Unit 1
Pain and Alterations in Comfort
Performance Expectations

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<th>Competency</th>
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| Evaluate nursing care for clients with pain and alterations in comfort | **Criteria for Assessment:** Your performance will be successful when:  
- response differentiates acute pain from chronic pain  
- response utilizes the nursing process for clients with pain and comfort alterations  
- response describes the pathophysiology, etiology, and clinical manifestations of pain and alterations in comfort  
- response integrates pharmacological and non-pharmacological therapy in the care of clients with pain and alterations in comfort  
- response selects teaching/learning topics to promote self-care for the client with pain and alteration in comfort  
- response identifies available agency and community resources to promote care for clients with pain and alterations in comfort  
- response incorporates lifespan considerations  

**Conditions:** You will demonstrate your competence:  
- by responding to a case study or scenario of patients with pain and comfort alterations (format may be oral, written, or graphic) |

Learning Objectives

a. Examine the physical and psychological effects of unrelieved pain.
b. Distinguish between acute pain, chronic cancer pain, chronic noncancer pain, and neuropathic pain in terms of similarities and differences in assessment and management.
c. Compare pharmacologic pain management, including management of older adults and children.
d. Compare the non-pharmacologic strategies for pain management providing the rationale for each.
e. Identify available agency and community resources to help manage pain.
f. Practice in accordance with an ethical code that recognizes human rights, diversity, and requirement to “do no harm”
g. Provide patients and family members with information about a range of methods of pain relief and management
h. Identify and describe the delivery of a range of basic physical and psychological comfort measures, including positioning, information and distraction that enhance the well-being of all patients who have pain.
i. Describe the difference between physical dependence, psychological dependence (addiction), tolerance, and pseudo addiction.
j. Develop a plan to prevent and manage common adverse effects associated with treatment.
k. Describe how to safely administer prescribed analgesia using a range of routes, and how to monitor, record, and evaluate its effects on the patient.
l. Evaluate, select and use valid and reliable pain assessment tools that are appropriate to the needs of the individual patient and the demands of the care situation.
m. Recognize those individuals at risk for inadequate pain assessment and under treatment.
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n. Identify barriers to effective pain control, including those related to professionals, the system, as well as patients and their family.

o. Apply accurate knowledge of anatomy, physiology, psychology and sociology to all aspects of pain management.
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**Learning Activities**

1. How might your personal experiences have shaped your attitudes about pain? Describe what has been helpful in managing pain you’ve had in the past – and what has not. For example, did people care about and sympathize with your pain? Did you get effective medication? Was medication given often enough? Reflect on your answers to these questions. Be PREPARED TO DISCUSS in class how this information can help you relate better to your patients’ needs and concerns.


3. READ: London et al, Pediatrics textbook, chapter 42 (pp 1208-1230) Pain Assessment and Management in Children

   or
   the textbook you used for your pharmacology course. If you have the ATI Pharmacology book, you may find it useful.

5. PARTICIPATE in the activities on Pain during class.


7. READ the study guide in syllabus: “A Brief Overview of Ethical Terms”


9. READ Study Guide (in the syllabus): Flowchart for Nursing Response to Suspected Excessive Opioid Dosing (narcotization) in Palliative Care Patients

10. READ: “Chronic Pain and Substance Abuse” from PART I: PRINCIPLES OF PRESCRIBING OPIOIDS Section 4 in Opioids and Chronic Non-Malignant Pain: A Clinicians’ Handbook. This is produced by the Oregon Health and Science University. It can be located at [http://www.ohsu.edu/ahec/pain/part1sect4.pdf](http://www.ohsu.edu/ahec/pain/part1sect4.pdf)

**Assessment Activities**

1. Outside of class, RESPOND IN WRITING to the questions on the case study “Patients in Pain”. Work in groups of 3-5 students. You may use print or computer resources to answer the questions. SUBMIT your answers for a grade. Each member of the group will receive the same grade the answers to the questions. Additional individual points will be earned based on group participation. **Submit the grading sheet with your assignment.**

2. Complete a multiple-choice unit exam without the use of resources during class.
STUDY GUIDE

A Brief Overview of Ethical Terms

Ethical issues can arise in many health care situations. This is true of pain management. I want to review some of the terminology related to ethical issues.

