Univera Healthcare is pleased to produce this Pain Management Guide. This guide is part of the innovative Community Principles of Pain Management now underway in Upstate New York. The Subspecialty Advisory Group that developed these Principles included health care providers from throughout Upstate New York. Consumers from the Community-Wide End-of-Life/Palliative Care Initiative assisted in the development of this educational material.
“Every person feels pain differently.

Whatever the person feeling it says it is, it is.”
Helping Your Doctor Understand Your Pain

What is Pain?
■ Pain is an uncomfortable feeling that comes from injury, disease or damage to your body.
■ Pain is sometimes a nuisance or it may be a signal that something is wrong.

Speak up!
If you are currently suffering in pain, you need to talk to your doctor or nurse, so you can be prescribed treatment or medicine to help relieve your pain.

Help yourself to manage pain:
■ Ask about what is causing your pain and learn more about it.
■ Use information wisely.
■ Know when to seek help in between follow-up visits.
■ Do your best to stay active and healthy.

Help control your pain:
There are safe and effective ways to treat pain without using pills.
■ Patient/family education
■ Community Support Groups
■ Exercise, Yoga, Tai Chi
■ Massage
■ Relaxation by deep breathing
■ Meditation, Prayer, Spiritual & Pastoral Support
■ Imagery
■ Distraction
■ Humor
■ Music
■ Ice or heat

Did you know that...?
■ If you act quickly when pain starts, you can often prevent it from getting worse.
■ Anxiety, fear and depression can worsen how you feel and can decrease your ability to cope with everyday life.
■ Pain is not all in your head.
■ Pain is not something you “just have to live with.”

Your rights to pain relief are:
■ Information and answers to your questions about pain and pain relief
■ A feeling that your doctor or nurse cares about you
■ A quick response from your doctor or nurse when you report pain
■ A sense that your complaint of pain is believed

Your responsibilities in pain relief are:
■ To discuss different kinds of pain relief choices with your doctor or nurse
■ To work with your doctor to make a pain relief plan
■ To help doctors and nurse measure your pain
■ To tell your doctor or nurse about any pain that will not go away

From American Pain Society
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From American Pain Society
A Guide to Understanding and Managing Your Pain

In order for your doctor to understand your pain, you will be asked to answer questions about your pain such as:

■ Where is your pain?
■ How does your pain feel?
■ How often do you have pain?
■ What time of day is your pain the worst?
■ What gets your pain started?
■ Does your pain stay, or come and go?
■ What makes your pain better?
■ What makes your pain worse?
■ What have you tried that makes your pain better?
■ Does your pain make you sad?
■ What do you think causes your pain?
■ Does pain cause you problems with your personal needs such as getting dressed, combing your hair, shaving, bathing, or eating?
■ What medications have you used in the past for your pain?

Your doctor may ask you to rate your pain:

Choose a face that best describes how you feel: ____ now
A. Mild pain: 1-3 ____ on average
B. Moderate: 4-7 (interferes with work or sleep*) ____ best
C. Severe: 8-10 (interferes with all activities**) ____ worst

Wong-Baker FACES Pain Rating Scale

CHOOS THE FACE THAT BEST DESCRIBES HOW YOU FEEL

No Hurt
Hurts Little Bit
Hurts Little More
Hurts Even More
Hurts Whole Lot
Hurts Worst

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Myths and Truths About Pain

**M:** Infants and children do not feel pain. This means they do not need as much medicine to stop their pain.

**T:** All children, no matter what their age, feel pain. All children in pain should be properly treated. A child's age and weight are important information for doctors to know. It helps them to decide the correct amount of medicine that should be given to help the child.

**M:** Children do not remember being in pain.

**T:** Many studies have shown that even infants have a memory of being in pain.

**M:** Children and adults will tell you when they are in pain.

**T:** Many children and adults will not tell doctors or others that they are in pain because: they are afraid of what will happen to them; they do not understand why they have pain; they do not know what the medicine might do to them; they feel they need to be "brave" and not complain about their pain; or they feel it has redemptive/spiritual value.

**M:** You must see signs of pain in the person to know the person is in pain and how much pain.

**T:** What people say about their pain is the best way to know how much and what kind of pain they have. Some people with severe acute pain and many people with chronic (constant) pain may not show any signs of pain.

**M:** The use of strong medications or prescription pain pills for pain relief can lead to addiction.

**T:** It is extremely rare for a person to become addicted to strong medications or prescription pain pills when they are used for pain relief.

**M:** Strong pain medicines are not good and/or cannot be handled by elderly persons.

**T:** Medications for pain should not be based on age but on the person’s medical condition and the person’s ability to handle uncomfortable side effects. The first doses of strong medications or prescription pain pills should be adjusted downward for elderly persons.

**M:** You can learn how bad the pain is by how active the person is.

**T:** Some people may be able to be active when they are in pain; other people may not be able to move about.

**M:** If the person has had a lot of pain in life, he/she is able to stand pain longer than someone who has not had much pain in life.

**T:** Finding out what kind of pain the person has had in the past is very important. This information will help doctors, nurses and others who care for the person to know what the person needs to take care of the pain he/she has now. It will also let them know how the person thinks about pain.

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The ideas a person has about pain can play an important part in how that person handles pain. Worry, concern, fear and sadness do not cause pain but they can increase the feeling of pain and make it harder to handle the pain.

At the end of life, the goal is to make the person comfortable and to keep him/her comfortable. Good pain care is more likely to lengthen life than shorten life. Talking with specialists in Palliative Care, Anesthesia Pain Service, the Chaplain’s Office, Child Life Program, Ethics Consultation Service, etc. may be helpful in difficult cases.

Customs and beliefs of a person and their family can have a great impact on how pain is judged and how that pain will be controlled. Doctors, nurses and others need to include these customs and beliefs when deciding how a person’s pain is treated.

Narcotics should be given in small amounts to dying people because the medicines could bring death sooner.

A person’s mood (happy, sad, fearful, worried) has no effect on pain.

Narcotics should be given in small amounts to dying people because the medicines could bring death sooner.

The ways, customs and religious beliefs of families are not important in management of pain.

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Therapy

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Hands on Healing
Self Help Options for Managing Pain

Therapy                  How does it work?

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**Hands on Healing**

Referral from your physician

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