



IN THE KNOW

The Inservice Club For Nursing Assistants

Instructions for the Learner

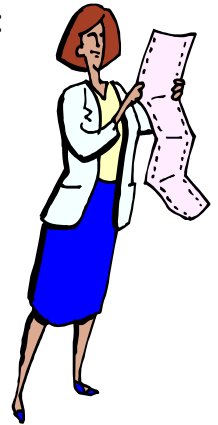
We hope you enjoy this Inservice, prepared especially for nursing assistants like you. You work very hard, and we appreciate the effort you make to complete these educational materials. It shows your desire to continue learning and growing in your profession!

After finishing this inservice, you'll be able to:

- Discuss some of the types and causes of pain.
- List at least six ways to tell if someone is in pain.
- Discuss the role that culture has in how people react to pain.
- Describe at least three methods for reducing pain—besides drugs.
- Demonstrate in your daily work ways to help your clients manage their pain.

If you are studying the inservice on your own, please:

- Read through all the attached materials. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and circle the best answer.
- Check with your supervisor for the right answers. You pass the quiz with at least eight correct answers! Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself, and turn in the quiz page to _____ no later than _____.
- Show your Inservice Club Membership Card to _____ so that it can be initialed.



THANK YOU!



Without Pain Control

If pain isn't managed, it can cause lots of health problems, including:

- Poor appetite.
- Slow-healing wounds.
- Increased stress.
- Hormones that are out of balance.
- Sleep disturbances.
- Loss of strength and mobility.
- Anxiety.
- Depression.
- Thoughts of suicide.
- And...*needless* suffering!

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IN THE KNOW

The Inservice Club For Nursing Assistants

What Is Pain?

OUCH! Pain is unwelcome and uncomfortable. But, believe it or not, pain is also *natural* and *necessary*. It has an important purpose—to protect people from harm. For example:

- Pain causes little Cindy to pull her fingers away from a hot stove—before they become badly burned.
- The pain from a sprained ankle keeps Jim off his feet for a few days—giving the ankle a chance to heal.
- Mildred's sudden chest pain warns her that she may be having a heart attack—giving her time to get to the doctor.

In these examples, pain is actually *helpful*. Without the pain, Cindy could suffer a serious burn, Jim could



Pain will probably cause this fellow to be more careful with his hammer!

permanently damage his ankle and Mildred could die without warning. Unfortunately, pain can also become constant, unbearable and devastating. Instead of protecting people from harm, pain can destroy their ability to live normal lives. To prevent this from happening to *your* clients, it's important to learn all you can about pain management.

What Is Pain Management?

Pain management is a basic part of good client care—**because every client has the right to expect relief from pain!** All members of the health care team must work together to:

- Determine every client's level of pain. A one-time assessment is not enough. It must be done on a *regular* basis.
- Treat all pain according to the physician's orders—being sure to use pain medications *effectively*.
- Explore additional ways to manage the pain—besides drugs.
- Help clients and their families learn about all the different ways in which pain can be reduced or eliminated.

What Do You Believe About Pain?

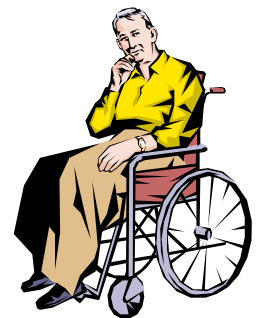
Read each of the following statements and decide if you believe it is true or false. Circle **T** for True or **F** for False. (Be honest about how you feel...this is not a test.)

- T F People in pain are the only ones who know how much they hurt.
- T F Pain medication is as important for treating pain as antibiotics are for treating infections.
- T F If someone is able to sleep, then he is not in pain.
- T F Doctors are the experts at measuring someone's pain.
- T F Chronic pain is God's way of punishing people for their sins.
- T F People should keep quiet about their pain. It doesn't do any good to complain about it.
- T F People who keep asking for more pain medication are probably addicted to it.
- T F Men are better at "toughing it out" when they are in pain than women are.
- T F Most elderly people tend to whine about their pain.
- T F Two people with the same painful injury might react very differently to the pain.
- T F Most people exaggerate how much pain they have.
- T F People who are in pain always let you know about it.



Do you believe that a doctor is the best person to measure someone's level of pain?

