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Pain Management and Comfort Measures

Nursing Foundation

Types of pain, pain assessment scales, physiological responses to pain, pharmacological and non-pharmacological pain management and nursing responsibilities.

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CHAPTER 20

CHAPTER 20 Pain Management and Comfort Measures

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Definition and types

Pain is an unpleasant sensory and emotional experience associated with or resembling actual or potential tissue damage. It is personal; the inability to communicate does not exclude pain. Acute pain commonly follows injury/surgery; chronic pain persists or recurs beyond three months. Nociceptive pain relates to non-neural tissue damage; neuropathic pain to a lesion/disease of somatosensory system; nociplastic pain to altered nociception not adequately explained by either. Referred pain is felt at another site; phantom pain is felt in an absent body part.

Physiology and manifestations

Transduction converts noxious stimulation into neural signals; transmission carries signals; modulation alters them; perception is the conscious experience. Responses may include guarding, sweating, tachycardia, increased BP, anxiety, sleep disturbance and reduced movement. Normal observations do not rule out pain.

Assessment

PQRST: provocation/palliation, quality, region/radiation, severity and timing. Assess onset, duration, aggravating/relieving factors, functional impact, patient goals, medication history and response. Self-report is preferred when possible.

Scale	Application
Numerical rating	0-10, patient rates own pain.
Visual analogue	Marks intensity on a line.
Verbal descriptor	Words such as mild, moderate, severe.
Faces Pain Scale-Revised	Appropriate patients who can select a face.
FLACC	Face, legs, activity, cry, consolability; suitable paediatric/nonverbal contexts as validated.

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CHAPTER 20

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Pharmacological and non-pharmacological care

Analgesic classes include paracetamol, NSAIDs, opioids, local anaesthetics and condition-specific adjuvants. Selection depends on pain type, contraindications, renal/hepatic function and prescription. Monitor sedation, respiration, constipation, nausea and response with opioids. Severe sedation or respiratory depression requires immediate assessment and emergency response. Non-drug measures: positioning, relaxation, distraction, breathing, music, activity/physiotherapy when indicated and safe heat/cold applications; avoid when circulation or sensation makes unsafe. Do not substitute comfort measures for necessary medical treatment.

Nursing process

Assess pain and function; establish measurable individualized comfort/function goals; administer authorized therapy; provide comfort, education and emotional support; reassess at appropriate intervals and after interventions. Record score, site, treatment, response, adverse effects and escalation. New severe unexplained pain, chest pain or signs of acute deterioration warrant urgent assessment.

Comfort measures

Provide clean bedding, temperature/noise control, sleep support, oral/personal hygiene, privacy, emotional support and positioning. Respect personal preferences and cultural needs.

Exam revision

1. 1. Define and classify pain; explain pain physiology.
2. 2. Describe PQRST and pain scales.
3. 3. Discuss drug/non-drug approaches and nursing responsibilities.

Educational notes. Clinical skills require supervision, authorized orders and current facility protocols.

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Quick Revision

- Pain is a personal sensory and emotional experience; inability to communicate does not exclude pain.

- Chronic pain persists or recurs beyond three months; acute pain commonly follows injury or surgery.

- Nociceptive pain relates to non-neural tissue damage; neuropathic pain relates to somatosensory disease or lesion.

- PQRST assesses provocation/palliation, quality, region/radiation, severity and timing.

- Prefer self-report when possible and assess function, goals, medicine history and response.

- Use authorized medicines and appropriate comfort measures, reassess after treatment and monitor opioid sedation and respiratory effects.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

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1. Which pain type arises from a lesion or disease of the somatosensory system?

A. Neuropathic

B. Nociceptive

C. Referred

D. Phantom

2. Which pain-assessment source is preferred when the patient can communicate?

A. Pulse rate alone

B. Family estimate alone

C. Facial expression alone

D. Patient self-report

3. Which pain-physiology process is the conscious experience of pain?

A. Transmission

B. Perception

C. Transduction

D. Modulation

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Answer key and explanations

1. A - Neuropathic

Neuropathic pain relates to somatosensory system disease or lesion.

2. D - Patient self-report

Self-report is preferred when possible.

3. B - Perception

Perception is the conscious experience; the other processes generate, carry or alter signals.

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