Section 2: Pain Control in Wound Management

PAIN CONTROL IN WOUND MANAGEMENT

Most wounds cause a certain amount of pain (Casey 1998) but pain management, a key function of all health professionals, is often ignored. Sometimes pain can be severe and ongoing, such as with chronic wounds, while at other times it may only occur with initial injury or during infection.

Patients may experience pain as a result of:

- Products or techniques used to cleanse wounds
- Trauma to the tissues and surrounding skin when products are removed
- Skin excoriation from exudates or wound drainage
- Lack of empathy
- Failure to record patient's earlier reports of pain
- Infection, which can exacerbate existing wound pain
- Poor techniques when using compression bandaging

Careful wound assessment is required, as selecting an inappropriate dressing can result in considerable pain and discomfort (Dealy 1999). The correct dressing can ensure comfort and reduce pain, especially during dressing change.

Emotional responses can also influence the perception of pain and the distress of having a wound. The way patients detect pain appears to be related to the type of damage causing it (Campbell 1995). Clinically, pain, like wound types, can be classified as acute or chronic, but will be related to:

- The type of injury
- The location of the wound
- Patient perception and previous experience
- The healing process and approaches to wound management, eg choice of dressing and provision of analgesia

ASSESSMENT OF PAIN

Pain should be assessed prior to each dressing change and appropriate action taken to address the identified reason. Accurate assessment depends on subjective reporting by the patient. Pain can be assessed effectively during ongoing therapy by asking the patient to rate his/her pain. It is recommended that a simple visual analogue scale is used.

The patient should be asked if the pain is worse at any particular time or during a particular activity so that analgesic doses can be timed appropriately. Patients should be closely observed throughout the dressing procedure for reaction to treatment.

NHS TAYSIDE WOUND MANAGEMENT FORMULARY

ANALGESIA

Whatever analgesia is used in wound care, its effectiveness should be evaluated continuously. Failure to achieve pain relief may contribute to the depression and anxiety associated with chronic pain.

The type of analgesia to be used depends upon:

- The type of wound
- Whether the wound is acute or chronic
- The level of pain reported by the patient

Effective doses of analgesics should be given. In chronic pain, treatment should be given often enough to provide continuous pain relief. This is preferable to giving analgesics only when necessary, ie allowing pain to recur before giving further treatment.

Analgesics should also be given in anticipation of pain, giving careful consideration to any activities that exacerbate pain. In the case of acute pain there is little time to titrate the dose against the patient's response. Analgesics should be chosen according to assessment of the factors mentioned above.

The use of non-steroidal anti-inflammatory drugs (NSAIDs) e.g. aspirin, ibuprofen, diclofenac etc, is common in treating minor injuries and in long-term inflammatory conditions. This is due to their action if inhibiting the production of prostaglandins (inflammatory mediators). If wound pain is ongoing it may not be appropriate to use an NSAID due to their side effects.

The WHO analgesic ladder forms the basis of many approaches to the use of analgesic drugs. There are three essential steps on this ladder.

THE WHO ANALGESIC LADDER