You are entitled to your own beliefs about pain...but keep reading to learn more about pain and pain management. Some of what you read in this inservice may surprise you—and may change your beliefs about people in pain!



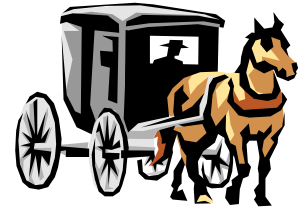
What do you think? Do the elderly complain about their pain more than younger people?

Narcotics For Sale!

Imagine living in a country where:

- You can buy opium at a drugstore for pennies—and without a prescription.
- There are narcotics for sale on the shelves at the local grocery store.
- People who don't live near a store can order morphine by mail.
- There are roadside billboards advertising narcotics as something to make you feel better.
- Babies are routinely given morphine or opium for teething pain.
- Most magazines contain ads for heroin—telling people why it's good for them.
- It's legal for farmers to make money by growing opium and selling it directly to doctors and drugstores.

Sounds like a crazy world, doesn't it? A place like that could only exist in the movies, right? Wrong. This was *our* world—the United States—in the 1800's. At that time, narcotics were as easy to come by as an aspirin is today!



Traveling salesmen used to go door-to-door selling narcotics. Often, they advertised them as "miracle cures".

Interesting Facts About Pain Management

- Ancient Egyptians believed that people felt pain when the spirits of the dead entered their bodies (either through their noses or their ears). The way to get rid of the pain was to get rid of the spirits—by vomiting, sweating or bleeding.
- Hypocrites was an ancient Greek who is known as the "Father of Medicine". He was the first person to say that pain came from *within* the body—and not from evil spirits.
- For many years, plants and herbs were used to treat pain. Some of those early remedies are still used to create pain pills today.
- In the 1800's, many people treated their own pain by buying narcotics. But, when doctors realized that people were becoming addicted to narcotics or were dying from drug overdoses, they began to think twice about using narcotics for pain relief.
- Starting in the early 1900's, many doctors felt it was better to let people in pain suffer than to give them too much pain medication.

Beginning in ancient times, people used to grind up and eat the bark of willow trees as a treatment for arthritis pain. Now, scientists know why this old method worked. Willow bark contains salicylic acid—the main ingredient in aspirin!



For hundreds of years, priests—not doctors—tended to people in pain.

Some Types & Causes of Pain

1. "Everyday" Pain

- Everyday pain includes minor problems like:
 - Mild headaches
 - Menstrual pain
 - Pulled muscles
- Everyday pain usually goes away by itself or when treated with over-the-counter drugs like aspirin, Tylenol and Motrin.

2. Acute Pain

- Acute pain ranges from mild to severe and is caused by things such as:
 - Injuries
 - Surgery
 - Constipation
 - Childbirth
 - Kidney stones
 - Heart attacks
- Acute pain doesn't last too long. It usually goes away by the time the person heals.

- Acute pain responds to over-the-counter drugs or *short-term* use of narcotics.
- Most of the time, doctors have no problem figuring out the *cause* of acute pain.

3. Chronic Pain

- Chronic pain can also range from mild to severe and is often caused by:
 - Diseases (*like cancer*)
 - Conditions (*like arthritis*)
 - Pressure Sores
 - Joint problems, including lower back pain
 - Migraines
- Chronic pain lasts for months—or even years. It doesn't stop after the person heals.

- The usual types of pain medications don't work on chronic pain.
- Chronic pain is often *less* severe than acute pain—but it goes on and on!
- Doctors may not be able to figure out the cause of chronic pain.

4. Phantom Pain

- This type of pain occurs after an amputation. The person feels as if the amputated limb is still there.
- The pain may be continuous or it may come and go. People say it's a cramping, shooting or burning pain.
- Sometimes phantom pain starts right after the amputation—but it can also start weeks or years later.



About 100 million Americans suffer from chronic pain.

"Most of the time, it's a dull pain. But it just doesn't go away! I would give anything to feel real good again—even for just a day."

Another Common Cause of Pain...Pain Itself!

Pain causes more pain? How? Consider this example:

Joe is in severe pain—even when he takes the pain pills ordered by his doctor. The pain causes Joe to lose his appetite. He also has trouble sleeping through the night. After a week like this, Joe is exhausted. He spends a lot of time lying around, causing his muscles to become stiff and sore. Soon, Joe feels irritable and depressed. All he can think about is the pain, wondering if it will ever go away. And guess what? *Joe's pain gets worse.*

The Bottom Line:
Pain leads to anxiety.
Anxiety leads to more pain. And so on...



