



Managing With Grace



Artist Statement **Managing with Grace**

While researching for this artwork, I discovered that several of the holistic methods for pain management were already part of our Native teachings. Laughter, touch, art, drumming, visualization, spirituality, and prayer are already within our ways of knowledge. When we use these things with traditional western medicine we can live a life that is pain-free or where our pain is manageable. This patient is feeling good with herself and her situation *because* both of these worlds are *working together*, in combination, to provide her with a life where her pain is manageable.

The eagle represents the strength of spirit our Native people have that is always there, supporting us in our times of need.

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Paiute-Shoshone
August 12, 2010



**Cancer Pain:
Assessment &
Management**

*Goals &
Objectives*

**Cancer Pain:
Assessment &
Management**

GOALS

Participants will gain a basic understanding of cancer pain, assessment skills used to evaluate pain and helpful ways to relieve pain.

OBJECTIVES

At the end of this section, each participant will be able to:

STATE two factors that influence cancer pain

EXPLAIN the difference between drug addiction and drug tolerance

PERFORM a pain assessment

UNDERSTAND ways to relieve pain

STATE two common side effects of narcotic medications

Cancer Pain: Assessment & Management

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Cancer Pain: Assessment & Management

Check Your Understanding

Cancer Pain: Assessment & Management

Check Your Understanding

	<i>TRUE</i>	<i>FALSE</i>
1. If a person has a drug tolerance, it means the person is addicted to the drug.		
2. Everyone experiences pain differently.		
3. If a person has cancer, she or he can expect to experience strong physical pain.		
4. A person experiencing pain can appear as if they have no pain.		
5. Pain medicine works best if it is taken when the person is experiencing a lot of pain.		
6. The goal of pain management is to treat a person's pain without changing their ability to think clearly and do daily activities.		
7. Two common side effects of pain management with narcotic medicines are constipation and drowsiness.		
8. Physical cancer pain cannot be treated.		
9. Feeling tired, sad and stressed may affect a person's experience of pain.		
10. Pain management that includes a combination of treatment choices is a helpful way to relieve cancer pain.		

**Cancer Pain:
Assessment &
Management**

Cancer Pain

*Everyone
experiences
pain differently.*



Cancer Pain

Every person with cancer should expect that pain management will be part of their cancer treatment.

Cancer pain is often not voiced or misunderstood resulting in unnecessary suffering. Pain affects people's quality of life. Pain limits the ability to work and care for oneself and others; reduces a person's feelings of self control; and may cause hopelessness, anxiety, and depression. Pain can be a constant reminder of disease and the possibility of death.

What is pain?

Pain is a sensation your body experiences when it is hurt or injured. It is often an indication that something is wrong. Pain can appear suddenly or come on more slowly. When we are hurt or injured, nerve fibers send messages to our brains and when the brain receives these messages we experience the sensation of pain. Pain may be experienced physically, emotionally and mentally. Pain may be felt in a variety of ways- throbbing, stabbing, aching, or pinching.

Pain can be acute or chronic. Acute pain begins suddenly and is usually sharp. It is usually a signal that body tissues are being injured in some way. The pain generally goes away when the injury heals. Chronic pain is present for long periods of time. Pain signals remain active in the nervous system for weeks, months or even years. Chronic pain can affect physical, mental and emotional well-being. Physically the person may experience loss of appetite and fatigue. Emotionally the person may experience feelings of sadness, depression, anger, and frustration. Mentally a person may feel forgetful or like they can't think clearly.

Each person's pain pathways and experience of pain are individual. Everyone experiences pain differently.

Cancer Pain: Assessment & Management

What affects a person's reaction to pain?

If a person is feeling tired, worried, helpless, hopeless, depressed, or easily discouraged, pain can seem worse, and it may be more difficult to cope with the pain.

A person who is well rested, feeling hopeful, and in control may feel the pain as less severe. The pain does not necessarily change, but the experience of the pain differs. When a person is not experiencing pain they might discover that they can breathe more deeply, move better, and enjoy their family and friends more.

Factors that influence pain include:

- Physical sensations: feeling tired or hungry
- Emotional stress
- Culture
- Financial worries
- Previous experience with pain
- Perception of amount of control one has over the situation
- Relationship with people one is with while experiencing pain



Does everyone with cancer experience physical pain?

No. For people in the early stages of cancer, less than half experience moderate to severe physical pain. About 3 out of 4 people in advanced stages of cancer experience physical pain.

