

REFERENCES:

Bass, M (2011). Understanding and managing pain in palliative care. *Nursing and Residential Care*, 13, (2), pp 66-70
Lynch, M and Abraham, J (2002). Ensuring a good death. *Cancer Practice*, 10, (1), pp 33-37
Middleton-Green, L (2008). Managing total pain at the end of life: a case study analysis. *Nursing Standard*, 23, (6), pp 41-46
Sherman, D et al (2004). Learning pain assessment and management: a goal of the end-of-life. *Nursing Education Consortium. The Journal of Continuing Education in Nursing*, 35, (3), pp 107-119
The Australian Pain Society (2005). Pain in residential aged care facilities. Management strategies. The Australian Pain Society: Sydney
The Royal College of Physicians (2007). The assessment of pain in older people. National guidelines. The Royal College of Physicians: London © Wong-Baker FACES™ Foundation.(1983) Wong-Baker FACES™ Pain Rating Scale. Used with permission.
Fact Sheets: National LCP Office, New Zealand (Working Group in alphabetical order) Angus L, Boxall J, Fowles C, Gillies F, Marshall B and Roguski A. (2012).



Pain Management

Ways to relieve pain without medication for use alongside appropriate pain medication

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Ways carers can help when a patient is in pain

If the patient can talk

- Look for non-verbal signs of pain
- Ask the patient if they feel pain at rest
- Ask the patient questions about their pain using an appropriate tool, such as OLD CART

Onset	When did it start?
Location	Where is it and does it spread out to other areas?
Duration	How long does it last? Off and on, or continuous?
Characteristics	Describe the pain
Aggravating factors	What makes it worse?
Relieving factors	What makes it better?
Treatment	Medications/non-pharmacological interventions

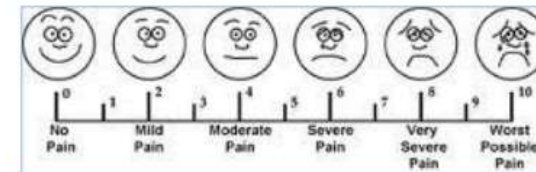
Ask the patient to tell you about their pain and illness history, and examine them for bruises, swelling or breaks in the skin.

If the patient cannot talk

Look for signs and sounds that show pain

- frowning, grimacing (use FACE pain scale)
- grunting, groaning
- fidgeting, moving legs.
- agitation, trying to get out of bed
- not wanting to move
- seeming more confused or restless

Abbey Pain scale available at www.dementiacareaustralia.com



Management

1. Each person experiences pain differently.
2. Changing the patient's position can help reduce stiffness and muscular aches and provide pressure relief.
3. Distraction can help reduce some types of pain by helping the person to relax. Have the patient choose some music, or guided audio CDs/MP3s to listen to, watch TV, or encourage them to relive happy memories.
4. Consider any previous pain-relieving methods, such as
 - TENS machine
 - Hot or cold wheat pack. Take care that the pack is not burning hot. Monitor the patient closely.
5. Massage and touch can help, if the patient agrees. People giving massage need to understand clearly what may help and what may harm.
6. If appropriate for the patient, prayer and mindfulness meditation can help relieve pain or existential suffering.
7. Just spending time quietly alongside the patient, reading or chatting, can reduce pain levels.