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# HOLISTIC MANAGEMENT OF WOUND-RELATED PAIN

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## In patients with no cognitive impairment, what questions should I ask my patients about their pain?

As a community nurse, it's important to gather comprehensive information about your patient's pain to provide effective care. Here are some key questions you might consider asking:

- ✓ **Location:** Where is the pain located?
- ✓ **Intensity:** On a scale of 0 to 10, how would you rate your pain? Tools such as the Pain Interference Index can be used to compare pain levels in relation to the daily activities of living. See: [Outcome Measures January 2019.pdf](#)
- ✓ **Duration:** How long have you been experiencing this pain?
- ✓ **Quality:** Can you describe the pain? Is it sharp, dull, throbbing, burning, etc.?
- ✓ **Onset:** When did the pain start? Was it sudden or gradual?
- ✓ **Frequency:** Is the pain constant or does it come and go?
- ✓ **Triggers:** What activities or conditions seem to make the pain worse?
- ✓ **Relief:** What, if anything, helps to relieve the pain?
- ✓ **Impact:** How is the pain affecting your daily activities and quality of life? Questions such as: Can you sleep? Or does the pain disturb your sleep? Can you walk without pain? Does the pain disturb your walking? Can be asked as prompts
- ✓ **Associated Symptoms:** Are there any other symptoms that accompany the pain, such as nausea, dizziness, or swelling?
- ✓ **Previous pharmacological Treatments:** Have you tried any treatments or medications for the pain? If so, what were they and how effective were they?
- ✓ **Previous non-pharmacological interventions** –Have you tried any other approaches to manage the pain? e.g. Heat, cold, mindfulness, alternative therapies? If so, what were they and how effective were they?



Non-pharmacological management of pain refers to methods and strategies used to alleviate pain without the use of medications. These approaches can be very effective and are often used alongside pharmacological treatments to provide comprehensive pain relief. Here are some key non-pharmacological methods:

#### Physical Therapies

**Exercise:** Regular physical activity tailored to the individual's needs can help reduce pain and improve function.

**Physical therapy:** Techniques such as massage, heat/cold therapy, and ultrasound.

**Occupational therapy:** Helps patients adapt their activities to minimize pain.

#### Mind-Body Techniques

**Cognitive-behavioural therapy (CBT):** Helps patients manage pain by changing their thought patterns and behaviours.

**Relaxation techniques:** Deep breathing, meditation, and progressive muscle relaxation can help reduce pain.

**Biofeedback:** Teaches control over certain bodily functions that can help alleviate pain.

#### Alternative Therapies

**Acupuncture:** Involves inserting thin needles into specific points on the body to relieve pain.

**Chiropractic care:** Focuses on the diagnosis and treatment of musculoskeletal disorders.

**Herbal supplements:** Some people find relief with supplements like turmeric, ginger, or capsaicin.

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## Lifestyle Changes

**Healthy diet:** Eating a balanced diet can help reduce inflammation and improve overall health.

**Adequate sleep:** Ensuring good sleep hygiene can help manage pain.

**Stress management:** Techniques like yoga, tai chi, and mindfulness can help reduce stress and pain.

## Complementary Therapies

**Aromatherapy:** Using essential oils to promote relaxation and reduce pain.

**Music therapy:** Using music to address physical, emotional, cognitive, and social needs.

These methods can be tailored to each individual's needs and preferences, providing a holistic approach to pain management.

In individuals with cognitive impairment consideration needs to be given to the appropriateness of the various non-pharmacological approaches.

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## How might complementary therapies like aromatherapy or music therapy help with the management of pain?

Complementary therapies like aromatherapy and music therapy can be very effective in managing pain and improving overall well-being. Here's a bit more about each:

### Aromatherapy

Aromatherapy involves using essential oils extracted from plants to promote physical and emotional health. These oils can be inhaled, applied to the skin, or used in baths. Aromatherapy can help:

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- ❖ **Reduce pain and inflammation:** Certain essential oils, like lavender and eucalyptus, have anti-inflammatory properties.
- ❖ **Improve mood and relaxation:** Scents like lavender, chamomile, and ylang-ylang are known for their calming effects.
- ❖ **Enhance sleep quality:** Oils like lavender and valerian can help improve sleep patterns.