There are several moral or ethical principles that guide decision making. One of these is autonomy. **Autonomy** is a patient’s right to make decisions without outside control. Often autonomy is thought of as the right to refuse surgery or some other procedure. Remember, autonomy is deciding independently what should happen. It will include what the patient wants (and not just what they do not want.) The patient may want to do something that will cause harm to himself or herself. There are limits to autonomy. A person does not have the right to endanger others. For example, people are forced to take medications to treat tuberculosis.

Nurses also have a duty to benefit or do good. This is called **beneficence**. The challenge can be determining what exactly is good. Who can best make the decision about this good? If a physician orders it, does that make it good?

There is also a requirement that the nurse do not harm to their patients. This is called **nonmaleficence**. In addition to not causing harm, the nurse has a duty to prevent harm. Many procedures are associated with risk. Risks and benefits are weighed in making many clinical decisions.

The American Nurses Association (ANA) Code of Ethics states “the nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.” This statement supports the principle of **justice**. Justice is an obligation to be fair to all people. Justice involves the allocation of scarce resources.

The principle of **sanctity of life** is the belief that life is sacred. Because life is sacred, it must always be protected. One might ask: is it right to risk harm if life is sacred?

**Fidelity** is the obligation to be faithful to commitments. A nurse may have multiple commitments in their role. A nurse does have a commitment to the patient for whom they are providing care. It is as if there was a contract between the nurse and the patient.

**Veracity** is the duty to tell the truth. When using a placebo, the nurse is not telling the truth. Another term in ethics is the **doctrine of double effect**. A single action can have two effects. One of the effects is intended, while the other is not. The ANA Code of Ethics for Nurses includes the following statement:

The nurse should provide interventions to relieve pain and other symptoms in the dying patient even when those interventions entail risks of hastening death. However, nurses may not act with the sole intent of ending a patient’s life even though such actions may be motivated by compassion, respect for patient autonomy and quality of life considerations.

This statement by the ANA is an example of supporting the doctrine of double effect, while also supporting the sanctity of life.

Can you think of ways these principles apply to pain management?
STUDY GUIDE:

Flowchart for Nursing Response to
Suspected Excessive Opioid Dosing (narcotization)
in Palliative Care Patients

Flowchart is based on the presence of a naloxone order

Suspicions of Excessive Opioid Dosing
- Decreased Level of Consciousness
- Progressive slowing of respiratory rate
- Small pupils, poorly reactive
- Clinical scenario (medication history) raises possibility

- Stimulate patient
- Administer oxygen 5 L/min nasal cannula

Unless respiratory rate (RR) is obviously severely depressed (long apnea) count respiratory rate for at least one minute

RR < 5/min
- Stop any ongoing opioid administration (e.g. discontinue infusions, remove Duragesic patches, & wipe skin clean)
- Administer naloxone (Narcan 1 ml (0.4mg) IV/SQ stat
- Call MD
- Repeat naloxone 1 ml (0.4 mg) IV/SQ q 5-10 min. until patient rouses

RR 5-7/min
- Stop any ongoing opioid administration (e.g. discontinue infusions, remove Duragesic patches, & wipe skin clean)
- Dilute naloxone (Narcan) 1:10 in normal saline by drawing up 1 ml (0.4mg) into a 10 ml syringe and adding 9 ml sterile NS
- Administer 1 ml of the 0.04 mg/ml naloxone dilution STAT IV/SQ
- Call MD
- Repeat administration of 1 ml of the 0.04 mg/ml naloxone dilution q 5-10 min. until patient rouses

RR 8-10/min

RR > 10/min
- Call MD to review and consider options

Patient becomes more alert with stimulation

Patient does not become more alert with stimulation

http://palliative.info
Mike Harlos MD
Patient: Missy Muffet

- Age: 83
- Weight: 118 pounds
- Diagnosis: Osteoporosis, compression fracture
- Activity: ambulate qid with assistance
- Diet: General
- Vital Signs: every shift
- IV: Saline Lock
- Therapy: OT & PT for conditioning and discharge planning
- Medications: alendronate (Fosamax) 70 mg po weekly (taken last Monday)
  - vitamin D 400 international units po daily (taken this AM)
  - calcium carbonate 500 mg po bid (taken this morning)
  - ibuprofen (Motrin) 600 mg po tid (taken at 0600 and 1400)
  - hydromorphone (Dilaudid) 1 mg IV q 2 hrs prn (taken at 0130, 0700, and 1100)

