

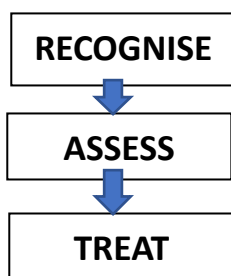


DEFINITION OF PAIN

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage

(Merskey and Bogduk, International Association for the Study of Pain (IASP) 1994)

A BASIC APPROACH TO PAIN



WHEN SHOULD PAIN BE ASSESS

- ✓ Routinely 4hourly
- ✓ During and after any painful procedure e.g wound dressing
- ✓ 30 min to 1 hour after administration of analgesic
- ✓ Whenever the patient complains of pain

4 TYPES OF PAIN IN ICU

Chronic pain occurring before ICU admission

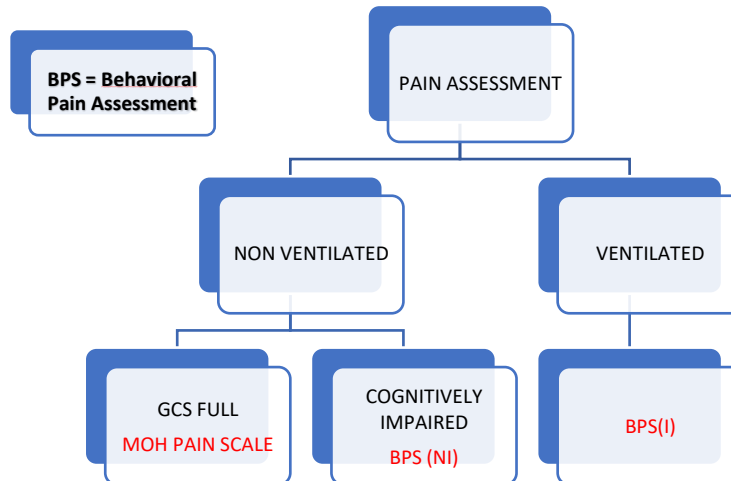
→ Persistent pain associated with invasive procedure / discomfort

→ Intermittent pain associated with ICU procedure

→ Acute pain related to an ongoing disease



PAIN ASSESSMENT IN ICU



PAIN ASSESSMENT TOOL



**SELF REPORTING
BY PATIENT**

- MOH pain scale

OBSERVATIONAL

- Behavioral Pain score (BPS)








BEHAVIORAL PAIN SCALE

Behavioural Pain Scale (BPS) for pain assessment in intubated (BPS-I) and non-intubated (BPS-NI) patients is the most valid and reliable **pain** assessment tools. It quantifies pain using body language and patient-ventilator interactions for intubated patients

BEHAVIORAL PAIN SCALE (BPS)

Behavioral Pain Scale (BPS) Training Poster

	BPS (intubated patients)	=	BPS-NI (non-intubated patients)
	1 2 3 4		1 2 3 4
①	<p style="text-align: center;">Facial expression</p>  <p>Relaxed Partially tightened = brow lowering Fully tightened = eyelid closing Grimacing = folded cheek</p>	=	<p style="text-align: center;">Facial expression</p>  <p>Relaxed Partially tightened = brow lowering Fully tightened = eyelid closing Grimacing = folded cheek</p>
②	<p style="text-align: center;">Movements of upper limbs</p>  <p>No movement Partially bent Very bent with finger flexion Retracted, opposition to care</p> <p style="font-size: small;">At rest: check the tonus by mobilization of the limb</p>	=	<p style="text-align: center;">Movements of upper limbs</p>  <p>No movement Partially bent Very bent with finger flexion Retracted, opposition to care</p> <p style="font-size: small;">At rest: check the tonus by mobilization of the limb</p>
③	<p style="text-align: center;">Compliance with ventilation</p>  <p>Tolerating ventilation Coughing but tolerating ventilation most of the time Fighting ventilator but ventilation possible sometimes Unable to control ventilation</p>	≠	<p style="text-align: center;">Vocalisation</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 20%;">No pain vocalization</div> <div style="border: 1px solid black; padding: 5px; width: 20%;">Moaning not frequent (≤ 3/min) and not prolonged (≤ 3 s)</div> <div style="border: 1px solid black; padding: 5px; width: 20%;">Moaning frequent (> 3/min) or prolonged (> 3 s)</div> <div style="border: 1px solid black; padding: 5px; width: 20%;">Howling or verbal complaint including « Ouh », « Ouch ! » or breath-holding</div> </div>

①+②+③ = Total BPS value

from 3 (no) to 12 (maximum) pain behavior rated using the BPS



HOW TO DO BPS

- Motor function patient intact
- Observe patient's behaviour for 1 minutes
- Select core according to behaviour and add the score to get the total score
- 3=No pain, 4-5=mild pain, 6-11=an amount of pain, > 12=maximum

WHEN DO WE ACT?

BPS \geq 5

MOH PAIN SCALE \geq 3



PAIN MANAGEMENT

→NON-PHARMACOLOGICAL TREATMENT

→PHARMACOLOGICAL TREATMENT

NON PHARMACOLOGICAL TREATMENT

PHYSICAL

→Rest,Immobility,Cold,Elevation (RICE)

→Massage

→Deep breathing exercise

→Positioning

PSYCHOLOGICAL

→Explanation

→Reassurance

→Counselling

→Distraction technique (Music,TV etc)

Other Nursing Actions:

Check possible causes of pain

→Blocked urinary catheter / distended bladder

→Sign of thrombophlebitis eg:redness and inflammation of the skin along a vein,warmth of the skin

→Uncomfortable lying position



INFORM DOCTOR IF NURSING ACTION IS NOT EFFECTIVE

PAIN MANAGEMENT IN ICU

→ Individualized

→ Choice of drug will depend on patient comorbidities, causes of pain such as medical pain, trauma patient and surgical patient.

PHARMACOLOGICAL TREATMENT

- Paracetamol
- **NSAIDS**
- Diclofenac Sodium
- Ibuprofen
- Indomethacin
- **COX-2 inhibitor**

NON OPIODS



- **Weak Opiods**
- Tramadol
- Codein
- Dihydrocodeine
- **Strong Opiods**
- Morphine
- Pethidine
- Fentanyl

OPIODS



- **Antidepressant**
- Amitriptyline
- Duloxetine
- **Anticonvulsants**
- Carbamazepine
- Gabapentin
- Pregabalin

OTHER ADJUVANT MEDICATION



IMPORTANT CONCEPT

→ **ANALGOSEDATION**

→ **TREAT THE PAIN FIRST**

