

Applying Pain Management Techniques To Your Practice

SKIN AND WOUND – ASSESSING AND MANAGING WOUND PAIN

Applies to:	Direct clinical care staff who are involved in the prevention and management of wounds.
Purpose:	To remind you of the processes to follow when assessing and managing wound pain.

Pain classifications

Nocceptive pain: Arises from stimulation of the pain receptors as a normal response to pain. Non-opioid and opioid medications work well.

Neuropathic pain: Arises from the peripheral and central nervous systems. This type of pain is the main contributor to the development of chronic pain. Adjuvants are often required. Anti-psychotics, anti-depressants and anti-convulsants have been shown to be effective.

Mixed pain: A combination of both nocceptive and neuropathic pain. Most chronic wound pain is a combination of both pain types – a consequence of persistent inflammation and cell and nerve injury.

Pain categories

Procedural: Results from routine wound treatment.

Operative: Associated with significant wound interventions.

Incident: Wound pain that occurs with activities of daily living.

Background: Persistent and fluctuating wound pain due to wound etiology and local wound factors such as ischemia, infection and inflammation.

When identifying wound pain classification, categories of pain and wound etiology, ensure you:

- Determine the correct pain classification for your patients to better understand where the pain originates from, and to ensure the optimal approach to pain management is in place for your patients.
- Determine the correct pain category for your patients to better understand what causes or triggers their wound pains.
- Be aware that the following types of wounds are more likely to have symptoms of pain:
 - Inflammatory wounds
 - Malignant wounds
 - Ischemic wounds
 - Pressure wounds
 - Infected wounds

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When assessing wound pain, ensure you:

- Complete a detailed pain assessment at every visit, including the patient interview, physical assessment, and review of medications; consider psychosocial and environmental factors that can intensify wound pain.
- Use pain assessment tools to monitor pain levels.
 - Remember that new or worsening pain may be a sign of infection or critical ischemia.
- Use the OPQRSTUV method to ensure you consider all the components of pain when using a pain assessment tool to assess your patient's pain severity.
- Use a standardized pain assessment tool to assess the severity of pain, such as the numeric pain rating scale, or FACES pain rating scale.
- If a patient who has limited sensation or does not usually experience pain reports pain, **this must be acted on immediately.**

When managing wound pain, ensure you:

- Consider using topical and oral medications prior to treatments and/or post-procedure.
- Allow your patient to get into a comfortable position while receiving treatment.
- Allow time-outs during treatments.
- Allow time to remove wound dressings gently, using an adhesive remover, ensuring cleansing solution is warmed, and avoiding any unnecessary stimulus to the wound.
- Avoid over-packing the wound when applying new dressings; apply skin barrier products under tapes and strong adhesives to protect periwound skin.
- Select dressings that do not restrict movement and will not shift or loosen.

When evaluating the wound pain care plan, ensure you:

- Engage with patients and caregivers to determine a care plan that aligns with the patient's wishes and goals of care.
- Advise your patient of potential pain triggers, so they can avoid them, or prepare for them in advance.
- Provide information about medication side effects.
- Determine treatment and pain reduction strategies based on the type of pain (classification) and cause of pain (pain category).
- Continually re-evaluate and document the ongoing effectiveness of the wound pain care plan.