Patient: Jack Horner

- Age: 61
- Weight: 176 pounds
- Diagnosis: degenerative joint disease, right hip arthroplasty (still in PACU)
- Activity: OOB with PT in the AM
- Diet: no added salt
- Vital signs: q 30 minutes x 4, q 1 hour x 4, then q 4 hours
- Pulse oximetry with vital signs, if < 90% start O2 at 3L per NC
- IV: D5 and 0.9 sodium chloride with 30 mEq KCl/liter at 125 ml per hour. May convert to saline lock in am if taking oral fluids well.
- Sequential stockings continuously when in bed
- Abduction pillow
- Keep heels off bed
- Protime and CBC in the AM
- Assess dressing with vital signs
- Medications: cefazolin, warfarin, enoxaparin, nalbuphine prn, ondansetron prn, naloxone prn, morphine prn, and an epidural for pain
Patient: Mary Contrary

- Age: 44
- Weight: 138 pounds
- Diagnosis: uterine leiomyomas total abdominal hysterectomy (surgery yesterday)
- Activity: Ambulate tid
- Diet: Full liquids, advance to surgical soft
- Vital signs with pulse oximetry: q 4 hours
- IV: 0.9 sodium chloride at 75 mL/hour
- Check perineal pads every 4 hours
- Change abdominal dressing daily and prn
- Foley catheter to gravity drainage, discontinue at 2400
- Medications: cefotetan (Cefotan) 1 gram every 12 hours IV
  - hydrocodone 5 mg/acetaminophen 500 mg (Vicodin) – 2 tabs q 4-6 hr prn (last dose at 1300)
  - morphine 2 mg IV every hour prn

Patient: Georgie Porgie

- Age: 22
- Weight: 161 pounds
- Diagnosis: sickle cell crisis
- Activity: bedrest
- Diet: as tolerated
- Vital signs: q 2 hours
- Neurological checks: q 2 hours
- Diet: Clear liquid, advance to general diet as tolerated.
- Encourage fluid intake to at least 3000 mL per day
- IV: D5 with 0.45 sodium chloride at 150 mL per hour
- Oxygen: 4L/minute/nasal cannula
- Medications: docusate (Colace) 100 mg po bid
  - zolpidem (Ambien) 5 mg PO at bedtime prn sleep
  - promethazine (Phenergan) 25 mg IV q4hr prn nausea/vomiting
  - hydroxyurea (Droxia) 1100 mg daily
  - hydromorphone (Dilaudid) 4 mg IV q 4 hours prn
  - ibuprofen 600 mg PO q 6 hours
Case Study: Patients in Pain

RESPOND IN WRITING to the following questions and SUBMIT your final answers to your instructor by the due date.

You will work in a group to complete the case study. Work should be divided among the members of your group. At least one week before the case study is due, you should email a researched answer to the members of your team AND YOUR INSTRUCTOR. At least 72 hours before the case study is due, you should give feedback to the person who originally answered the question. The feedback does not need to be sent to your instructor. Use the feedback to finalize your answers to the case study.

Use complete sentences or bulleted lists when responding. Include the resource(s) you used to formulate your answer in parenthesis following your response. If you utilized one of your textbooks, note the page number. Use sources beyond those identified in the learning activities to answer the questions.

