

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.