It's true...pain itself can be the cause of more pain.

How Can You Tell If Your Clients Are In Pain?

Sometimes it's easy. For example, you walk into Mr. Brown's room and right away he tells you that he's having horrible pain! But, what if a client *doesn't* or *can't* talk to you?

It's important to watch for non-verbal clues that your client is in pain. These signs can include:

1. Movements

Keep an eye on your clients to see if they are:

- Twisting or rocking.
- Being restless.
- Wringing their hands.
- Clenching or grinding their teeth.
- Rubbing or holding a body part.

2. Noises

Listen to your clients. It's a good bet that they are in pain if you hear them:

- Moaning.
- Groaning.
- Whimpering.
- Crying.
- Screaming.

3. Behavior

Watch for changes in your clients' behavior, such as:

- Preferring to be alone.
- Losing interest in their appearance.
- Suddenly becoming grumpy or irritable.
- Trying to hide the pain from you or from family members.

4. Physical signs

There are some *physical* changes that happen to most people when they are in pain. Watch for these clues that a client is in pain:

- Changes in blood pressure (usually higher)
- Changes in pulse (usually very fast)
- Sweating
- Flushing
- Nausea

Remember...
by paying close attention to your clients, you should be able to tell when they are hurting—even if they don't say a word.



Watch your clients for non-verbal clues that they are in pain.

How Is Pain Measured?

There are a number of ways that doctors and nurses try to measure a client's pain. These methods include:

- **A numbered rating scale, usually ranging from 0 to 10.** Zero means *no pain* and 10 is *the worst pain ever*. The client picks the number that best describes his or her pain at that time.

- **A checklist of items including physical and emotional reactions to pain.**

The nurse or doctor checks off the things that apply to that client, such as "crying", "clenching teeth" and "holding stomach".

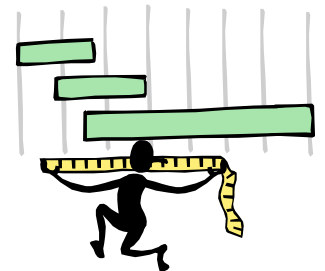
- **A drawing of the human body.**

The client circles all

the areas of the body that hurt and puts an X on the spot that hurts the most.

- **A list of words that describe pain, such as "tolerable", "severe" or "distressful".**

The client picks the word that best describes how the pain feels at that moment.



The client is the only person who can truly measure his or her pain.

"The pain is like broken glass on the inside of my body—piercing and penetrating my organs."

How Do People Describe Pain?

“Every step jars my bones. The slightest vibration causes a flash of white light and it feels like acid is burning through every nerve.”

- Some pain feels like an electric shock—moving from one part of the body to another.

“It’s like having a knife jabbed in me or like I’ve been running and I get out of breath and have a sharp pain when I try to breathe. I break out in a sweat.”

- You may hear people say they feel like they’ve been “kicked by a horse”. They may hurt in just one spot or the pain may move around.

“The pain was hell. It was so bad that if I’d had a way of killing myself, I actually would have.”

- Some pain makes people feel like they’re on fire—but there are no flames to put out.

“I can’t take a shower because the water feels like hot lava. If I go near a fan, it feels like razor blades are cutting through my legs.”

- Some people describe their pain as “prickly”—like they are being stuck with needles or have bugs biting them all over.

“All I can think about is the pain. I can’t remember a time when I didn’t hurt. I would sell my soul for some relief.”

- People may describe their pain as a “dull ache”. They may say that their body “throbs” from the pain.

“It feels like someone is drilling into my spine. And the nerves in my legs feel like they’re in flames. I can’t do anything I used to like to do.”

- Remember...pain is a very personal experience. Every person reacts differently to pain and has his or her own way of talking about it. But no matter how your clients describe their pain, your job is the same for every client—to help them manage their pain.



There is one part of the body that can’t feel pain. It’s the brain!

“The pain is a burning pain all over my body, and, sometimes in certain places it feels like somebody poured gasoline on me and lit a match.”

When In Pain, Your Clients May Use Words Like...