Alan Pinkler, age 77, is admitted following a motor vehicle accident. He has multiple injuries which include fractured 3\textsuperscript{rd}, 4\textsuperscript{th}, and 5\textsuperscript{th} ribs on the left side of his chest, a fractured left femur, a ruptured spleen which was surgically removed, and multiple lacerations on his face and scalp. He is in skeletal traction for his femur fracture. He states the pain in his chest is 10 out of 10 in his chest when he coughs or takes a deep breath. He states he has intermittent muscle spasms in his left thigh. He complains of gas pains and states his bowels have not moved since admission 3 days ago. He has several medications ordered to control his pain including acetaminophen 650 mg every 4 hours prn, Propoxyphene napasylate 100 mg with acetaminophen 650 mg (Darvocet-N 100) 1 tablet every 6 hour, oxycodone 5 mg with acetaminophen 325 mg (Tylox) 1 to 2 tablets every 4 hours prn, and Hydromorphone HCl 2 mg IV every 4 hours prn.

Calvin Peterson has had diabetes since the age of 5. He is now 34 years old. He suffers from numerous chronic complications of diabetes and is unable to work. He suffers from depression that has led to alcohol abuse. He is admitted with pneumonia, but his primary complaint is lower extremity pain. He describes the pain as a burning sensation that starts in his toes and moves up his legs. He rates the pain as a 7. He receives regularly scheduled amitriptyline (Elavil) 25 mg at bedtime and gabapentin (Neurontin) 100 mg three times daily. He states over the past few months his pain has worsened and these drugs are not adequate. He is no longer able to go fishing, one of his favorite activities. His sleep is often interrupted and he frequently is unable to go to work because of lack of fatigue. He is requesting narcotics, but his physician is reluctant to order them because of Calvin’s history of alcohol abuse. Calvin states that the most important things to him are pain control and getting his life back.

1. Which of the following two patients is most likely to have an increase in heart rate and blood pressure, difficulty concentrating, restlessness, and a decrease in pain as his body heals? Explain your answer choice by comparing and contrasting the two patients and their type of pain.

2. Describe the 4 steps of nociception of acute pain in Alan Pinkler.
3. All of the following nursing diagnoses can be found on the 2009-2011 list of NANDA nursing diagnoses. Based on the assumption that further assessment of Calvin Peterson results in the presence of the etiologies and signs and symptoms listed, any of the diagnoses could exist. Select the ONE nursing diagnosis to treat that you believe would best address his overall status. Provide rationale for your selection. While your rationale should focus on the diagnosis selected, other diagnoses should also be briefly discussed.
   a. Risk for Falls r/t narcotics.
   b. Risk for Impaired Liver Function r/t substance abuse.
   c. Disturbed Sensory Perception (Tactile) r/t altered sensory transmission m/b change in usual response to stimuli and sensory distortions.
   d. Fatigue r/t Chronic Pain m/b inability to maintain usual level of physical activity, inability to restore energy even after sleep, and increase in physical complaints.
   e. Hopelessness r/t deteriorating physiological condition m/b decreased verbalization, decreased affect, decreased response to stimuli, and lack of involvement in care.

4. Alan Pinkler is complaining of leg pain at a level of 7 out of 10 and chest pain at a level of 8 out of 10. The physician has ordered several medications. Which of the following should the nurse use first based on Alan’s complaints? Explain why you believe your choice is the better option over the other drugs ordered. If his pain continued to range between 7 and 10, what would recommendation would you make to the physician? Why?
   a. Acetaminophen 650 mg every 4 hours prn.
   b. Hydromorphone HCl 2 mg IV every 4 hours prn.
   c. Oxycodone 5 mg with acetaminophen 325 mg (Tylox) 1 to 2 tablets every 4 hours prn.
   d. Propoxyphene napsylate 100 mg with acetaminophen 650 mg 1 tablet every 6 hours prn.

5. Select TWO non-pharmacologic interventions you would initiate for controlling Calvin Peterson’s chronic pain. Why would you suggest these interventions?
   a. Imagery.
   b. Hypnosis.
   c. Distraction.
   d. Biofeedback.
   e. Acupuncture.
   f. Elastic stockings.
   g. Therapeutic touch.
   h. Relaxation techniques.
   i. Cutaneous stimulation (TENS).

6. Alan tells the nurse that he has “bad” pain but he can “tough it out” and does not want any pain medications. He states that he does not want to become addicted explaining “my sister is a drug addict and has ruined our lives”. To gain Alan’s participation in pain management, what should the nurse teach Alan about pharmacologic treatment of pain?

