Teaching: Home Care

- Teach client to keep a pain diary to monitor pain onset, activity before pain, pain intensity, use of analgesics or other relief measures, and so on.
- Instruct client to contact a health care professional if planned pain control measures are ineffective.

Pain Control

- Teach the use of preferred and selected nonpharmacologic techniques such as relaxation, guided imagery, distraction, music therapy, massage, and so on.
- Discuss the actions, side effects, dosages, and frequency of administration of prescribed analgesics.
- Suggest ways to handle side effects of medications.
- Provide accurate information about tolerance, physical dependence, and addiction if opioid analgesics are prescribed and these topics are of concern.
- Instruct the client to use pain control measures before the pain becomes severe.
- Inform the client of the effects of untreated pain.
- Demonstrate and have the client or caregiver return demonstrate appropriate skills to administer analgesics (e.g., skin patches, injections, infusion pumps, or patient-controlled analgesia). If a home infusion pump is being used, caregivers need to be able to
  a. Demonstrate stopping and starting the pump.
  b. Change the medication cartridge and tubing.
  c. Adjust the delivery dose.
  d. Demonstrate site care.
  e. Identify signs indicating the need to change an injection site.
  f. Describe care of the pump and insertion site when the client is ambulatory, bathing, sleeping, or traveling.
  g. Perform problem solving for pumps when alarms are activated.
  h. Change the battery.

Resources

- Provide appropriate information about how to access community resources, home care agencies, and associations that offer self-help groups and educational materials.

Practice Guidelines

- Establish a trusting relationship. Convey your concern, and acknowledge that you believe that the client is experiencing pain. A trusting relationship promotes expression of the client’s thoughts and feelings and enhances effectiveness of planned pain therapies.
- Consider the client’s ability and willingness to participate actively in pain relief measures. Some clients who are excessively fatigued, are sedated, or have altered levels of consciousness are less able to participate actively. For example, a client with an altered level of consciousness or altered thought processes may not be able to deal with patient-controlled analgesia. In contrast, a fatigued client may express a willingness to use pain-relief measures that require little effort, such as listening to music or performing relaxation techniques.
- Use a variety of pain relief measures. It is thought that using more than one measure has an additive effect in relieving pain. Two measures that should always be part of any pain relief plan are (a) establishing a client–nurse relationship and (b) client teaching. Because a client’s pain may vary throughout a 24-hour period, different types of pain relief are often indicated during that time.
- Provide measures to relieve pain before it becomes severe. For example, providing an analgesic before the onset of pain is preferable to waiting for the client to complain of pain, when a larger dose may be required.
- Use pain-relieving measures that the client believes are effective. It has been recognized that clients are the authorities about their own pain. Thus, incorporating the client’s measures into a pain relief plan is sensible unless they are harmful.
- Base the choice of pain relief measure on the client’s report of the severity of the pain. If a client reports mild pain, an analgesic such as aspirin may be indicated, whereas a client who reports severe pain often requires a more potent relief measure.
- If a pain relief measure is ineffective, encourage the client to try it once or twice more before abandoning it. Anxiety may diminish the effects of a pain measure, and some approaches, such as distraction strategies, require practice before they are effective.
- Maintain an unbiased attitude (open mind) about what may relieve the pain. New ways to relieve pain are continually being developed. It is not always possible to explain pain relief measures; however, measures should be supported unless they are harmful.
- Keep trying. Do not ignore a client because pain persists in spite of measures. In these circumstances, reassess the pain, and consider other relief measures.
- Prevent harm to the client. Pain therapy should not increase discomfort or harm the client. Some pain relief measures may have adverse untoward effects, such as fatigue, but they should not disable the client.
- Educate the client and support people about pain. Clients and support people need to be informed about possible causes of pain, precipitating and alleviating factors, and alternatives to drug therapy. Misconceptions also need to be corrected.