- | | | |
|--------------|--------------------|---|
| • Pounding | • Pressing | • It comes and goes. |
| • Aching | • Burning | • It’s always there. |
| • Sharp | • Electrical | • The pain keeps me awake. |
| • Crushing | • Prickling | • I can’t help but feel grumpy. |
| • Shooting | • Pins and needles | • This is unbearable. |
| • Deep | • Dull | • It gets worse when I move. |
| • Gnawing | • Pinching | • It seems better in the morning. |
| • Stretching | • Cramping | • The pain is tearing me up. |
| • Tight | • Squeezing | • The pain keeps me from doing the things I want to do. |
| • Stabbing | • Pulsing | |



What symptom do doctors hear about the most? It’s pain.

Why Do People React Differently To Pain?

There are a number of factors that affect how people react to pain. They include:

1. Sex

- Often, parents treat sons differently than daughters. Boys are taught to be tough. They learn that “men don’t cry”. Girls are taught that it’s okay to talk about feelings and okay to cry.
- Yet, in our society, most people would say that women are able to tolerate pain better than men. After all, women have babies!

2. Culture

- People’s ethnic or cultural backgrounds can influence how they deal with their pain.
- In general, most cultures tend to react to pain in one of two ways: by talking about it or by keeping a “stiff upper lip”.

- For example, people who come from Hispanic, Middle Eastern and Mediterranean backgrounds tend to be *emotional* about their pain. But people from Northern European and Asian families tend to “suffer” in silence.
- Some Asian people think it’s impolite to accept something the first time it’s offered to them. So, they might refuse pain medication when it’s first suggested.
- Hispanic people tend to believe that pain is a natural part of life. They may find it hard to trust doctors.
- Many white Americans prefer to keep their pain private—but they have been taught to expect *instant* relief. They get impatient if the pain continues.

3. Religion

- A person’s religious background may also affect how he or she copes with pain.
- For example, Jewish people believe that it *helps* to talk about their pain. Many other religions teach that *prayer* is the best way to make pain go away.

4. Age

- Pain is *not* a normal part of aging...though many people believe that it is. They expect to hurt as they get older—so they keep quiet about the pain.

These four factors can give you clues about how your clients respond to pain. But, not every Jewish person will tell you how much they hurt. And not every Asian client will remain quiet. Keep an open mind, and let your clients deal with their pain in their own way.



Be sure to think about how *your* ethnic and religious background might affect your beliefs about pain.

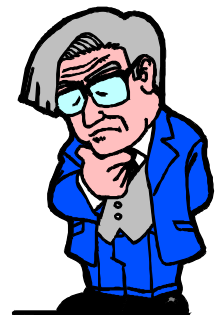
“It feels like the skin on my hands is too small. My hands sting and cramp up. I can’t even hold my baby granddaughter because of the pain.”

Why Do Some People Keep Quiet About Their Pain?

There are many reasons why your clients may try to hide their pain. For example:

- They’re afraid of bothering the doctor with their problems.
- They believe that talking about pain is a sign of weakness.
- They’re afraid that the pain means they are dying...so they’d rather ignore it.
- They don’t want their loved ones to worry about them.
- Pain medications make them feel sick, so they’d rather suffer.
- Since nothing seems to help their pain, they have given up.
- They want to “save” their pain medications for when the pain gets *really* bad.

Remember...
Even clients who are quiet may be in pain!



It might be tempting to think that clients who complain about their pain are “bad” and that quiet clients are “good”, but remember... everyone copes with pain in their own way.

What Can Keep Pain From Being Managed?

1. Fears

- Many people are afraid of becoming addicted to pain pills.

FACT: Doctors have found that the risk of becoming addicted to pain pills is low. Most people have no trouble quitting the medication once their pain is gone.

- People may avoid taking pain medicine because they're afraid of the side effects...such as nausea, confusion and drowsiness.

FACT: Some side effects are only temporary, and most side effects can be controlled.

2. Attitudes of the Health Care Team

- Not every health care worker knows how to help people cope with pain. For example, years ago, Susan watched her dying mother suffer with severe pain. Now, Susan is a home health aide. She tends to "freeze up" when she works with clients who are in pain.
- Health care workers have their own opinions about pain.