7. Calvin is requesting a referral to “someone who can help his chronic pain and give him his life back”. What would be the best referral to initiate? Why is it a better choice than the others?
   a. Pain clinic.
   b. Local library.
   c. Palliative care.
   d. Home health agency.
   e. Alcoholics Anonymous.
   f. Out-patient spiritual care services.
8. How might Alan Pinkler’s age of 77 impact the treatment of his pain? Select all that apply and explain your choices.

a. Opioids can cause constipation.

b. Alan may be reluctant to report pain.

c. Meperidine is the best choice of a narcotic medication for Alan.

d. Elimination of pain is not possible as pain is a normal part of aging.

e. Analgesic administration schedules and dosage amounts may need to be altered.

f. Planning will be difficult as an accurate assessment will be difficult to obtain because pain scales are not understood by patients of Alan’s age.
Case Study Grading Sheet

Name __________________________

10 9 8 7    #1 Response differentiates acute pain from chronic pain.
10 9 8 7    #2 Response describes the pathophysiology of pain.
10 9 8 7    #3 Response utilizes the nursing process for clients with pain and comfort alterations (with a focus on selecting a nursing diagnosis).
10 9 8 7    #4 Response integrates pharmacological therapy in the care of clients with pain and alterations in comfort.
10 9 8 7    #5 Response integrates non-pharmacological therapy in the care of clients with pain and alterations in comfort.
10 9 8 7    #6 Response selects teaching/learning topics to promote self-care for the client with pain and alteration in comfort.
10 9 8 7    #7 Response identifies available agency and community resources to promote care for clients with pain and alterations in comfort.
10 9 8 7    #8 Response incorporates life span considerations.
10 5 0      Initial e-mailed response
           10 – Well developed response
           5 - Incomplete response. Lacks details
           0 – No email by due date.

_____  Group participation = total group member evaluation score divided by number of evaluations.
You will receive a “5” in this area if you submit an UNCOMPLETED evaluation of the group members on the day the case study is due.

SCORE __________________

Grading scale for questions:
10  - Provided accurate information with detailed explanations using information beyond assigned course learning activities.
9   - Provided accurate information with clear explanations. Only used assigned resources. Missing minor points in answer. Provided rationale without selecting a choice.
8   - Did not discuss in detail. Response is not complete. Response is less than 90% accurate.
7   - Did not give accurate information, selected wrong choice, or response did not relate to question.
0   - No response to the question.
GROUP MEMBER EVALUATION

YOUR NAME __________________________________________

Evaluate all members of your group other than yourself. Write the name of the group member being evaluated. Check the statement that best describes the group member’s collaboration level. It is possible that all members will have the same score.

Group members name __________________________________

_____ Proactively participated in group work. Made contributions on a timely basis. Was available for group meetings. Good initial answer to question. (10 points)

_____ Slow start to the group process, but did fair share of work after being asked frequently to participate. Completed their portion of the work on a timely basis. (8 points)

_____ Completed their share of the work at the last minute. Initial answer was incomplete or incorrect. Minimal feedback to group. (7 points)

_____ Did less than a fair share of work. Provided no feedback to group members (6 points)

_____ Not willing to listen to feedback and/or dominated the group work which interfered with others giving input. ( 6 points)

_____ No participation until 3 days before case study was due (5 points)

_____ First participation was on day case study was due (2 points)

_____ No participation in development of case study responses. (0 points)

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Mid-State Technical College
543-109 - Complex Health Alterations 1

