ST. FRANCIS 24/7 CALL CENTER: (321) 269-4240

St. Francis REFLECTIONS® Hospice
Established 1977 • Licensed 1990

Pain Management

Pain is a complex symptom that is unique and extremely personal to the person in pain. Pain presents in many different ways and has many causes. Pain can be physical (due to injury) or emotional (due to anxiety or fear). Pain can be chronic (long-lasting) or acute (sudden). Pain management is focused on making the patient as comfortable as possible. *Pain is what the person says it is.*

Common signs and symptoms to monitor for:

- **Observe for non-verbal cues:**
  - Facial grimacing or frowning
  - Restlessness or agitation
  - Moaning or crying out
  - Refusing to eat or drink
  - Guarding a specific area of the body
  - Increased heart rate or sweating
  - Changes in mood or behavior
- For verbal patients ask for pain rating using 0-10 scale (0 being no pain, 10 being worst pain)

Tips for Pain Management:

- **Medications**: Use prescribed pain medications as directed by the hospice team. Common medications include opioids (like morphine), acetaminophen, or nonsteroidal anti-inflammatory drugs (NSAIDs). Medications may be given orally, via a patch, under the tongue, rectally or by injection.
- **Schedule** and **Dosage**: Follow the prescribed schedule and dosages. Do not wait for pain to become severe before giving medication. Pain is easier to control when managed proactively. Keep a pain log of how often medication is taken and its effectiveness (prior and post pain descriptions).
  - **Administer 'As Needed' (PRN) medications when patient is experiencing breakthrough pain in-between scheduled doses (if applicable). Follow order instructions for administration.**

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- **Non-Pharmacological Management**: Use warm compresses, gentle massage, and relaxation techniques (like deep breathing) to help ease pain. Distracting activities such as watching television, playing a game Soft music, aromatherapy, or a calm environment can also help.

Record and Report to St. Francis:

- Pain intensity
- Location of pain
- Impact to usual activities
- What makes the pain better or worse
- Description of pain (i.e. burning, sharp, stabbing)
- Frequency of pain
- Any side effects of the medication(s)

Common Side Effects of Pain Medications:

- **Constipation**- Opioids slow the movement of bowels which leads to constipation. The risk for constipation will never go away while the patient is taking opioids. A plan to prevent constipation should be initiated as soon as a patient starts on an opioid. A bowel regimen will help alleviate constipation and should be taken as directed. A person taking opioids should have a bowel movement at least every three (3) days. **Please report to your St. Francis Team if the patient has not had a bowel movement for three (3) days. Stools should not be hard or cause strain.**

- **Sleepiness/Drowsiness**- When starting or increasing a pain medication dose, feeling drowsy or sleepy is normal. This should be temporary, lasting 48-72 hours as the body adjusts to the medication. **Please report to your St. Francis Team if abnormal drowsiness or sleepiness lasts longer than this, the dosage can be reduced as needed to meet the patient's goals.**

- **Dizziness**- When starting or increasing a pain medication dose, dizziness is common for the first couple of days. During this time the patient may need assistance with activities (i.e. transferring, ambulating, etc.) to prevent falls. **Please report to your St. Francis Team if dizziness does not go away after the first few days or if the patient has a fall.**

- **Nausea**- When starting or increasing a pain medication dose, an upset stomach or nausea is common for the first few days as the body adjusts to the medication. Light snacks (i.e. crackers, peppermint) may help. St. Francis can also treat nausea with

medication until it goes away. **Please report to your St. Francis Team about nausea that does not go away.**

St. Francis Reflections is always available to assist with any questions or concerns 24/7

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