For example, Jim, a nursing assistant, used to be in the Marines. He believes that everyone should be able to tolerate pain without complaining about it. He gets very impatient when his clients "act like babies" about their pain.

FACT: Everyone who works in health care must put their own feelings about pain aside—and learn to accept each client as an individual. There is no "right" or "wrong" way to react to pain.

3. Attitudes of Clients and Their Families

- As you read on Page 7, a client's personal beliefs about pain may make it more difficult to manage the pain.
- Family members may also have strong beliefs or fears that make pain management difficult.

FACT: The client and his or her family must participate in the treatment plan for pain management to be successful.

4. Feeling Good

- As soon as they start to feel better, some people tend to overdo. They rush back into their regular activities... and the pain usually comes back.

FACT: Pushing too hard too soon can bring on a new cycle of pain.

5. Cost

- Some insurance companies refuse to pay for pain management...and both pain medications and therapies can be expensive.

FACT: Every year, Americans spend \$120 billion because of pain.

6. State Laws

- Some states have laws making it hard for doctors to prescribe narcotics—even when they are necessary to manage pain.

FACT: Studies show that up to 75% of hospital patients suffer from needless pain—and that doctors tend to give too few pain medications...not too many.



Studies were done on 25,000 cancer patients, all of whom were taking narcotics for pain. Only **seven** of them became addicted to the drugs.

"I feel like a thief or a criminal when I ask my doctor for more pain medication. He must think I'm a junkie. But all I want is not to hurt anymore."



Researchers found that out of 13,000 elderly nursing home residents, about 4000 of them were in pain every day.

Managing Pain With Medications

There are different types of pain medications that the doctor may order for your clients. They include:

Anti-Inflammatory Drugs

- These include ibuprofen (Motrin and Advil) and aspirin.
- There are other newer drugs in this category.

Acetaminophen

- This is another name for Tylenol. It works well on mild to moderate pain.

Narcotics

- These include drugs like codeine and morphine. Usually, narcotics are used when the pain is severe or constant.

In addition, there are drugs that weren't meant to be "pain pills"—but doctors have discovered that they help manage pain. They include:

Anti-Depressants

Anti-Seizure Drugs

- These help fight the tingling or burning pain that is caused by damaged nerves.



Remind your clients to take their pain medications on time. This helps control their pain. (The drugs won't work as well if clients wait until their pain is really bad.)

How Is Pain Medication Given?

- Your clients might take their pain medications in a number of different ways. These include:
 - As a pill.
 - In a liquid.
 - As a suppository.
 - By an injection.
 - Through an IV.
- As a skin patch.
- Some pain medications are given at a regular time around the clock. *For example, Mrs. Smith takes a pain pill every four hours—day and night.*
- In addition, some pain medications are only given PRN, or "as

necessary". This means that the drug is only given if the client is having pain. *For example, two hours after taking her scheduled pain pill, Mrs. Smith begins to hurt again. She takes one of her PRN pain pills to tide her over until her next regular pain pill.*

"My skin feels like hamburger. The pain is a heavy pain that suffocates and drowns me. I'm just so tired..."

What Are Some Common Side Effects?

Many pain medications have similar side effects, including:

• Constipation

Encourage your clients to drink lots of water, to eat fruits and vegetables and to get some exercise.

• Drowsiness

If your clients feel sleepy, protect them from falling down.

- **Stomach Irritation**
- **Nausea & Vomiting**

Ask your supervisor if the client's medications should be taken with food or milk to prevent an upset stomach.

• Confusion

Be sure to tell your supervisor if your client seems more confused after taking pain meds.

• Dry Mouth

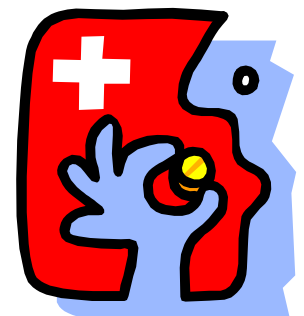
Make sure your clients have plenty to drink—especially fresh water.

• Itchy Skin

Apply skin lotion to areas of dry, itchy skin.

• Fluid Retention

Be sure to weigh your clients regularly if they seem to retain fluid.



Be sure to tell your supervisor if you notice that a client is running out of pain medication.