Unit 1 – Pain and Alterations in Comfort

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Study Guide for Unit 1 Exam

1. Define pain. How does McCaffery define pain?
2. Pain is not adequately treated in all areas of health care. According to your textbook which 3 populations are at highest risk for inadequate treatment?
3. Describe ethical principles involved with pain management.
4. Explain the physical nature of pain. Include an explanation the steps of nociception (transduction, transmission, perception, and modulation.)
5. Explain the psychological nature of pain.
6. Describe how developmental level (age), cultural background, and spiritual beliefs contribute to the pain experience.
7. What are ways the nurse can make pain assessment and treatment a priority in their plan for the day? What is the purpose of declaring pain to be the “fifth vital sign”?
8. What is the difference between pain threshold and pain tolerance? What factors decrease tolerance? What interventions can increase pain tolerance? Make sure you focus on tolerance.
9. What is more likely to contribute to the intensity of acute pain – anxiety or a history of chronic pain?
10. Differentiate neuropathic, somatic, visceral, and incidental pain.
11. Identify questions to include when assessing pain. How does a pain assessment begin?
12. What action should the nurse use if objective observations indicate pain, but the patient denies pain?
13. Why might a nurse direct a client to keep a pain diary?
15. Describe how to assess pain in cognitively impaired adults.
16. What should be considered when assessing or treating pain in an elderly adult?
17. How do symptoms of chronic pain differ from acute pain? How will this influence assessment and analysis of data activities of the nurse?
18. Give examples of disorders associated with chronic pain.
19. Explain referred pain. How would you explain this to a patient?
20. Identify patient pain history information that will be useful to collect prior to developing a care plan to treat pain.
21. What are consequences of unrelieved pain in children?
22. What are consequences of unrelieved pain in adults? What are symptoms of unrelieved pain?
23. Identify (write) measurable goals appropriate for a patient with acute pain. With chronic pain.
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24. Identify evaluation findings that would indicate that pain interventions are appropriate or effective.
25. Describe how to use non-pharmacologic interventions in treating pain.
26. Describe from a physiological standpoint, why non-pharmacologic interventions for pain are effective (describe the gate control theory.)
27. Describe the actions of drugs used to treat pain.
28. Which drugs are commonly utilized for a patient with neuropathy?
29. Which NSAID can be given parenterally?
30. What are common side effects of opioid agonists, NSAIDs and acetaminophen? Which of these side effects are of highest priority?
31. What is the maximum recommended daily dose of acetaminophen?
32. How can a patient decrease their risk of constipation associated with opioid use?
33. What nursing interventions are indicated when a patient's respiratory rate decreases while receiving opioids? (What is done first?) Does this vary from treatment of an overdose?
34. Describe the risk of using NSAIDs for a client with heart failure.
35. Describe barriers involved in the treatment of pain. Consider both patient barriers and health care provider barriers. What interventions can be used to overcome those barriers?
36. How should the nurse respond to a patient who is reluctant to take pain medications?
37. What factors should be considered when determining how much and how frequently to give prn medications? How is the pain scale utilized for determining what drug to administer?
38. What is the role of the nurse in titrating pain meds?
39. What instructions should be given to a patient with a patient-controlled analgesia (PCA) devise?
40. What actions are appropriate if a patient is not receiving adequate pain relief from their PCA (or other pharmacologic intervention)? Can you prioritize these actions?
41. What is the treatment for itching when a patient is receiving epidural pain control? For urinary retention?
42. Describe nursing considerations when using continuous subcutaneous opioid analgesia. What sites are used for this therapy?
43. When a patient experiences breakthrough pain, what drugs might be used to treat it?
44. What are nursing priorities for a patient with an epidural catheter?
45. What complications are associated with the use of epidural medications? How should the nurse respond to symptoms of complications?
46. What is the difference between addiction, physical dependency, and tolerance?
47. What are signs of opioid withdrawal?
48. Describe anticipated adjustments that are indicated in the dose of analgesics for a patient with a history of substance abuse.
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49. What is meant by equianalgesic? What oral meds and doses are equivalent to parenteral morphine? *(This may take some memorization).*

50. What are key items to document regarding pain and pain management?

51. Describe the role of the nurse within the multidisciplinary pain management team. Consider the role of the nurse as an advocate. What would you do if the physician has inaccurate beliefs regarding pain management?

52. Identify situations in which the nurse might suggest a referral to a pain clinic or pain specialist. What information is included in the referral.

53. Identify complementary and alternative therapies to use when caring for the patient in pain.

54. Describe considerations when using a TENS unit. What should the nurse teach the patient about the TENS unit?

55. Describe when and how Narcan is given.

56. Identify situations in which invasive pain management techniques are used for chronic pain.

57. When and how should the patient be allowed input into the plan of care for treating pain?