## Music Therapy

Music therapy uses music to address physical, emotional, cognitive, and social needs. It can involve listening to music, singing, playing instruments, or composing music. Benefits include:

- ❖ **Pain relief:** Music can distract from pain and reduce the perception of pain.
- ❖ **Stress reduction:** Listening to soothing music can lower stress levels and promote relaxation.
- ❖ **Emotional expression:** Music provides a way to express emotions and can improve mood.

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### Are there any checklists to help monitor a patient's pain?

There are several checklists and tools available to help you record and monitor pain. Here are a few examples:

#### Unidimensional Pain Assessment Tools

- ❖ **Visual Analog Scale (VAS):** A simple tool where you mark your pain level on a line ranging from “no pain” to “worst pain imaginable.”
- ❖ **Numeric Rating Scale (NRS):** You rate your pain on a scale (the most common is the scale from 0 to 10 – 0=no pain; 10 – worst possible pain).

#### For those with cognitive impairment

- ❖ **Wong-Baker FACES Pain Rating Scale:** Uses facial expressions to help describe pain levels, useful for children or those with communication difficulties.



## Multidimensional Pain Assessment Tools

- ❖ Brief Pain Inventory

For those with cognitive impairment

- ❖ FLACC Pain tool
- ❖ PAINAD

## Pain Diaries

- **My Pain Diary:** This tool allows you to keep a daily record of your pain, including its intensity, location, and any factors that affect it. The Canadian Cancer Society have created a pain diary template which may be useful (Appendix 1).
- **Consider level of cognitive impairment and whether they can complete a diary.**

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### What does 'functional assessment' of pain mean?

A functional assessment of pain evaluates how pain affects a person's ability to perform daily activities and their overall quality of life. This type of assessment goes beyond just measuring the intensity of pain; it looks at the broader impact on physical, emotional, and social functioning. Here are some key aspects:

#### Components of Functional Assessment

- **Activities of Daily Living (ADLs):** Evaluates how pain affects basic self-care tasks such as dressing, bathing, eating, and mobility.
- **Instrumental Activities of Daily Living (IADLs):** Assesses more complex activities necessary for independent living, like cooking, cleaning, managing finances, and using transportation.
- **Work and Productivity:** Looks at how pain impacts the ability to work, perform job duties, and maintain productivity.



- **Social and Recreational Activities:** Considers the effect of pain on social interactions, hobbies, and recreational activities.
- **Emotional and Psychological Well-being:** Examines how pain influences mood, stress levels, and mental health.

## Common Tools for Functional Assessment

- **Pain Disability Index (PDI):** Measures the degree to which pain interferes with various aspects of life.
- **Brief Pain Inventory (BPI):** Assesses pain severity and its impact on daily functions.

## Purpose and Benefits of Functional Assessment

- **Personalized Treatment Plans:** Helps healthcare providers develop tailored treatment plans that address specific functional limitations.
- **Monitoring Progress:** Allows for tracking changes in function over time to evaluate the effectiveness of interventions.
- **Improved Communication:** Facilitates better communication between patients and healthcare providers about the impact of pain.

Functional assessments provide a comprehensive view of how pain affects a person's life, enabling more effective and holistic pain management strategies.

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## How can I assess the impact of pain on a patient's sleep (in the absence of cognitive impairment)?

Assessing pain-related sleep disturbances is crucial because pain and sleep issues often have a bidirectional relationship, where each can exacerbate the other. Here are some key methods and tools used to assess these disturbances:

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## Assessment Methods

**Patient Interviews:** Asking detailed questions about sleep patterns, quality, and how pain affects sleep. Questions might include:

- How often do you have trouble falling asleep or staying asleep?
- How does your pain affect your ability to sleep?
- Do you wake up feeling rested?

**Sleep Diaries:** Patients record their sleep patterns, including bedtime, wake time, number of awakenings, and perceived sleep quality. This helps in identifying patterns and triggers.

