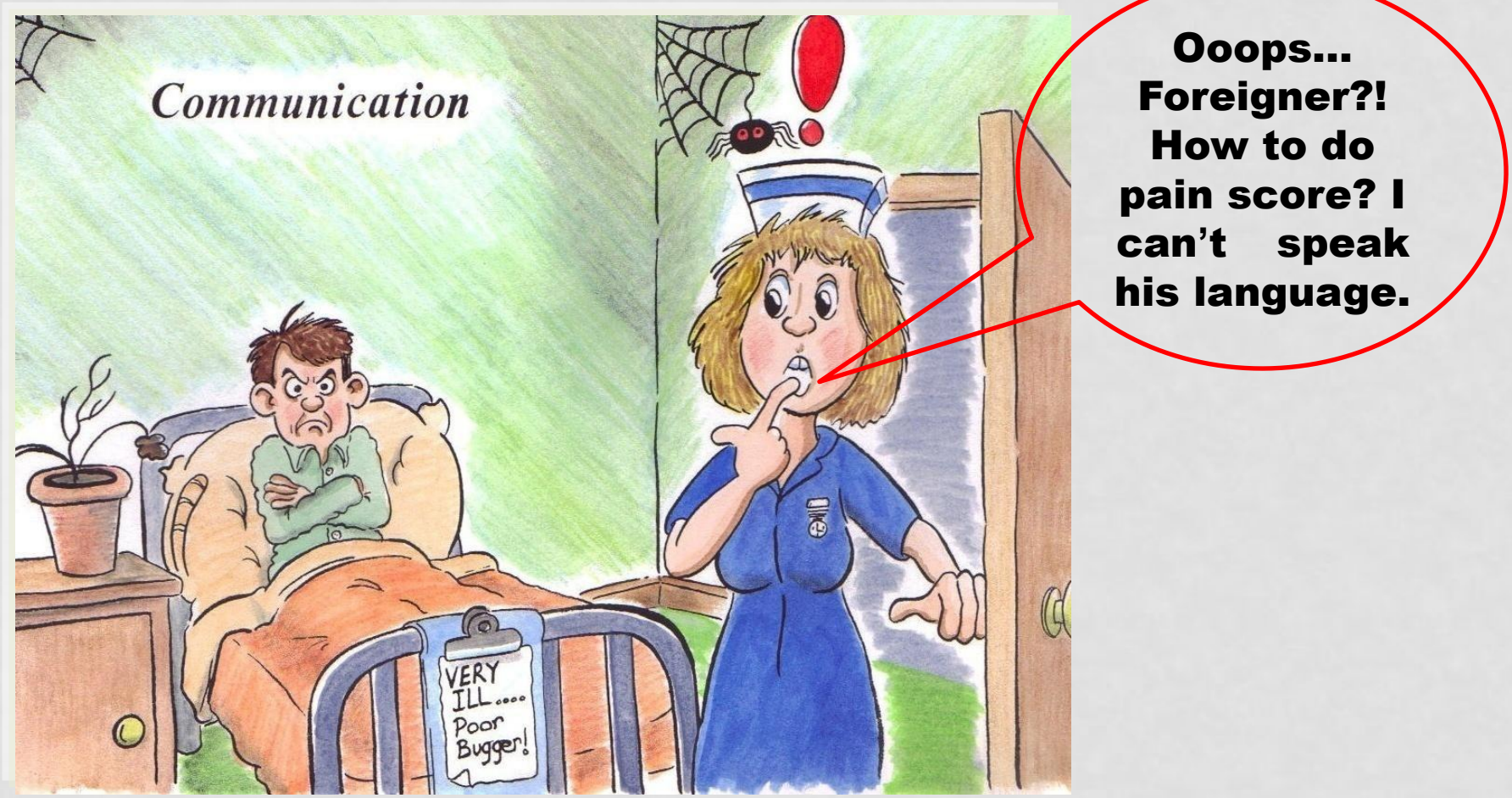
HOW TO ASSESS PAIN

- Important to:

listen and **believe** the patient

- Take a pain history: "**Tell me about your pain……**

LANGUAGE / COMMUNICATION



Pain as 5th vital signs- Paramedics

HOW TO DO PAIN ASSESSMENT

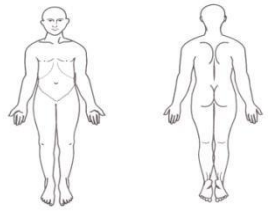
- Greet patient/ *salam*
- Inform the purpose:
  - To get the patient“s correct pain score for proper treatment
- Show and teach patient pain assessment tool
  - If „0“ (smiling face) – no pain
  - „10“ (crying face)- worst pain imaginable
  - What is your pain score now?

NURSING OBSERVATION CHART (VITAL SIGNS CHART)

PS.KKM1/2014

Patient's Name :
Age :
Ward :

Pain Score



DATE	TIME	BP	PR	RR	T°C	PS	NURSING INTERVENTION

TAKING PAIN HISTORY

1. **Ask the patient**

   Listen and believe the patient who complains of pain. Pain
   history is taken using the acronym:

   P: place or site of pain

   A: aggravating factor (what makes the pain worse?)

