

Strategies to Reduce Wound Pain

SKIN AND WOUND – QUICK REFERENCE GUIDE

This document provides examples of strategies to reduce wound pain that can be included in any care plan.

Please note:

- New onset or worsening pain may be a sign of *infection* and requires immediate Physician/NP notification, especially if the patient has diabetes mellitus or arterial insufficiency.
- Wound pain may occur with infection/inflammation and local wound factors such as: ischemia; infection; excessive dryness; excessive exudate; edema; or periwound maceration. The underlying cause of these factors must be treated to resolve wound pain. Discuss pain management interventions with prescriber.
- Caution: Always consult with GP/Advanced Wound Clinician prior to using topical anaesthetics (e.g., Emla or Lidocaine) in a wound bed. The use of topical anaesthetics in a wound bed is an off-label use for these products.

SOURCE OF PAIN	PAIN REDUCING STRATEGIES
<p>PROCEDURAL PAIN E.g., Dressing removal, wound cleansing, dressing application.</p>	<p>If oral analgesic or an anti-inflammatory medication is used, it should be taken ½ hour prior to the procedure. Refer to the WHO's Analgesic Pain Ladder for specific medication recommendations. Consider route options such as buccal, or sublingual for quick acting medications, if required.</p> <p>Dressing removal and wound care:</p> <ul style="list-style-type: none"> • Use adhesive remover wipes or spray. • Allow time for gentle removal of dressing; if the dressing is stuck it may need to be soaked off. • Ensure cleansing solution is warmed (90-100°F /32-37°C). • Limit use of antiseptics/chemical irritants. • Avoid over-packing wounds as this can cause more pressure and pain. The wound should be “filled” or “wicked” depending on the goals. See <i>Procedure: Wound Packing</i> for more information. • Protect peri-wound skin by applying skin barrier products (e.g., hydrophilic paste or hydrocolloid products). • Apply skin barrier products (e.g., skin prep) under tapes and strong adhesives. • Choose wound dressings that provide: <ul style="list-style-type: none"> ○ Pain free removal. ○ Extended wear time. ○ A non-adherent contact layer. ○ Protection from trauma (e.g., friction/shear/dislodgement of dressing). ○ Control of moisture; prevents maceration/drying out of wound bed (e.g., hydrogels, hydrofibres, alginates and soft silicone multilayer/composite dressings). • For skin tears - indicate with marker on dressing cover which side to remove dressing (to avoid lifting/damaging the flap).

Strategies to Reduce Wound Pain

SKIN AND WOUND – QUICK REFERENCE GUIDE

SOURCE OF PAIN	PAIN REDUCING STRATEGIES
<p>INCIDENT PAIN E.g., Caused by movement or friction/shearing.</p>	<ul style="list-style-type: none"> • Choose dressings that do not restrict movement and will not shift or loosen. • Supply substitute dressing for patient to apply, if current dressing fails. • Suggest patient wears loose protective clothing (e.g., long sleeves/pants to further protect wound area). • Apply secondary wraps/sleeves to immobilize bulky dressings (e.g., tubifast, socks, gauze wrap), consider an OT referral for more rigid options. • Use offloading devices and positioning to address pressure, friction and shear. • Encourage patient to limit activities and, if necessary, implement home support for ADLs.
<p>BACKGROUND PAIN E.g., Persistent and fluctuating wound pain due to wound etiology and local wound factors (ischemia, infection, inflammatory).</p>	<ul style="list-style-type: none"> • Utilize the <i>WHO's Analgesic Pain Ladder</i> for the use of analgesics and anti-inflammatory drugs. • Address neuropathic pain. Consult GP for consideration of medications to control symptoms of nerve damage (e.g., antidepressants/anti-epileptic medications, [e.g., Pregabalin]; topical analgesics and anaesthetics [e.g., Emla™, Lidocaine,]). • Consider using dressings impregnated with analgesic (e.g., Biatain-ibu). • Consider using topical pain medication preparations such as diclofenac or topical morphine (consult with GP).
<p>PAIN INFLUENCED BY PSYCHOSOCIAL FACTORS E.g., Age, gender, culture, mental state (anxiety, depression, fear, loss, grief).</p>	<ul style="list-style-type: none"> • Encourage patient to express feelings about pain and expectations regarding pain alleviation. • Allow the patient to set the pace during dressing change. Let the patient know he/she can have “time out breaks” during procedure. • Assess the need for skilled or unskilled assistance, such as a second person to shorten treatment time or a family member to sit with the patient. • Consider relaxation techniques (e.g., slow, rhythmic breathing; visualization). • Consider adjunctive treatments if available, such as transcutaneous electrical nerve stimulation.
<p>PAIN INFLUENCED BY ENVIRONMENTAL FACTORS E.g., Time of procedure, setting level of noise/positioning.</p>	<ul style="list-style-type: none"> • Choose an appropriate, non-stressful environment for dressing changes. • Position the patient to minimize discomfort; allow change of positions if dressing change/treatment is lengthy. • Refer to the OT or PT if pressure redistribution is needed. • Involve the patient throughout the dressing procedure. Explain to the patient in simple terms what will be done and the method to be used. • Avoid unnecessary stimulus to the wound, such as prolonged exposure/cold air.