## Key Considerations

- **Pain Severity and Timing:** Understanding how pain intensity varies throughout the day and night can help in tailoring interventions.
- **Sleep Hygiene:** Assessing and advising on good sleep practices, such as maintaining a regular sleep schedule and creating a restful environment.
- **Cognitive-Behavioural Factors:** [Identifying and addressing thoughts and behaviours that contribute to sleep disturbances, such as anxiety about pain worsening at night.](#)

## Interventions

- **Relaxation Techniques:** Practices like progressive muscle relaxation, deep breathing, and mindfulness can help reduce pain and improve sleep.
- **Sleep Hygiene Education:** [Teaching patients about good sleep practices, such as avoiding caffeine before bed and keeping a consistent sleep schedule.](#)
- **Cognitive-Behavioural Therapy for Insomnia (CBT-I):** [Effective for improving sleep initiation, maintenance, and overall sleep quality in people with chronic pain.](#)



### Are there specific considerations for assessing pain in individuals with cognitive impairment?

Assessing pain in patients with cognitive impairment can be challenging, but there are several effective strategies and tools you can use:

#### Approaches to Pain Assessment

**Self-Report:** Always attempt to get a self-report of pain if possible. Use simple language and ask direct questions like “Are you in pain?” or “Do you feel uncomfortable?”

**Behavioural Observation:** Observe for non-verbal signs of pain, such as:

- **Facial expressions:** Grimacing, frowning.
- **Vocalizations:** Moaning, groaning, crying.
- **Body movements:** Restlessness, guarding, or protective movements.
- **Changes in behaviour:** Increased agitation, withdrawal, or changes in appetite and sleep patterns.

**Caregiver Input:** Gather information from family members or caregivers who know the patient’s usual behaviour and can identify changes that might indicate pain.

**Pain Assessment Tools:** Use validated tools designed for patients with cognitive impairment, such as:

- **Pain Assessment in Advanced Dementia (PAINAD):** Observes five areas: [breathing, negative vocalization, facial expression, body language, and consolability.](#)
- **Abbey Pain Scale:** Focuses on [vocalization, facial expression, changes in body language, behavioural changes, physiological changes, and physical changes.](#)

#### Key Considerations

- **Consistency:** Use the same pain assessment tool consistently to monitor changes over time.
- **Environment:** Ensure the assessment environment is calm and free from distractions to get the most accurate observations.

**Interdisciplinary Approach:** Collaborate with other healthcare professionals to get a comprehensive understanding of the patient’s pain.



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## How can I evaluate the effectiveness of non-pharmacological interventions for pain in individuals with no cognitive impairment?

Evaluating the effectiveness of non-pharmacological interventions for pain involves asking specific questions to understand how these treatments impact the patient's pain levels, daily functioning, and overall well-being. Here are some questions you can ask:

### Pain Intensity and Frequency

**Pain Levels:** On a scale of 0 (no pain) to 10 (worst pain possible), how would you rate your pain before and after the intervention?

**Pain Frequency:** How often are you experiencing pain now compared to before the intervention?

### Functional Impact

**Daily Activities:** How has the intervention affected your ability to perform daily activities (e.g., dressing, bathing, cooking)?

**Work and Productivity:** Has there been any change in your ability to work or perform tasks at home?

### Emotional and Psychological Well-being

**Mood and Stress Levels:** Have you noticed any changes in your mood or stress levels since starting the intervention?

**Sleep Quality:** How has your sleep been affected by the intervention? Are you sleeping better or worse?

### Overall Satisfaction and Perception

**Satisfaction:** How satisfied are you with the results of the intervention?

**Perceived Effectiveness:** Do you feel that the intervention has been effective in managing your pain?



## Side Effects and Challenges

**Side Effects:** Have you experienced any side effects or adverse reactions from the intervention?

**Challenges:** What challenges or difficulties have you encountered while using this intervention?

## Comparative Effectiveness

**Comparison to Other Treatments:** How does this intervention compare to other pain management strategies you have tried?

## Future Use

**Continued Use:** Do you plan to continue using this intervention? Why or why not?

These questions can help you gather comprehensive feedback on the effectiveness of non-pharmacological interventions, allowing you to adjust treatment plans as needed.

