

# Pain Relief Connection

## Issue # 3 March 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 third in a series on the principles and guidelines for pain management.

#### **4. Use the World Health Organization Analgesic Ladder:**

Originally intended as a model for cancer pain management, the WHO Analgesic Ladder is also applicable to other diseases and conditions in all settings.

Step I. Mild pain: Use acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs). Note that acetaminophen has analgesic and antipyretic effects, but no anti-inflammatory effect.

Step II. Moderate pain: Add 'weaker' opioids or combination products (those that contain an opioid and acetaminophen or an NSAID). The dose is limited by 'ceiling effect' of the non-opioid portion of the analgesic. Ceiling effect refers to the dose at which unacceptable toxicity occurs or the dose beyond which no additional analgesic effect occurs.

Step III. Severe pain: use stronger opioids. Morphine is the reference drug against which other opioids are compared. If pain is both severe and prolonged, long-acting opioids are recommended. *The correct dosage relieves pain with acceptable or no side effects.*

Some practitioners have proposed a fourth and fifth step:

Step IV. Intractable pain or intractable toxicities from standard analgesics: various 'interventional' strategies such as nerve blocks and prolonged intraspinal infusions of anaesthetics and analgesics.

Step V. Various surgical interventions to relieve the pain including cordotomy, ablation, etc.

Additional principles:

- Whenever possible, treat the underlying cause of the pain. Use adequate analgesia until healing has occurred.
- Use 'adjuvant' medications when appropriate. Sometimes referred to as 'co-analgesics', these are medications that are approved for an indication unrelated to pain, but which have analgesic properties in specific conditions. Common

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- adjuvants are anti-convulsants and antidepressants for certain neuropathic pain syndromes.
- Most side effects of analgesics are readily treatable--do not reduce the analgesic dose to avoid the side effect. The most common side effect of opioids is constipation. Prophylaxis must be part of any plan of care that includes opioids.

Each of the principles and classes of drugs listed above will be further explored in future issues of Pain Relief Connection.

### **Education:**

**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 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.

**American Society for Pain Management Nurses Annual Conference:** March 24-27<sup>th</sup>, 2007. See the web site for details <http://www.aspmn.org/Conference/index.htm>

**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.  
<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)

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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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