Caring for a Loved One

Pain Management 101

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When a family member or loved one is admitted into a hospice program one of the first questions asked is usually, “How will her/his pain be managed? I do not want her/him hurting.” This is the goal of any hospice team. That your loved one is comfortable, at peace and as close to pain free as possible.

Pain Management via Medication

The World Health Organization utilizes a Pain Ladder that outlines three steps for the management of pain.

1. Use of a non-opioid pain reliever for mild pain and could include
    - Acetaminophen (Tylenol, Paracetamol and/or Panadol)
    - Ibuprofen, Aspirin, Naproxen and/or Nabumetone which are Non-steroid anti-inflammatory medications (Motrin, Advil, Bayer, Aleve and/or Relafen)
2. Use of a “mild” opioid for mild to moderate pain and could include
    - Hydrocodone (Lortab)
    - Oxycodone (Percocet)
    - Ultram (Tramadol)
3. Use of a “strong” opioid for severe pain and could include
    - Morphine (MS Contin, MSIR)
    - Hydromorphone (Dilaudid)
    - Methadone (Methadoes)
    - Fentanyl (Duragesic and/or Actiq)

It is important for family members and the terminally ill patient to be open and honest with the hospice nurse about severity, location and duration of pain experienced. This will ensure that the nurse is able to properly assess which medication to use to combat the pain.

Non-Pharmacological Pain Management

The nurse may also suggest some non-pharmacological measures to relieve pain such as:

1. Environmental Measures
   Room temperature and/or oscillating fan
2. Conservation of energy by utilizing frequent rest periods
3. Aromatherapy
   Useful oils can be vanilla, peppermint, jasmine and citrus
4. Massage therapy using simple back massages to relieve tension and pain
5. Frequent position changes to alleviate pressure points
6. Alternate heat and cold
7. Music therapy

Myths and Facts Regarding Pain Management

Many patients and families suffer with misconceptions about pain control and end-of-life. Common myths that hospice teams hear are:

- “I will become addicted to pain medication.”
- “Use of an opioid will shorten length of life.”
- “Starting pain medication in the early stages of the disease process will lead to a lack of options in the future.”
- “Patients can not drive or carry out normal activity.”
- “These might make me drugged out.”
- “They will cause the patient to stop breathing.”

The truth is actually quite different from these myths. Some facts about pain management and hospice care are:

- In advanced disease patients do not become addicted to opioids.
- Will not shorten life if used properly and if doses are titrated – controlling pain may even lengthen life.
- Opioid use at an earlier stage of disease process does not mean that options later in the disease progression will be “used up”.
- Respiratory depression is one of the last symptoms with titration.
- Sedation can be transient or managed.
- During chronic use and slow titration normal activity can be maintained and even improved.

There can be some unwanted side effects with opioid usage such as, constipation, nausea or vomiting, sedation, confusion or hallucination, muscle jerking, respiratory depression and/or urinary retention. Hospice nurses are very skilled at assessing the side effects and making recommendations to alleviate while still managing pain. The key is for the patient and family to always be open and honest with the hospice team about pain and side effects of pain medication.

References

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