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## How can I evaluate the effectiveness of pharmacological interventions for pain in individuals with no cognitive impairment?

Evaluating the effectiveness of pharmacological interventions for pain involves assessing various aspects of the patient's experience and response to the medication. Here are some key questions you can ask:

### Pain Intensity and Relief

**Pain Levels:** On a scale of 0 to 10, how would you rate your pain before and after taking the medication?

**Pain Relief:** How much relief do you feel after taking the medication? (e.g., complete relief, significant relief, moderate relief, slight relief, no relief)

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## Duration and Frequency

**Duration of Relief:** How long does the pain relief last after taking the medication?

**Frequency of Use:** How often do you need to take the medication to manage your pain effectively?

## Functional Impact

**Daily Activities:** How has the medication affected your ability to perform daily activities (e.g., dressing, bathing, cooking)?

**Work and Productivity:** Has there been any change in your ability to work or perform tasks at home?

## Side Effects and Tolerability

**Side Effects:** Have you experienced any side effects from the medication? If so, what are they and how severe are they?

**Tolerability:** How well are you able to tolerate the medication? (e.g., any issues with taking it regularly)

## Overall Satisfaction and Perception

**Satisfaction:** How satisfied are you with the results of the medication?

**Perceived Effectiveness:** Do you feel that the medication has been effective in managing your pain?

## Comparative Effectiveness

**Comparison to Other Treatments:** How does this medication compare to other pain management strategies you have tried?

## Adherence and Compliance

**Adherence:** Are you able to take the medication as prescribed? If not, what are the barriers?



## Functional Assessment

**Functional Assessment:** How has the medication impacted your overall ability to perform your normal activities of daily living?

These questions can help you gather comprehensive feedback on the effectiveness of pharmacological interventions, allowing you to adjust treatment plans as needed.

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## What is analgesic stewardship?

Analgesic stewardship refers to a systematic approach to optimizing the use of pain medications to improve patient outcomes, reduce harm, and ensure cost-effective use of resources. It encompasses a broad range of activities aimed at managing pain effectively while minimizing the risks associated with analgesic use, particularly opioids. Here are some key components:

### Goals of Analgesic Stewardship

**Improve Patient Outcomes:** Ensuring that patients receive the most appropriate pain management tailored to their needs.

**Reduce Analgesic-Related Harm:** Minimizing the risk of side effects, dependency, and misuse, especially with high-risk medications like opioids.

**Cost-Effective Use:** [Promoting the efficient use of healthcare resources by avoiding unnecessary or inappropriate use of analgesics](#)

### Key Activities

**Guideline Development:** Creating and implementing evidence-based guidelines for pain management.

**Monitoring and Surveillance:** Tracking the use of analgesics to identify patterns, trends, and areas for improvement.



**Education and Training:** Providing education for healthcare providers and patients about safe and effective pain management practices.

**Multidisciplinary Approach:** [Involving a team of healthcare professionals, including pharmacists, physicians, and nurses, to ensure comprehensive pain management.](#)

### Benefits

**Enhanced Safety:** Reducing the incidence of adverse effects and complications related to analgesic use.

**Better Pain Control:** Ensuring that patients receive effective pain relief tailored to their specific needs.

**Resource Optimization:** [Making better use of healthcare resources by avoiding overuse or misuse of pain medications.](#)

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## Can distraction methods help with wound-related pain?

Yes, distraction methods can be very effective in managing wound-related pain. These techniques work by diverting the patient's attention away from the pain, which can help reduce their perception of it. Here are some common distraction methods:

### Cognitive Distraction Techniques

**Listening to Music:** Music can be a powerful distraction, helping to shift focus away from pain.

**Reading or Watching TV:** Engaging in a good book or a favorite show can help take the mind off the pain.

**Puzzles and Games:** Activities like crossword puzzles, Sudoku, or video games can keep the brain occupied.

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## Behavioural Distraction Techniques

**Talking with Someone:** Engaging in conversation can be a simple yet effective way to distract from pain.

**Walking or Light Exercise:** Gentle physical activity can help reduce pain and improve mood.

**Crafts and Hobbies:** Activities like knitting, drawing, or painting can be both distracting and therapeutic.

## Guided Imagery and Relaxation

**Guided Imagery:** Visualizing calming and pleasant scenes can help reduce pain perception.

**Deep Breathing and Meditation:** These techniques can promote relaxation and help manage pain.

## Virtual Reality (VR)

**VR Experiences:** Virtual reality can immerse patients in a different environment, significantly reducing their perception of pain. There is some emerging evidence for the use of VR in individuals with burn injuries\*, but further research is needed to determine its effectiveness in individuals with other wound aetiologies.

