Wound Care: Addressing the Pain

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Pain and the Wound Care Patient

• It’s going to happen
  – Patients arrive with their own pain, not just what we may cause them

• To assume we can provide wound care without causing some pain is unrealistic

• BUT ......
Pain and the Wound Care Patient

If clinicians remain cognizant of the potential for pain, we can reduce it.
‘Manage pain by eliminating or controlling the source of pain. Because pain may be evolved, or may be especially acute during dressing changes and debridement, the caregiver should try to prevent such discomfort or take steps to relieve it.’
European Wound Management Association

- Position Document 2002
International Wound Care Survey

• Conducted in eleven countries in Europe and North America
• Identify practitioners primary consideration in their approach to pain and tissue trauma at dressing changes
• 14,657 questionnaires distributed
  – 3,918 responded (27%)

Moffatt CJ, Franks PJ And Hollinworth H. Understanding wound pain and trauma: an international Perspective. EWMA position document on “Pain at wound dressing changes 2002.”
Wound Care Survey

- 34% Preventing trauma to the wound bed
- 25% Preventing pain to the patient
- 22% Preventing the spread of infection
- 13% Preventing surrounding skin damages
- 6% Other / missing
The Top Identified Issues in Wound Healing

- Preventing trauma to the wound surface and surrounding skin
- Preventing pain to the patient during dressing change(s)
EWMA Pain Position Document

• Dressing removal is considered to be the time of most pain.
• Dried out dressings and adherent products are most likely to cause pain and trauma at dressing changes.
• Products designed to be non-traumatic are most frequently used to prevent tissue trauma.
EWMA Pain Position Document

• Gauze is most likely to cause pain. Products such as hydrogels, hydrofibers, alginates and soft silicone dressings are least likely to cause pain.
• Awareness of product range and ability to select dressings is highly variable between countries.
• Use of valid pain assessment tools is considered a low priority in assessment, with greater reliance on body language and non-verbal cues.
NPUAP/EPUAP:

- Pain Assessment
- Pain Prevention
- Manage General Pain
- Reduce Debridement Pain
- Manage Chronic Pain
- Educate Individuals, Family, Healthcare Providers

The Joint Commission

• January 1, 2001, pain management standards went into effect

• The standards require organizations to:
  – Recognize the right of patients to appropriate assessment and management of pain
  – Screen patients for pain during their initial assessment and, when clinically required, during ongoing, periodic re-assessments
  – Educate patients suffering from pain and their families about pain management
JCAHO Pain Standard

Pain is assessed in all patients

Intent of Standard:

Patients with pain are identified in an initial assessment. When pain is identified, the patient is treated within the organization or referred for treatment based on the care setting and services provided.
JCAHO Pain Standard

Patients have the right to appropriate assessment and management of pain

Intent of Standard:

Pain can be a common part of the patients experience; unrelieved pain has adverse physical and psychological effects. The patient’s right to pain management is respected and supported.
Pain is Considered the 5th Vital Sign...

Therefore pain intensity ratings should be recorded along with temperature, pulse, respiration and blood pressure.
Pain Assessment and Documentation
During All Assessments, Consider:

- Behavior changes
- Facial expressions
- Body language
- Proxy statements
- Other non-verbal pain indicators
Assessment and Documentation to Include:

- Location
- Duration
- Character (intensity and radiation)
- Frequency
The Faces of Pain
What Is Pain?

• Brain’s response to disease or damage

• **Nociceptive** – arises from damaged tissue; signals are picked up by sensory receptors in the damaged tissue, sends signal to spinal cord ➔ Brain where interpreted as pain. Often described as sharp or stabbing

• **Neuropathic** – caused by damage to nervous system, major contributor to chronic pain. Differs in character, described as burning or tingling
Hyperalgesia

- Increased sensitivity of peripheral pain receptors (primary)
- Increased transmission of pain impulses to and within the brain (secondary)
- Increase in the amount of pain perceived to arise from a painful stimulus
Allodynia

• Pain as a result of a stimulus that would not normally cause pain
  – Light touch on the skin
  – Temperature changes
  – Slight pressure
Causes of Wound Pain

• The wound itself; the initial injury, the inflammatory response

• Interventions, topical treatments
  – Dressing removal
  – Cleansing
  – Debridement
  – Compression therapy

• Other local pathology
  – Edema, allergic reactions, ischemia, arthritis
Other Factors

- Psychological and emotional factors can exacerbate pain perception
  - Anxiety
  - Stress
  - Fear
  - Depression
  - Wound odor
  - High exudate
The Patient Encounter

Wound Infection
Making the Appointment
Choosing a dressing
Debridement
Dressing Removal
Vital Signs
Wound Cleansing

Dealing With odor
Biopsy
Wound Assessment
Planning for the Visit
Plan for the Pain

- Have nursing unit pre-medicate patient
- Have patient take pain medication prior to coming to the clinic or once they arrive
- Call with time of arrival for a home visit
Assess pain throughout encounter!
Vital Signs
Wound Cleansing
Removal of dressings / wraps
Removal of dressings / wraps
Removal of dressings / wraps
Securing Dressings
Contact Dermatitis
Securing Dressings
Securing Dressings
Location
Tunneling / Sinus Tracts

- Tissue loss into depths of the wound
Real Life...
Listen to the Patient
Pain Relief at Dressing Changes

• Select a dressing which:
  – is appropriate for the type of wound
  – maintains moist wound healing to reduce friction at the wound surface
  – minimizes pain and trauma on removal
  – remains in place for a longer period to reduce the need for frequent dressing changes
Pain Relief at Dressing Changes

• Reconsider dressing choice if:
  – removal is causing a problem with pain or bleeding/trauma to the wound or surrounding skin
  – soaking is required for removal
  – Read manufacturers’ instructions about technique for removal
Pain Relief at Dressing Changes

• Avoid any unnecessary stimulus to the wound, such as drafts from open windows, prodding, poking
• Handle wounds gently, being aware that any slight touch can cause pain
Odor Control?

- Strong impact on quality of life
Treat the Source of the Odor

- Bacteria
- Hygiene
- Exudate
- NPWT
Multi-Layer Wrap
Have a Contingency Plan
“The Big Slide”
Patient Comfort
Leg Wrap Challenges

• Co-hesive wraps are “sticky”
Patient Comfort
Leg Wrap Challenges

• If the shoe fits....
Continuing to Work
Negative Pressure Wound Therapy:
Improved Quality of Life
Initial Wound Presentation

Powered system discontinued
Patient was able to continue working two jobs; Mechanical device was run up his leg and he could slip the cartridge in his pocket undetected.
Closed in another month
Continuing to walk
Continuing to Walk
Debridement
Approaching Debridement

• Explain procedure to the patient
• Informed consent
• Explain why it is important, goals
  – Patients think scabs are good!
• Let them feel in control of stopping and starting
• Tell them you will stop if they cannot tolerate......and mean it!
Plan for the Pain
Think About our Perceptions

• “This patient has had this wound a while and still complains of everything!”
• “I can’t believe that hurts...I’m barely touching it!”
• “There’s no way that it can hurt that much”
Think About Our Words

- “It’s *almost* over”
- “It’s OK”
- “I know, I know”
- “Try to calm down”
- “Don’t move!”
- “Sorry!”
Anticipatory Pain

• Listen for clues that the patient’s pain extended beyond the visit

• **Listen** and **watch** for behaviors of fear or dread of the visit
Pain

• Pain is what the patient says it is
  – Drug seeking?
  – The decision to treat is an individual one
  – Pain management contracts
No Room For This......
In Closing......

“Pain is a gift”

Don’t let it be the gift that keeps on giving.....