Can cancer pain be relieved?

There are a variety of treatment options to relieve cancer pain and provide comfort. Peoples' beliefs about pain may interfere with health care provider's ability to provide pain relief. People may not report their pain thinking that is a sign of being "weak". They may fear becoming addicted to pain medicines or being labeled an addict. Some people are very proud and feel they must be "strong". They may not let family or health care providers know how much pain they are experiencing. The best way to relieve pain is to treat the cause.

What methods are available to relieve cancer pain?

Methods of pain relief include medication, medical or surgical procedures, and physical therapy. Complementary methods of pain management include relaxation, music, art, laughter, massage, imagery, meditation, and prayer. Pain specialists can also be consulted.

What types of medications are available?

Pain medications include non-narcotic and narcotic medications.

The best way to relieve pain is to treat the cause.

Cancer Pain: Assessment & Management

Pain Relief

*A person who
takes narcotics
to relieve
cancer pain, is
not an “addict”.*

Will a person become addicted if she or he uses narcotics for pain relief?

No. A person who takes narcotics to relieve cancer pain is not an “addict”. Narcotic use for cancer pain does not cause addiction.

Addiction is a common fear of people who need narcotics for pain relief. Family members are also often concerned about addiction. Narcotic addiction is defined as dependence upon the regular use of narcotics to satisfy physical and emotional needs, rather than use for specific medical reasons. Cancer pain relief is a medical reason for taking narcotics.

What is drug tolerance?

When certain drugs are taken regularly for a length of time, the body does not respond to them as well as it once did, and the drugs become less effective. Larger or more frequent doses must be taken to obtain the effect that was achieved with the original dose. People who take narcotics for pain control sometimes find that over time they need to take larger doses. This may be due to an increase in the pain or the development of drug tolerance. It may be necessary to increase the dose of narcotic pain medication to relieve increasing pain or to overcome drug tolerance.

What is NOT true about cancer pain?

People may have false beliefs or ideas about pain that hinder assessment and treatment. These ideas need to be discussed with people in order to assess and treat their cancer pain. Listen to their story and explain how these ideas interfere with effective pain relief. **These statements are NOT TRUE.**

- Cancer pain cannot be relieved; it is part of the disease.
- Worsening pain means the cancer is getting worse.
- Talking about pain will distract the doctor from treating the cancer.
- Being a “good patient” means not reporting or complaining about the pain.
- “Toughing it out” or enduring the pain is a sign of strength.
- Pain can build character or is a form of punishment.
- The strong medications must be saved for later when the pain gets really bad.
- A person taking pain medication for cancer pain relief will become addicted.

Pain Assessment Guide

It is important to accurately assess a person's level of pain in order to develop the best plan of care. Take time with the person to listen carefully to what they say. How do they look, what does their face or body show? Your genuine concern helps you to be a stronger resource, a better advocate, and a helpful support. Some people are OK talking about their pain, while other people may not feel comfortable talking about their pain.

The following questions are helpful in assessing pain:

1. Where do you feel pain?
2. What does it feel like? Is it sharp, dull, throbbing, or steady?
3. When did it begin? When did it get worse?
4. Does the pain stay the same all the time? If not, when does it change (i.e., when you are eating, when you change position, at different times of the day)?
5. Is your pain there all the time? How often do you feel pain? Every day? During the week?
6. When you have pain, how long does your pain last?
7. Is there anything you do that brings about the pain?
8. Does the pain prevent you from doing any of your daily activities? If so, which ones?
9. Does your pain affect your sleep?
10. What relieves your pain?
11. What makes your pain worse?
12. What works for you to relieve your pain? What has not been helpful?
13. What have you done in the past to relieve other kinds of pain?
14. Is your pain less after you take your pain medication? If so, how much does it decrease and for how long?
15. It is important to take your pain medicines as prescribed. Have you been able to take your pain medicines?
16. It may be helpful to use a pain scale to track your pain.

Cancer Pain: Assessment & Management

Pain Assessment Guide

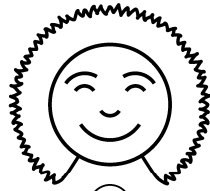
Helpful Questions

*Listen
to a person
share their
story*

Cancer Pain: Assessment & Management

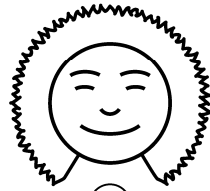
Pain Scale

Some people easily discuss their pain, while other people do not talk about their pain.



