

Pain is a sensation that alerts us to an injury or illness within our bodies.

Pain can be stabbing, throbbing, burning, aching, pulling, cramping; it can be a tightness or simply an unpleasant sensation.

Acute pain usually is immediate, and lasts less than two weeks. It can occur as a result of injury, short-term illness or a surgical procedure. Acute pain can be controlled with many different, safe treatment options. Controlling pain is an important step to recovery. Do not hesitate to ask for pain relief medications.

This brochure will help you work with your health care team (doctors, nurses, pharmacists) to control acute pain.

Benefits of pain control

When your pain is controlled, you can:

- Heal faster. People with well-controlled pain seem to do better. They may even avoid some problems such as pneumonia and blood clots.
- Feel better sooner.
- Start walking and doing your breathing exercises so you can get your strength back faster.

Pain control options

Both medication and nonmedication treatments can help prevent and control pain. Two or more methods may be combined for greater relief. You and your doctor will decide which options are right for you.

Pain medication

Many medications may be used to control pain. Do not worry about becoming addicted to pain medication. Addiction is extremely rare when pain medicine is used to control pain. The following types of medications are used to control pain:

Nonsteroidal anti-inflammatory medications

These medications (NSAIDs) are used to reduce inflammation and treat other causes of pain. The common NSAIDs are naproxen and ibuprofen.

Opioids

These medications are generally used for moderate to severe pain. Commonly used opioids include morphine, hydromorphone and oxycodone.

Combination therapies

Medications such as muscle relaxants, steroids, anticonvulsants and antidepressants may be used in combination with opioids and NSAIDs.

It is important to prevent pain before it starts or gets worse. Use your pain relief medications on a regular schedule.

How medication is given

Pain medication can be administered by different methods. Common methods include:

Oral

Pain medications are taken by mouth in pill or liquid form.

Patient-controlled analgesia (PCA) pump

A PCA pump is attached to the intravenous (IV) tube in your vein. This pump allows you to push a button to give yourself pain medication when you need it. It also prevents you from getting too much medication.

Injection

A “shot” of medication is injected into a muscle or under the skin. Injections are used only when necessary.

Epidural

An epidural is a small tube placed in your back by an anesthesiologist. The tube may be connected to a pump that delivers continuous pain medication.

Skin patches

Skin patches that contain pain medications can be applied to the skin for long-term pain management. Skin patches are not used to control pain after surgery.

Nonmedication treatments

Nonmedication treatments can be used to control pain. Ask your doctor about the following:

Massage

Massage helps relieve tension in tired, achy parts of the body. A massage therapist can do it or you can learn to do it yourself.

Positioning

Depending on the cause of the pain, your provider may suggest repositioning, which is adjusting your body to positions that relieve pressure or pain.

Splinting of an incision

Pain at the incision can be reduced by splinting (supporting) the incision with a small towel or pillow when coughing or breathing deeply.

Heat and cold therapy

Hot packs, heating pads and warm baths produce relaxation by reducing inflammation. Cold therapy often works better than heat in controlling pain. Cold can help relieve an itch or decrease muscle spasms. Alternating between heat and cold therapy can be more effective than using either technique alone and may be used for severe pain.

Relaxation and prayer

Yoga, prayer and meditation help relieve anxiety and muscle tension. They produce relaxation, which lowers the body’s stress response.

Music

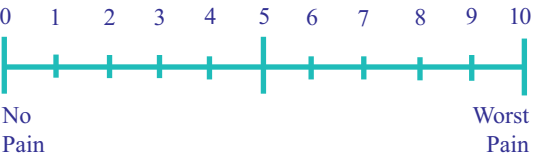
Music is an example of distraction therapy. It reduces pain by taking your mind away from it.

Positive thinking

People who stay positive and hopeful feel less pain or are less bothered by the pain they do feel.

Describing your pain

The following guidelines may help you describe your pain:

- **Use a pain rating scale.** Get acquainted with the scale below. On a scale of 0 to 10, 0 means “No pain” and 10 means “Worst pain possible.”
 - **What rating will allow me to return to normal activities?** Everyone is different. Many people can function without problems with a pain rating of 4 or less. Studies show that people who rate their pain at 5 or higher have trouble carrying out difficult activities.
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- 0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain
- **Onset of pain.** Tell your provider when and how your pain began.
 - **Location.** Point to or describe where your pain starts and where it goes.
 - **Quality.** Describe your pain. Is it sharp, shooting, burning, aching or cramping?
 - **Intensity.** Is the pain constant or does it increase or decrease? What makes the pain worse?
 - **Response to treatment.** Describe if there is anything that helps relieve the pain. How much relief does it give? How long does the relief last?

Keeping pain under control

Together, you and doctor will create acceptable goals and a plan for managing your pain. Be prepared by writing down your questions before you meet with your doctor.

- Talk with your doctor and nurses about pain control methods that have or have not worked for you.
- Talk with your doctor or nurses about any concerns you may have about pain medications.
- Tell your doctor or nurses about allergies and reactions to medications.
- Ask your team what you can expect: Will there be much pain? Where will you feel it? How long is it likely to last?
- Take your pain medication or ask the nurse for pain medication before pain starts or as soon as you feel it starting.
- Take pain medication prior to getting out of bed, walking or doing breathing exercises, especially if these activities make your pain worse. It is harder to ease pain once it starts.

If you want more information on any medical topic, please contact the Park Nicollet Health Library. A medical librarian can help you find out what you need to know.

Web site: parknicollet.com/healthlibrary
E-mail: library@parknicollet.com
Phone: 952-993-5011

Side effects of opioids

All opioids can have some side effects. Not everyone will experience them. Most happen in the first few hours of treatment and gradually go away. The most common ones are listed below.

Constipation

The best way to prevent constipation is to drink lots of water, juice and other liquids, and to eat more fruits and vegetables. Exercise helps too. In addition, your doctor may prescribe a laxative or a stool softener.

Nausea and vomiting

Nausea and vomiting usually last only a couple of days after starting a medicine. Be sure to tell your doctor about any nausea or vomiting. Medicine to stop these side effects may be given, or another kind of pain medication may be used.

Sleepiness

Some people who take opioids feel drowsy or sleepy when they first take the medicine. This usually does not last too long. Do not drive if you are taking opioids.

Slowed breathing

This sometimes happens when the dose of medicine is increased. You may take fewer breaths in a minute or feel short of breath. Ask your doctor what to watch for and when to call for help.

This brochure is based on guidelines developed by a team of health care experts at the Institute for Clinical Systems Improvement (ICSI), of which Park Nicollet Health Services is an active member. It will be reviewed and updated on a regular basis as scientific evidence changes. This material is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

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Controlling Acute Pain

A Guide for Patients and Families



Park Nicollet