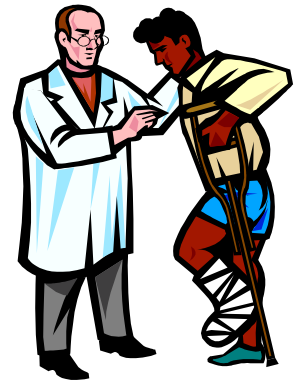
Managing Pain With Physical Therapy

Physical therapists help to relieve pain with a number of different methods. These include:

- **Exercise:** Therapists can teach your clients special strengthening and stretching exercises that help reduce pain.
- **Heat and Cold:** Heat helps most with muscle pain and cold helps reduce swelling.
- **Whirlpool baths:** Similar to a “Jacuzzi”, a whirlpool bath offers warmth and massage at the same time.
- **Ultrasound:** Ultrasound therapy sends sound waves into the muscles to “warm” them up.
- **Massage:** Used to relieve muscle ache or tension. The pain relief usually doesn’t last long.

You Can Help By:

- Following any instructions the therapist gives you. This may include helping the client with an exercise plan.
- Asking your clients if a warm bath would help with their pain.
- Not letting your client fall asleep with a heating pad in the bed.



Physical therapists can help your clients manage their pain.

Managing Pain With Occupational Therapy

Occupational therapists often work with clients who are in pain. They help them by:

- Teaching them new ways to perform daily activities so that their pain is reduced. For example, an occupational therapist can help a person with disabling arthritis learn new ways to get dressed or cook a meal.
- Helping clients get any special devices they need to reduce pain, such as a long shoe horn or a special spoon.

You Can Help By:

- Following any instructions the therapist gives you about client care.
- Telling the therapist if a client complains of pain while performing his or her daily activities.

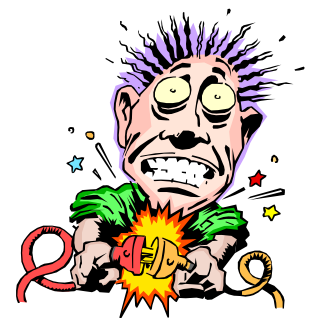
“Once in a while, I just need to have a good cry. It doesn’t relieve the pain but it helps me let go of the stress I feel because of the pain.”

Managing Pain With Electrical Stimulation

- This method for managing pain—often called TENS—involves sending a low “dose” of electricity through the skin near the area of pain.
- People who use TENS wear a small machine (about the size of a transistor radio) strapped around their waists.
- They adjust the strength of the current until they feel a slight tingling.

You Can Help By:

- Reminding the client to use the TENS machine according to instructions.
- Making sure the batteries are working in the TENS machine.



There’s **no** danger of electrocution from using a TENS machine.

Managing Pain With Acupuncture

- This ancient Chinese technique involves inserting thin needles under the skin at specific points in the body.
 - The needles are “wiggled” or “twirled” until the pain is relieved.
 - Some people report that the relief lasts for hours—or even days.
 - Not everyone believes that acupuncture works, but many others swear that it does.
- You Can Help By:**
- Watching for signs of infection at the sites where your client has had acupuncture.
 - Letting your supervisor know if your client expresses an interest in having acupuncture.



Acupuncture has been used to treat pain for over 2500 years.

Managing Pain With Relaxation Therapy

- This method for reducing pain encourages people to relax tense muscles and reduce anxiety.
 - Relaxation therapy is similar to meditation. The goal is for the person to relax his mind and body completely. This helps take his mind off the pain.
 - Remember...tension increases pain, so it figures that relaxation would decrease it.
 - Relaxation therapy is not as simple as plopping down on the sofa in front of the TV. It is a deeper kind of relaxation that takes lots of effort and practice.
- You Can Help By:**
- Turning off the TV.
 - Asking visitors to step out for a while.
 - Closing the curtains.
 - Helping the client into a comfortable position.
 - Encouraging the client to breathe deeply and to think peaceful thoughts.

“When I’m at the end of my rope, I try to find a good movie to watch. It seems to take me away from all the pain.”

Managing Pain With Hypnosis

- Wouldn’t it be great if someone who suffers from constant pain could be hypnotized and then wake up with no more pain?
 - There has been a lot of research on the effectiveness of hypnosis. So far, there is little evidence that hypnosis—*by itself*—relieves chronic pain.
 - Hypnosis may help when it’s used along with other methods of pain relief.
- You Can Help By:**
- Supporting your clients. If they *believe* that hypnosis is helping, then maybe it is.
 - Reminding your clients that relaxation therapy has similar effects as hypnosis.