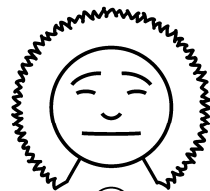
0

I have no pain
Akngirniatuq



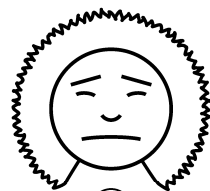
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I have little pain
Ellma aknirnarquq



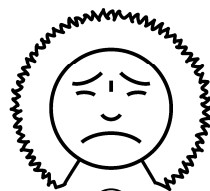
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I have moderate pain
Cakneq akngirnarquq



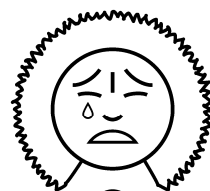
6

I have much pain
Aknirnarqerpaagtuq



8

I have severe pain
Aknirnarqeqapiartuq



10

I have very severe pain
Caknenvak Akngiagua

Pain Scale

Using a scale to rate pain is one way to communicate a person's pain. This pain scale asks the person to rate their pain from 0 to 10.

0=no pain.

2=hurts a little bit, annoying

4=uncomfortable, nagging

6=hurts a lot

8=very bad pain, intense

10=worse pain, cannot put up with it

A rainbow scale uses colors to define the severity of pain. A face scale works for children.

You can use the pain scale with the following questions.

1. What is your pain level at its worst?
2. What is your pain level most of the time?
3. What is your pain level at its least?
4. What is your pain level before you take your pain medication?
5. What is your pain level after you take your pain medication?

When using a pain scale to communicate a person's pain, be sure to say which pain scale you are using. For example: "Joe's pain was 6 on a 0 to 10 scale before he took his morphine. Twenty minutes after he took the morphine, Joe's pain was 2 on a 0 to 10 scale." Pain scales are effective tools to assess pain for an individual person, but are not used to compare one person's pain to another person's pain.

Helpful Reminders

1. Is the person able to use the pain treatment plan as prescribed?
2. Is the person getting adequate relief with the current pain management plan?
3. Is the person and family receiving support?

Pain Management

Pain management works best when the cause of the pain is adequately assessed and the cause treated.

The patient, the family, and the healthcare team work together to relieve cancer pain. Pain management is complex: it varies from person to person and for each person, it varies from one time to another. **Effective pain management is a continuous process requiring ongoing assessment, intervention, evaluation, and communication.** Ask the person if they are using pain control treatment as prescribed and if they are getting relief with the current pain management. Most people need to change their pain medications during the course of their cancer. It is important to provide support for the patient and her or his family during the pain management process.

Pain Management Principles

- Involve the person in their pain management plan to help decrease their anxiety, fear, and promote comfort.
- Learn what methods of pain relief work. It may be necessary to vary or combine pain relief methods. Use meditation or relaxation methods at the same time pain medication is given.
- Prevent pain before it starts or gets worse. This is important for long-term, chronic pain. By taking medications on a regular schedule, instead of on demand, the level of medication in the body remains constant. It takes less pain medication and less time to relieve pain when it is taken regularly and before a person has a lot of pain.
- Treat pain early. Do not wait for pain to become severe before doing something.
- Treat pain so it does not get in the way of eating, sleeping, or enjoying life.
- Reassure the person and their family: people do not become addicted to narcotics if narcotics are used to relieve physical pain.

Remember that pain may not be caused by the cancer.

Cancer Pain: Assessment & Management

Pain Management

The goal of pain care is to treat a person's cancer pain without decreasing their ability to think clearly and do daily activities.

Cancer Pain: Assessment & Management

Methods of Pain Management

*The right drug
and the right dose
given at the right
time can relieve
most physical
pain caused by
cancer.*

*Every person has
the right to have
their pain
assessed and
adequately
managed.*

Methods of Pain Management

The best way to treat cancer pain is to first treat the cancer with chemotherapy, radiation, surgery, biological therapy, immunotherapy, or a combination of these approaches. Treatment of the cancer may not be completely successful in relieving the pain. Non-narcotic and narcotic pain relievers, also called analgesics, may be needed. Complementary methods are also effective in relieving pain and include: imagery, relaxation, music, art, humor, massage, and distraction.

Non-narcotic over-the-counter (OTC) medications

Many non-narcotic pain relievers can be purchased without a prescription from a health care provider. Nearly all nonprescription pain medicines use aspirin, acetaminophen (Tylenol®), or ibuprofen (Motrin®) to relieve pain. These medications can be given to the patient alone or in combination with prescribed medications. They decrease pain and swelling, and control fevers.

