

# Pain Relief Connection

Issue #4 April 15, 2007

**Preventing  
pain  
is easier than  
treating pain**

*Pain ... The 5th Vital Sign*

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## Clinical Focus: Ten Guidelines for Assessing and Treating Pain

This is the 4<sup>th</sup> in a series on the principles and guidelines for pain management.

5. Anticipate and treat side effects of analgesics
  - Opioid receptors in the GI tract are the cause of the most common side effects of opioids: constipation. Every patient with a prescription for opioid should be considered at very high risk for developing constipation and a bowel regimen should be a routine part of pain management. Bulk laxatives (ex. Metamucil) are contraindicated for many people taking opioids, especially chronically, because the hypoperistaltic large intestine reabsorbs fluid, causing hard stools and constipation. Stimulant laxatives, possibly supplemented with stool softeners, are more effective for prophylaxis and treatment of constipation in both inpatient and outpatients settings. Clear written instruction should be prepared for patients at discharge or in the outpatients setting.
  - Nausea and sometimes vomiting may be experienced in opioid naïve patients (those who have not had opioids before) who are placed on a short course of an opioid. The nausea usually dissipates within a few days, but anti-emetics may be indicated. Certain sensitive individuals may re-experience nausea with each dose increase. Converting to a different opioid drug may be helpful in these patients.
  - Some patients may experience drowsiness and other CNS effects. Like nausea, the patient will develop tolerance to this side effect while still experiencing the analgesic effects. However, safety measures to protect the patients from falling or preventing the use of dangerous equipment should be instituted. In rare instances, psychostimulants may be needed to counter the drowsiness.
  - Itching is believed to be caused by opioid-induced histamine release. A short course of low dose antihistamine, such as diphenhydramine, may be needed and can be helpful in some individuals. Others may benefit from low dose Naloxone. Converting to another opioid is occasionally required.
  - If side effects persist or are intractable to standard treatment,

## Education:

**Last chance to register!!!!!!**

**Pain Relief Champions:** First annual multidisciplinary educational opportunity at BRHC April 19, 2007 0730-1700 Cost \$5. This workshop will focus on education of participants

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in the essentials of pain management, beginning with an overview of the problem, such as barriers and common myths and then reviewing pain assessment for a variety of patient groups including infants, adults, intubated and older adults and cognitively impaired adults. Pharmacological and non-pharmacological interventions will be discussed. The workshop will conclude with putting the information together and discussing some ideas about how to improve pain management in a variety of work settings, along with identifying ways to demonstrate patient advocacy for pain management. Nutrition breaks including lunch (sponsored by Purdue Pharma) are included with the \$5 registration. See Public Folders or contact Bev More for more registration information.

**Pain Relief- A Basic Human Right: Canadian Pain Society 27<sup>th</sup> Annual Conference**  
May 23-27<sup>th</sup>, 2007 Ottawa, Ontario. See the web site for more details.  
[www.canadianpainsociety.ca/congres/Ottawa2007/index.htm](http://www.canadianpainsociety.ca/congres/Ottawa2007/index.htm)

**International Conference of Pain and Chemical Dependency** 7<sup>th</sup> International Conference being held in New York, New York, June 21 – 24, 2007. For any questions on this event, please contact them directly at [www.iapcd.com](http://www.iapcd.com)

If you have a question that you would like answered or a case study that you would like to see profiled here, please send the information to Bev More, Pain Management Resource Nurse, CS1-200 BRHC or email to: [moreb@brandonrha.mb.ca](mailto:moreb@brandonrha.mb.ca)

Feedback about this newsletter is welcome. Please send comments to [moreb@brandonrha.mb.ca](mailto:moreb@brandonrha.mb.ca)

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