

PAIN MANAGEMENT WHILE IN HOSPICE



PATIENT RIGHTS

As a patient of Burbank Hospice Care, you can expect that:

- your pain level will be assessed at every visit
 - your reports of pain will be believed
- you will receive information about your pain and pain relief measures
- a concerned staff will be committed to pain prevention and management
 - you will receive effective pain management

PATIENT RESPONSIBILITIES

As a patient of Burbank Hospice Care, we will expect you to:

- take your medications as ordered – usually around the clock to prevent the pain from returning
 - ask your nurse what to expect regarding pain and pain management.
 - discuss your relief options with your nurse
 - Work with your nurse to develop a plan
 - ask for pain relief when pain first begins
 - help your nurse assess your pain by being forthcoming and descriptive
 - tell your nurse if your pain is not relieved
 - tell your nurse about any worries you have
- Use Pain Grid Tool to monitor frequency and effectiveness of currently prescribed pain medications

Pain is considered the 5th vital sign and thus is of utmost importance. Every patient is asked about pain. Pain assessment is completed upon admission and then further assessment is completed during hospice care. You will be asked about pain during every visit.

If you are experiencing pain or have experienced pain in the recent past, your nurse or clinician will ask you to rate the pain and describe it.

While most of us think only of physical pain, there are other types as well that Burbank Hospice Care addresses. For example, emotional, social, and spiritual pain are assessed and handled by our social workers, chaplains and volunteers.

Good pain control can be a key to maintaining independence and keeping a high quality of life.

It allows you to do the most you possibly can, to feel more rested and more in control of your life. It also helps to put your family and friends minds at ease. They can usually tell when you are in pain, even if no one talks about it. The best plan is to be tough on pain, to get control of it, so you can feel more like yourself again.

Sometimes people assume that nurses can tell they are having pain, but this is not always true. Only you know when you are in pain, how bad it is, and what it feels like. When you tell us about your pain, you help us do a better job. You are not bothering us, you are not distracting us from other important treatments, and you are definitely not a complainer. You are a partner in your care.

Sometimes people are afraid to ask questions about pain or pain medicines. Look over the following information. Have any of these worries stopped you from talking about your pain?

FREQUENTLY ASKED QUESTIONS REGARDING PAIN MANAGEMENT:

Q: "I'm afraid I'll get addicted to the medicine."

A: There is very little risk for addiction to the pain medicine when it is used correctly. The addiction that most people think of, that is taking a drug to "get high" and escape the reality of life simply does not occur in proper pain management.

Instead of trying to escape from life, people with pain take the medicines to re-enter life.

Good Pain relief offers better rest and more energy to be with family. The body does develop a physical dependence to certain pain medicines. "Opiates" like morphine or other strong pain medicines, may causes "withdrawal" symptoms if stopped suddenly. This is not a sign of addiction! This problem is easily avoided if the medicines are stopped over a period of time. When you take your pain medications as your doctor prescribes, you are using them correctly and legally. If pain goes away, your doctor may be able to gradually and safely decrease pain medicines.

Q: "I'm afraid to use pain medicine now. What if the pain gets worse later and drugs won't work anymore? Shouldn't I save it?"

A: It is important to understand that pain does not always get worse. It may decrease or even go away. If it does get worse, your hospice team has several choices:

- Sometimes a simple increase in dose will help.

Some medicines can be increased as much as necessary – they have no upper limit. We normally start with a very low dose of a liquid pain killer which is increased as the need arises.

- Sometimes changing medicines helps.

- Sometimes different drugs work well when taken together.

- There also may be other methods you can use to help control your pain, such as: relaxation, distraction, imagery, massage, etc. Talk to your hospice nurse to see if these or other methods may be incorporated into your pain control regimen.

- It also may be helpful to use Pain Grid provided by our agency. Ask your nurse for more information.

It is important to talk with your hospice nurse or any of our interdisciplinary team members. Do not make any changes yourself. It may take a little time to adjust your pain medicines.