   I: intensity (pain score)

   N: nature and neutralizing factors (what makes the pain less?)

2. **In the first assessment you should:**

   Mark the pain sites(s), pain score and nature of pain in the body
   chart

UNABLE TO ASSESS

3. **Subsequent observations**

Only pain scores are taken and recorded in the pain assessment chart

Record "**Unable to score**" for

- Unconscious patients
- Sedated patients

What Will Happen When Pain Is Not Treated Properly ?

ADVERSE EFFECTS OF UNTREATED ACUTE PAIN

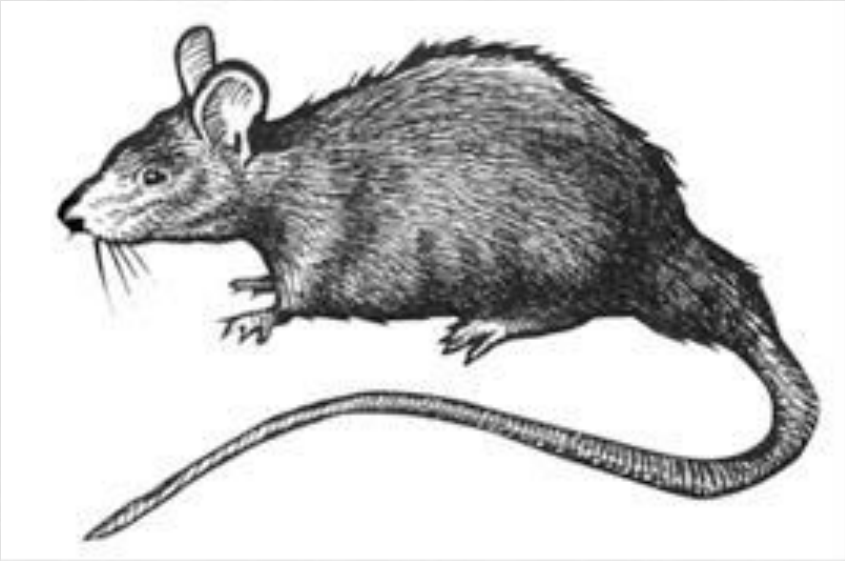
System	Effects
Cardiovascular system	↑ HR, BP, O_2 demand, risk of MI
Respiratory system	↓ Alveolar ventilation, pneumonia
Gastrointestinal system	↓ Motility
Musculoskeletal	Immobility, DVT
Personal	Poor sleep, appetite, self esteem, weight loss depression, social deprivation, affects ADL/QOL
Economic	↑ burden – going for treatment, financial stress

APPROACH TO PAIN

Recognize

Assess

Treat



APPROACH TO PAIN MANAGEMENT R- RECOGNIZE

- **Does the patient have pain?**
- **Do other people know the patient has pain?**
- **Do YOU know the patient has pain?**

IN PATIENT WHO IS UNABLE TO REPORT PAIN

- Recognize pain in the cognitively impaired/non verbal patient/patient who don“t tell or cannot tell
- Assess behaviors that may indicate pain:
  - Facial grimaces
  - Guarding, hitting, motioning for assistance
  - Sighing
  - Restlessness, tension anxiety, rubbing
  - Decreased appetite
  - Negative or repetitive vocalizations
  - Insomnia
  - Sadness or drying

APPROACH TO MANAGEMENT:
A- ASSESS

- How severe is the pain? (Pain score)
- What type of pain is it? (Acute/chronic)
- Aggravating factors?
- What relieves the pain?

APPROAC TO PAIN MANAGEMENT T-TREAT

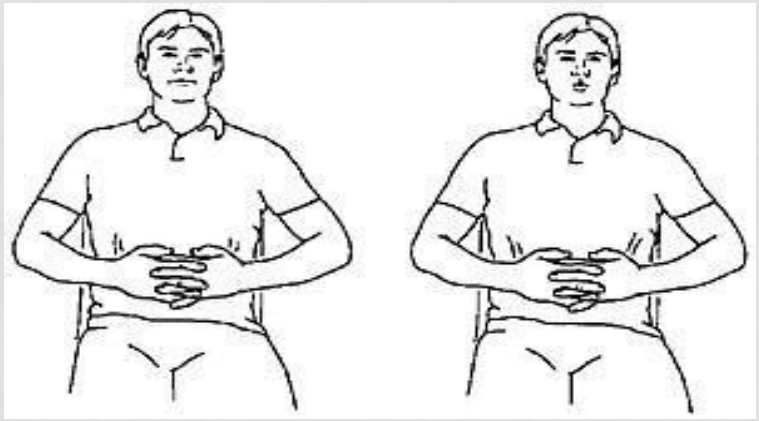
- What non pharmacological (non drug) treatment can I use?
- What pharmacological treatment can I use?