Although these medications can be obtained without a prescription, their use should be discussed with a health care provider.

Non-narcotic prescription pain medications

These medications are similar to over-the-counter pain medications but their dose is higher and they require a prescription. They are called nonsteroidal anti-inflammatory drugs (NSAIDs). Medications in the NSAID group may be useful for moderate to severe pain and can be used alone or in combination with other medications and pain control methods. NSAIDs do not cause drug tolerance or physical dependence. Examples are the higher strength Motrin® and Naprosyn®.

Narcotic medications used for cancer pain relief

Narcotic pain medications are available only with a prescription. Narcotics are medications that relieve pain and may cause drowsiness, sleep, or constipation. Historically, they came from the opium poppy (opiates). Today, many narcotics are manufactured synthetically by pharmaceutical companies to mimic the effects of opium (opioids).

Narcotic pain medications are used for moderate to severe pain. These medications do not change the cause of pain, but rather the person's perception of pain. Narcotic pain medications are frequently combined with aspirin or acetaminophen (Tylenol®) for more pain relief. For example, Tylenol #3® is a mixture of codeine and acetaminophen.

Common narcotic medications given for cancer pain are codeine, fentanyl, hydrocodone, hydromorphone, morphine, and oxycodone. Most of these medications are taken orally in a pill or liquid form. *Refer to "Narcotic Side Effects & Comfort Care".*

Cancer Pain: Assessment & Management

Methods of Pain Management

*When
giving pain
medications
remember the
KISS principle:
Keep It Sanely
Simple!*

Other ways of giving pain medications include:

Rectal suppository: Medication is given to the person by gently pushing the suppository through the anal opening into the rectum. The medication dissolves in the rectum and is absorbed by the body. Morphine and hydromorphone can be given this way.

Transdermal patch: Medication is given to the person by placing a patch filled with medication on the skin. The medication is slowly absorbed through the skin. Some patches can last up to 72 hours. They work best if placed over fatty tissue and not bone. Patches stick better in areas with less hair and low moisture. The exact amount of medication delivered by this method may be difficult to control. Fentanyl is often given as a transdermal patch.

Injection: An injection uses a needle or tubing to place medications directly into the body. Some pain medications may be given by injection into a vein (intravenous), into a muscle (intramuscular), or directly into the spinal cord area (epidural or intrathecal) where the medication comes in direct contact with the nerves. Forms of morphine, fentanyl, and hydromorphone can be given by injections.

Other drugs to help reduce pain

The following types of non-narcotic drugs may be prescribed to relieve pain, improve the pain relief of narcotics, or decrease the side effects of narcotic pain relievers.

Antidepressants may relieve nerve pain and improve underlying depression and difficulty sleeping.

Antihistamines add to the pain relief effects of narcotics, help control nausea, and help people sleep.

Anti-anxiety drugs may be used to treat muscle spasms or anxiety.

Stimulants increase pain relief and reduce the drowsiness of narcotics.

Anticonvulsants are helpful to relieve pain from nerve injury caused by the cancer or cancer therapy.

Steroids are helpful for some chronic and acute cancer pain, particularly cancers that have invaded into nerves.

NSAIDs, such as ibuprofen, decrease inflammation and lessen post-surgical pain and the pain from bone metastasis (spreading of cancer into the bone).

Cancer Pain: Assessment & Management

Complementary Methods for Pain Relief

*Distraction can
be a powerful
way of
temporarily
relieving even
the most
intense pain.*

Nerve Blocks

When a local anesthetic (numbing medicine) is injected into or around a nerve, that nerve is no longer able to transmit impulses to the brain causing a temporary loss of feeling in the area served by that nerve. A nerve block uses a local anesthetic, sometimes combined with cortisone (a steroid medicine), to provide temporary pain relief. To control some types of severe pain, a nerve may be cut to try to achieve a long-term pain relief. After a nerve block, it is important to protect the treated area from injury caused by heat, cold or pressure.

Complementary Methods for Pain Relief

Complementary methods are used to increase the effect of medicines used for pain relief and to provide comfort.

ART

Art is a way for people to express themselves without words. Art such as drawing, sculpting, painting, or doing crafts may help people to express and let go of their feelings.

DISTRACTION

Distraction means turning one's attention to something other than the pain. Many people use this method without realizing it when they watch television or listen to the radio to "take their mind off" the pain. Other examples of distraction include playing games, telling stories, doing crafts, and reading.

