Wound Pain Assessment and Management

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Wound Pain Assessment and Management

- Objectives
  - Recognition of Wound Pain
  - Impact of Wound Pain on Quality of Life
  - Wound Pain Assessment
  - Wound Pain Management
  - Application to Practice
Wound Pain Assessment and Management

- Bruera (1986)
  - Sudden increased neck pain
  - Large ulcerated head & neck tumors
  - Ulcer infection treated with antibiotics

- Mackey & McDonald (1995)
  - Severe abdominal pain r/t large abscess
  - Antibiotics and surgical drainage
Wound Pain Assessment and Management

- Myths Wound Care and Pain
  - Wet to dry dressings are still the gold standard for wound care
  - The only way to treat wound pain is by oral analgesic 30-60 minutes before dressing changes
  - Pulling a dressing off faster rather than slower reduces the pain at dressing changes
The impact of Wound Pain on Quality of Life

- Physical
- Social
- Psychological
- Spiritual
The Impact of Wound Pain on Quality of Life

- Physical Wound Pain can cause:
  - Pain at the wound site
  - Fatigue - loss of sleep - loss of strength
  - Decreased appetite or nausea - constipation
  - Overall change in functionality
  - Underlying disease conditions
    - What is happening in the wound to cause physical pain?
    - How is pain described by person?
The Impact of Wound Pain on Quality of Life

- Social appearance of the wound can cause family distress:
  - Changes in the Family Unit:
    - role changes (relationship shift)
    - employment changes (financial shift)
    - changes in sexuality and affection (emotional shift)
      - How does the person’s sociocultural background affect the person’s expression of the wound pain?
      - How does the pain affect your ADL?
The Impact of Wound Pain on Quality of Life

- Psychological wound deterioration can cause:
  - Anxiety, fear, anger, depression, irritability, hopelessness, despair
  - Lack of enjoyment, lead to isolation
    - How does the person’s emotional state affect the person’s report of wound pain?
    - How does the wound pain affect the person’s mood or disposition? (depressed or discouraged)
    - How does the person’s knowledge, attitudes, past experiences and beliefs affect their wound pain experience?
The Impact of Wound Pain and Quality of Life

- Spiritual non-healing wound can cause spiritual distress pain:
  - Suffering
  - Questioning the meaning of pain
  - Person’s sense of purpose
  - Effects on their religious beliefs
    - What does this person feel they have this pain?
Wound Pain Assessment

- Step 1: Characterize the pain
- Step 2: Measure the intensity
- Step 3: Assess dimensions of pain
- Step 4: Attempt to establish pain type
- Step 5: Pain Inducing Factors
- Step 6: Poor Factors for Pain Control
Step 1: Characterize the Pain

- Location
- Onset
- Duration
- Radiation
- Quality
- Severity
- Aggravating/Alleviating
Step 2: Measure the Intensity

- Visual Analog Scale
- Numerical Rating Scale (ESAS)
- Pain Diaries
- Person’s Subjective Comments
Step 3: Assess multiple dimensions of pain experience

- Physiological/sensory
- Affective
- Cognitive
- Behavioral
- Sociocultural
- Environmental
Step 4: Establish pain type

<table>
<thead>
<tr>
<th>Type</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nociceptive</strong></td>
<td></td>
</tr>
<tr>
<td>Aching</td>
<td>Well localized</td>
</tr>
<tr>
<td>Gnawing</td>
<td>Tissue damage, Inflammation, e.g. Sunburn</td>
</tr>
<tr>
<td>Throbbing</td>
<td></td>
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<tr>
<td><strong>Neuropathic</strong></td>
<td></td>
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<tr>
<td>Sharp</td>
<td>Local or distal dermatomal</td>
</tr>
<tr>
<td>Stabbing</td>
<td>Nerve damage, Allodynia, e.g. shingles</td>
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<tr>
<td>Shooting</td>
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<tr>
<td>Burning</td>
<td></td>
</tr>
<tr>
<td><strong>Total Pain</strong></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td>Generalized</td>
</tr>
<tr>
<td>Physical</td>
<td>Suffering</td>
</tr>
<tr>
<td>Emotional</td>
<td>Ineffective coping strategies, e.g. mental anguish</td>
</tr>
<tr>
<td>Spiritual</td>
<td></td>
</tr>
<tr>
<td><strong>Incident Pain</strong></td>
<td></td>
</tr>
<tr>
<td>Pain with movement or treatments (dressing changes)</td>
<td>Well localized</td>
</tr>
</tbody>
</table>
Step 5: Disease or Treatment Related

- Bone metastases
- Pathological fracture
- Chemotherapy neuritis
- Radiation
- Basal cancer or squamous cell cancer
- Post mastectomy
Step 6: Poor Prognostic Factors

- Neuropathic pain
- Incidental pain
- Significant psycho-social distress
- Cognitive Impairment
- Tolerance to opioids
- History of alcohol/drug abuse
## Palliative Performance Scale (PPSv2)
### Version 2