Remember this: most pain can be relieved!

Q: "They want me to take strong pain medicine. Does that mean they've given up on me?"

A: Absolutely not! Strong pain medicine does not mean anyone's given up on you. Do not think that your comfort is less important than your treatments. Both are important and you do not have to choose between them. When you do not hurt, you might find that you can move better and breathe more deeply. You will be able to enjoy your family and friends more. So, being comfortable is important to your health.

Q: "I want to take pain medicine but I'm worried about side effects. What if I get constipated?"

A: Many pain medicines do have side effects. Constipation is a common side effect of many medicines called narcotic analgesics. It is Burbank Hospice's protocol to include a stool softener in the pain management regimen to prevent this side effect. Check with your nurse before using a new laxative.

Q: "Will I get drowsy if I take pain medicines?"

A: Sometimes pain medicines can make you feel drowsy at first. Often this will go away after a few days as your body adjusts. If your pain has made you lose sleep, you may finally get to catch up on much needed rest. Check with your nurse if the drowsiness lasts more than a few days or makes it difficult to awaken you.

Q: "Won't my stomach get upset?"

A: Sometimes pain medicines can upset your stomach. This is another problem which may last just a few days. If it does not go away, check with your nurse about ways to decrease the nausea without giving up pain control.

Q: "I don't want to be confused."

A: Mental confusion may mean the dose (the amount of pain medication) needs adjusting. We will be monitoring you for signs of this but call your nurse about problems with confusion.

Q: "If I talk about my pain, everyone will think I am a pest. I don't want to complain. It's best to "tough it out."

A: Some people think it's a sign of strength to keep pain a secret and to refuse to take pain medicines. They use words like "sissy" or "wimp" and say they don't want to be a bother. Just as it takes a while for diabetes to adjust to insulin, it will take a while to adjust to your pain medication(s). You should not sacrifice comfort because you are worried about side effects. Remember, side effects usually can be controlled or prevented. It is important to let your nurse know if you are having problems so you can work together to help you feel comfortable.

MORE INFORMATION ON PAIN

Pain is a sensation or feeling that hurts enough to make you uncomfortable. You may feel mild Or severe discomfort. Pain can only be described by the person who is feeling it. Pain can be

Caused by:

- Pressure
- Tumor growth
- Infection or inflammation
- Poor blood circulation
- Blockage of an organ or tube in the body
- Bone fractures caused by cancer cells that have spread to the bone
- After-effects of surgery or radiation
- Stiffness from not being active
- Side effects from medication (i.e., constipation, mouth sores)

Cancer pain depends on the type of cancer, the state of the cancer and your tolerance of pain.

The perception of discomfort can be aggravated by fatigue, lack of sleep, anxiety, tension and depression.

What to take note of and report to hospice personnel:

- What seems to be causing the pain? (i.e., anxiety, movement, fear of taking medications, physical and emotional changes due to the disease process or illness)
- When does the pain come back?
- What have you found that helps the pain subside?
- Do you notice the pain more in the morning or evening?

What caregivers can do to help:

- Comfort measures may include: relaxation techniques, assistance with care, massages, repositioning.
- Spend time talking with the person about what is causing the discomfort.
- Help to ensure medication is taken as directed by the physician.
- As the pain is controlled with medications, try to encourage more activity.
- Talk with the person about how pain relates to your emotions.
- Offer/accept emotional support.
- Manipulate environment to provide periods of rest, such as:
 - o Making room dark
 - o Quiet time
 - o Time alone
 - o Position for comfort
 - o Provide periods of uninterrupted sleep

What not to do:

- Do not keep the main focus on the pain.
- Do not suddenly stop giving pain medications or other medications.
- Do not ignore or overlook the pain or discomfort.

When to call the Hospice Nurse:

- If any new or severe pain occurs.
- If pain or discomfort is not controlled by present medication schedule.
- If you have any questions about the medications.