\* Lou, Jiaqi et al. 2024. Effects of Virtual Reality on Analgesia in Wound Care and Physical Therapy for Burn Patients: A Systematic Review and Meta-analysis. Pain Management Nursing, Volume 25, Issue 4, 377 – 388.

## Benefits of Distraction Techniques

**Reduces Anxiety:** Distraction can help lower anxiety levels, which can, in turn, reduce pain.

**Enhances Mood:** Engaging in enjoyable activities can improve overall mood and well-being.

**Decreases Medication Use:** Effective distraction can reduce the need for pain medications, minimizing potential side effects.

These methods can be particularly useful during wound care procedures, such as dressing changes, which can be painful.



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## Are there any special considerations for assessing pain in elderly patients?

Yes, assessing pain in elderly patients requires special considerations due to factors like cognitive impairment, communication difficulties, and the presence of multiple chronic conditions. Here are some key points to keep in mind:

### Communication Challenges

**Cognitive Impairment:** Patients with dementia or other cognitive impairments may have difficulty expressing their pain. [Use simple, direct questions and observe non-verbal cues such as facial expressions, body movements, and vocalizations](#)<sup>1</sup>.

**Sensory Impairments:** Ensure that patients have their glasses, hearing aids, or other assistive devices to facilitate communication<sup>1</sup>.

### Behavioural and Observational Tools

**PAINAD (Pain Assessment in Advanced Dementia):** This tool assesses pain based on breathing, vocalization, facial expression, body language, and consolability<sup>1</sup>.

### Comprehensive Assessment

**Medical History:** A thorough medical history is crucial, including information on chronic conditions, medications, and previous pain experiences<sup>1</sup>.

**Physical Examination:** Conduct a detailed physical exam to identify potential sources of pain and assess the impact on function<sup>1</sup>.

### Consider use of non-pharmacological and pharmacological approaches

[Physical therapy, cognitive-behavioural therapy, and relaxation techniques to manage pain and reduce reliance on medications](#)<sup>1</sup>.

Be cautious with medications due to the increased risk of side effects and drug interactions in older adults. Seek specialist advice.

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## Regular Monitoring

**Frequent Reassessment:** Regularly reassess pain levels and the effectiveness of interventions to ensure optimal pain management<sup>1</sup>.

**Family and Caregiver Input:** Involve family members or caregivers in the assessment process to provide additional insights into the patient's pain and behaviour<sup>2</sup>.

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## When should the patient with wound related pain be referred to a specialist?

The wound related pain management differs based on the type of chronic (non-healing) wound. If there is no pain relief in 48 hours after first dose of analgesia you should speak to patients about the medication regimen and assess the pain level before and after medication. If everything is correctly provided by the patients and there is no pain relief for more than next 72 hours the pain specialist should be consulted. In patients with a Diabetic Foot Ulcer a podiatrist should be consulted. In patients with a Venous Leg Ulcer who are receiving compression therapy the bandage / hosiery / wrap should be checked to ensure it has been applied appropriately. It would also be important to check for any changes associated with the individual's vascular function i.e. are there any indications of arterial insufficiency?

In the UK the patient's GP would be normally expected to manage the 'acute pain' stage (up to 12 weeks), then if pain persists referral to a specialist pain clinic may be required. It is also important to liaise with the patient's pharmacist.

If the wound is chronic and the patient has neuropathic pain, that is not managed on the recommended analgesia, then the patient should be referred to a Pain Specialist.

Criteria for accepting referrals to a pain clinic may differ so it is important to establish what the criteria are and be prepared to have discussion with the multi-disciplinary team if the patient does not meet the criteria.