Clients may have less pain if they can relax their minds *and* their bodies.

More Pain Management Tips

- Help your clients avoid getting over-tired. Remember...being tired can make pain seem worse.
- Help your clients balance their sleep and awake time. For example, Mr. Jones naps all day and then lies awake all night worrying about his pain. He would be better off taking a couple of *short* naps during the day so he can get some sleep at night.
- Some people find that being distracted helps them cope with pain. Find out what hobbies or interests your clients have and help them get involved in suitable activities. It may be something as simple as listening to music or reading a good book.
- Encourage your clients to get as much exercise as possible. Remind them that if they don't move around, their muscles will become stiff and sore. But, don't let them overdo!
- Try to keep your clients laughing! It has been proven that laughter releases certain chemicals in the body that act as a natural pain medication. (Have you ever noticed how good you feel after you've let loose with a real "belly" laugh?)
- Remember that pain-relief creams (such as Ben Gay or Capsin) are *medications*—even though they're sold over the counter. Check with your supervisor before applying any medicated cream or ointment. (It may be against regulations.)
- Help your clients keep a diary of their pain—writing down when it begins, when it gets worse, and what helps relieve the pain.
- Be sure to tell your supervisor if pain is keeping a client from performing everyday activities.
- If a client asks you for a PRN pain pill, let a nurse or a family member know that the client is in pain and needs attention.
- Report any specific words that your clients use to describe their pain such as: sharp, aching, pounding, stabbing, or tingly.
- Remember...it is your duty to notify your supervisor when you know—or *suspect*—that your client is in pain. Every client has the right to feel relief from pain!
- Pain has the power to make someone's life miserable. You have the power to make life better for your clients—by doing all you can to help manage their pain.



To learn even more about pain, check out these websites:
www.pain.com
www.painnet.com

"I refuse to give up on life because of my pain. I look for humor in my daily life. There's nothing like a good laugh to stop the pain for a while."

When Is Pain An Emergency?

Report any of the following immediately:

- Unusual, sudden or severe headache or a headache with fever and vomiting.
- Sudden severe pain in one or both eyes.
- Sudden, intense chest pain and/or pain that radiates to the shoulders, arms, back or jaw.
- Chest pain that gets worse with breathing.
- Abdominal pain that lasts longer than 30 minutes.
- Pain with urination or a severe pain in the kidney area.
- Pain in the arms or legs, especially if the limbs are pale and cold.



Remember...pain might be warning you and your client of a serious problem!



EMPLOYEE NAME (Please print):

DATE: _____

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in
employee's personnel file.

IN THE KNOW

The Inservice Club For Nursing Assistants

Are You "In the Know" About Pain Management?

Circle the best choice and then check your answers with your supervisor!

- 1. Mrs. Tucker is recovering from abdominal surgery. You would expect her to:**
- A. Develop chronic pain that will last for years.
 - B. Complain of phantom pain.
 - C. Need pain management until her incision has healed.
 - D. Be in no pain at all.

2. True or False

Pain is an unnatural process that serves no purpose except to make people suffer.

3. Mr. Wilson has chronic hip pain from arthritis. His pain might get better if he:

- A. Works with a physical therapist.
- B. Only takes pain pills when the pain gets bad.
- C. Stays in bed and rests for a few days.
- D. Goes to the emergency room.

4. True or False

Pain is the most common symptom that people report to their doctors.

5. Your client's pain might get worse if he:

- A. Takes a short walk.
- B. Feels really anxious about his pain.
- C. Skips a meal.
- D. Doesn't tell his wife about his pain.

6. Your client's pain might get better if he:

- A. Avoids taking too many narcotics.
- B. Skips physical therapy.
- C. Sleeps without a pillow at night.
- D. Spends time doing a fun hobby every day.

7. True or False

The only way to manage pain is with prescription pain medications.

8. True or False

Every human being has the same reaction to pain.

9. True or False

There is no special blood test or machine that doctors use to measure a client's pain.

10. True or False

People who take narcotics for their pain have a high risk of becoming addicted to the drugs.