<table>
<thead>
<tr>
<th>PPS Level</th>
<th>Ambulation</th>
<th>Activity &amp; Evidence of Disease</th>
<th>Self-Care</th>
<th>Intake</th>
<th>Conscious Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No evidence of disease</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>90%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td>Full</td>
<td>Normal</td>
<td>Full</td>
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<tr>
<td></td>
<td></td>
<td>Some evidence of disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>Full</td>
<td>Normal activity with Effort</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
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<tr>
<td></td>
<td></td>
<td>Some evidence of disease</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>70%</td>
<td>Reduced</td>
<td>Unable Normal Job/Work</td>
<td>Full</td>
<td>Normal or reduced</td>
<td>Full</td>
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<tr>
<td></td>
<td></td>
<td>Significant disease</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>60%</td>
<td>Reduced</td>
<td>Unable hobby/house work</td>
<td>Occasional assistance necessary</td>
<td>Normal or reduced</td>
<td>Full or Confusion</td>
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<tr>
<td></td>
<td></td>
<td>Significant disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td>Mainly Sit/Lie</td>
<td>Unable to do any work</td>
<td>Considerable assistance required</td>
<td>Normal or reduced</td>
<td>Full or Confusion</td>
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<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td>Mainly in Bed</td>
<td>Unable to do most activity</td>
<td>Mainly assistance</td>
<td>Normal or reduced</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity</td>
<td>Total Care</td>
<td>Normal or reduced</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity</td>
<td>Total Care</td>
<td>Minimal to sips</td>
<td>Full or Drowsy +/- Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td>Totally Bed Bound</td>
<td>Unable to do any activity</td>
<td>Total Care</td>
<td>Mouth care only</td>
<td>Drowsy or Coma +/- Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>Death</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Malignant Wound Care

Evaluate wound and PPS score

10%-30%
- Comfort Care Focus
- Manage Odor, Exudate, Bleeding,
  Pain & Psychosocial Issues
  And Quality of Life Concerns

30%-100%
- Follow WRHA Wound Care Guidelines
Wound Pain Management

- Modify the disease/wound
- Modify the perception of the pain
- Modify or interrupt pain transmission
- Modify lifestyle
Wound Pain Management

- Provide Stepwise Analgesia
  - Non-opioids i.e. ASA, acetaminophen, NSAIDs
  - Add a weak opioid i.e. codeine to the non-opioid
  - Replace the weak opioid with a strong opioid i.e. morphine, hydromorphone, oxycodone, fentanyl, methadone
Management of Wound Pain

- Palliative Care Pain Management Guidelines
  - Sustained/immediate release opioids
  - Around the clock breakthrough dosing
  - Use of adjuvant therapies
  - Cost/convenience of palliative drugs
  - Titrating analgesics
  - Support from specialty pain consultants
Management of Wound Pain

- Must be knowledgeable:
  - Dressing choice is removal causing bleeding/trauma/pain to the wound or surrounding tissue
  - Avoid prolonged exposure of the wound
  - Avoid any unnecessary stimulus to the wound
  - Involve the patient throughout procedures
  - Recognize the triggers/relief of pain
  - Be aware of patient’s prognosis (PPS)
Management of Wound Pain

- Must be knowledgeable:
  - Know and avoid, where possible, pain triggers
  - Know and use, where possible, pain reducers
  - Explore simple patient-controlled techniques
  - Reconsider management choices if pain becomes intolerable
Management of Wound Pain

- Must be knowledgeable:
  - Correctly match the parameters of a dressing to the state of the wound and surrounding tissue.
  - What may have been a good choice on day 1 becomes a poor choice on day 5 when conditions have changed (i.e. dressing is causing pain).
Application to Practice

- Assume all wounds are painful
- Over time wounds may become more painful
- Accept that for some patients the lightest touch or simply air moving across the wound can be intensely painful
- Know when to refer to specialist assessment
Conclusion

- Every person and every wound should have an individualized management plan.

- Think “pain”: every wound, every day!
Case Study

- Michael, 26, lives with his partner of six years. Shortly after they met Michael had thrush and was diagnosed HIV positive and began taking AZT. Since that time Michael has had several infectious problems some requiring hospitalization. In the last two weeks Michael’s PPS score has decreased from 50% to 30%. Michael and his partner want him to remain in the home when “the time comes.”
Illnesses have included pneumocystis carinii, Herpes zoster, Kaposi’s sarcoma skin lesions, cryptococcal meningitis, seizures.

CD4 count is <200 and viral load 700

No longer taking his antiretrovirals, but remains on antifungals for C. diff and fungemia.

History of drug abuse and pain management has been an issue- currently pain is present in skin lesions and zoster pain.
Case Study

- Kaposi’s sarcoma ulcers cover his body- chemotherapy and radiation has been used in the past to manage these ulcers but now risks are greater than benefits- metronidazole 10% cream and flamazine cream are being applied on ulcers bid-tid

- Herpes Zoster patches follow dermatomes around his abdomen

- Nights sweats and spiking fevers have been increasing over the last weeks
Case Study

- What are some causes for painful wounds?
- What areas of Quality of Life are being effected by Michael’s wound pain?
- What interventions will help with Michael’s wound pain?
- How would you educate Michael’s partner about caring for his wound pain issues?