Distraction may work better than medicine if pain is sudden and intense or if it is brief, lasting only 5 to 45 minutes. Distraction is helpful when the person is waiting for pain medicine to start working. If the pain is mild, distraction may help for hours.

Some people think that a person who can be distracted from pain does not have severe pain. This is not necessarily true. Distraction can be a powerful way of temporarily relieving even the most intense pain.

IMAGERY

Imagery uses imagination to create mental pictures or situations in the mind. Imagery is an intentional daydream or a form of self-hypnosis that uses sight, touch, hearing, smell, and taste. Positive, relaxing memories are revisited or fantasies created. Certain images may reduce pain during imagery and for hours afterward. If the person has to stay in bed, imagery may help to reduce the closed-in feeling. Imagery can help to relieve boredom, decrease anxiety, enhance relaxation, and promote sleep.

Cancer Pain: Assessment & Management

Complementary Methods for Pain Relief

*Laughter
provides
pain relief &
boosts our
immune
system.*

LAUGHTER

Laughter can provide immediate distractions but it can also provide prolonged pain relief for several hours. Laughter releases endorphins which boosts our body's immune system. Laughter is like an internal massage of our tissues and organs.

MASSAGE

For pain relief, massage is most effective when using slow, steady, circular motions. Massage can be done with bare hands or with lotions or oils. Deep massage, light stroking, or brushing can be used to provide comfort and relaxation.

If the person is receiving radiation treatment, avoid massage in the treatment area.

MEDITATION AND PRAYER

Spiritual practices, rituals or ceremonies may provide comfort and healing. Meditation may involve repeating a word, phrase, or healing affirmation to focus the attention away from stressful thoughts or painful stimulus.

Music, singing, and/or drumming may also support a person's healing journey.

PLAY

Games, puzzles and toys are helpful in cancer treatment and pain management. Play with wind up toys, playdough®, or other favorite distracting toys just for fun and enjoyment.

RELAXATION

Relaxation relieves pain or keeps it from getting worse by reducing tension in the muscles. It can help a person fall asleep, increase energy, decrease anxiety, and make other pain relief methods work better. Relaxation techniques include slow rhythmic breathing, massage, and the use of relaxation tapes.

SKIN STIMULATION

Skin stimulation is the use of pressure, friction or temperature change to excite the nerve endings in the skin. The same nerve pathways transmit the sensations of pain, heat, cold, and pressure to the brain. When the skin is stimulated with pressure, warmth, or cold, the pain sensation is lessened or blocked. Skin stimulation also alters the flow of blood to the affected area. Skin stimulation may decrease the pain or stop the pain entirely.

Accupuncture can also be used to relieve pain and promote health.

NOTE: For people receiving radiation therapy, consult with the health care provider before using skin stimulation.

Check Your Understanding answers: 1)F, 2)T, 3)F, 4)T, 5)F, 6)T, 7)T, 8)F, 9)T, 10)T

Narcotic Side Effects & Comfort Care

Not everyone experiences side effects from narcotic use. Some may be temporary as the body adjusts to the medication. Talk with a doctor before stopping or changing the dose.

Breathing Problems

Comfort Care

- Breathe deeply, cough, and change position every two hours.

Tell a health care provider if the person is having trouble breathing.

Constipation

Opiates slow down gastrointestinal functions and prolong the time it takes to empty the gastrointestinal tract. If you are on narcotics you need to be taking bowel medicine. Keep taking bowel medication as long as you are still using opiates.

Comfort Care

- Eat high fiber foods such as apples, pears, prunes, berries, dried fruit, potatoes, carrots, squash, corn, peas, whole grains, cereals, beans, and nuts.
- Drink plenty of water. 8 glasses of fluid per day is suggested unless you have fluid restrictions.
- Exercise. Walk for 30 minutes every day.

Drowsiness and Sleepiness

Opiates have a depressant effect on the central nervous system.

Comfort Care

- Avoid activities that require full alertness such as driving, cooking, or operating equipment.

Nausea and Vomiting

Usually temporary but may last up to 1 week.

The health care provider may order anti-nausea medications, to be given as a rectal suppository or by injection if unable to swallow a pill.

Urinary Retention (Difficulty emptying the bladder)

Comfort Care

- Urinate every 4 hours. Tell your health care provider if unable to urinate after 8 hours.

Other side effects are Hallucinations and Confusion.

Tell your health care provider.