NON DRUG TREATMENTS:

- **Physical:**
  - RICE
  - Surgery
  - Acupuncture, massage, physiotherapy
- **Psychological**
  - Explanation
  - Reassurance
  - Counseling
  - Patient and care giver education and support

PHYSIOTHERAPY:

Diaphragmatic breathing exercises



- Place both hands over the diaphragm region
- Ask patient to breathe through the nose and blow out through
  the mouth
- At the same time, you can feel your hands follow the breathing movements of the diaphragm but not the chest

NON PHARMACOLOGICAL STRATEGIES CORTEX FOCUSED

Relaxation

Relaxation

Distraction

Distraction

Music

Guided imagery

Guided imagery

NON PHARMACOLOGICAL STRATEGIES CORTEX FOCUSED

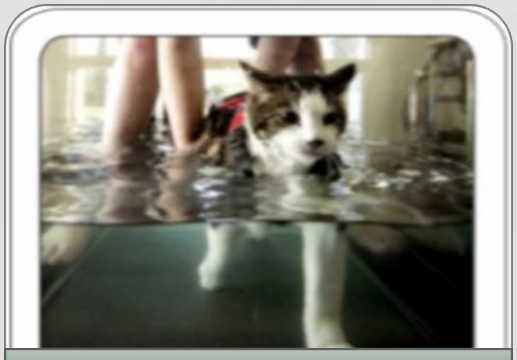
Ice

Massage

Acupuncture

Physiotherapy

Elevation



Hydrotherapy

NON PHARMACOLOGICAL STRATEGIES PSYCHOLOGICAL APPROACHES

Explanation :
Now I know what is happening to me

Counseling:
I am taken notice of

Reassurance:
Everything is gonna be alright

OTHER NURSING ACTIONS:

- **Check possible causes of pain**
  - Blocked urinary catheter/distended bladder
  - Swollen intravenous site/tissued
  - Uncomfortable lying position
- **Inform doctor if nursing action is not effective**

PHARMACOLOGICAL METHODS TO RELIEVE PAIN

Pain assessment & 10 'S'

***Salam*/greet**

***Senyum*/smile**

***Sopan*/well mannered**

***Sensitif*/sensitive**

***Segera*/immediately**

***Sentuh*/touch**

***Segak*/ professional**

***Selia*/supervise**

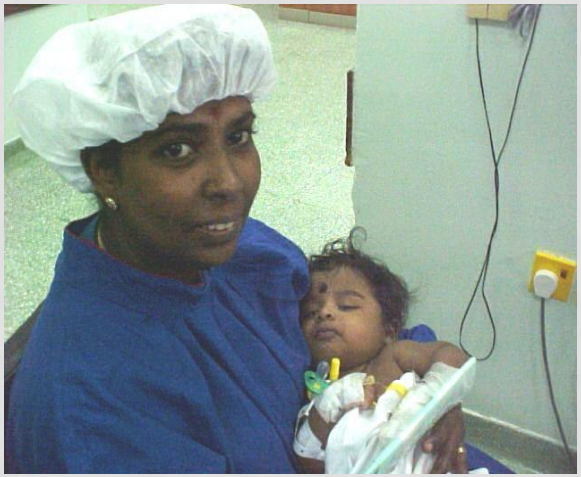
***Semangat*/motivate**

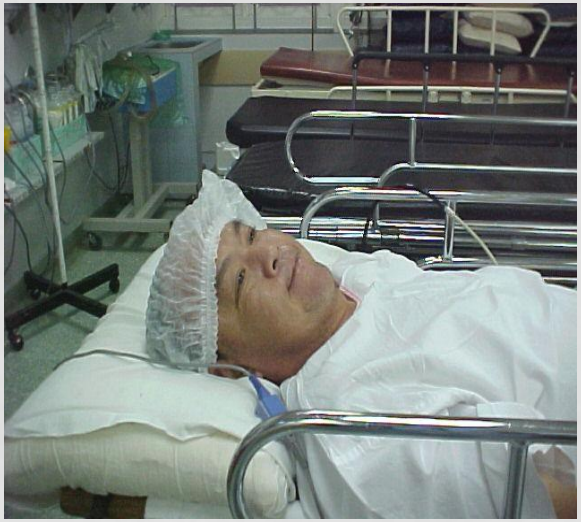
d *Selidik*/study and audit

CONCLUSIONS

- Pain as the 5th vital sign is necessary to ensure patients a pleasant and comfortable stay in the hospital
- We must be very positive and implement pain assessment diligently
- Pain 5th Vital signs must be made a practice culture
  just as for the other 4 vital signs
- Pain as 5th vital sign is beneficial to patient, staffs and organizations

When pain is well managed….





Pain as 5th vital signs- Paramedics

People with chronic pain
have a heightened sensitivity
to their environment.

We pick up on everything.
A change in the air,
background noise.
Light perfume, future storms.

So you should know,
we always know
when you don't believe us.

Just like our pain,
that is not our imagination.

— sjs

Thank you