

Slide 1

Cancer Pain Education for Patients
and the Public

Module I
Pain Management Education
for Individual Patient
Education
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Slide 2

1980

*American Nursing Association
established patient education as a
nursing responsibility*

Slide 3

Study identified that patients receiving
analgesics had a knowledge deficit regarding
medication side effects.

1984
Jones, Rimer, Levy and Kinman; Cancer
patients' knowledge, beliefs, and behavior
regarding pain control regimens:
Implications for education programs.

Slide 4

Patients were aware that there were other options available for pain management but didn't know what they were.
1989
Oncology Nursing Society - Education Committee

Slide 5

Patient Barriers to Effective Pain Management
Reluctance to report pain
Concern about being a good patient
Fear of addiction
Worries about side effects
Fear that pain medication may be ineffective when needed

Slide 6

Part I. Teaching Principles for Pain Education
Provide information that is accurate and current.
Precede teaching session by establishing what the patient already knows.
Establish goals and objectives with the patient/family to enhance cooperation and compliance.

Slide 7

Part I. Teaching Principles for Pain Education

Teach the smallest amount possible rather than overload a patient who may already be overburdened by illness and pain.

Use a combination of education methods.

Keep the teaching session brief with breaks as needed by the patient.

Slide 8

Part I. Teaching Principles for Pain Education

Present the most important material first.

Use appropriate materials that convey the message/information to be taught.

Evaluate the readability of written materials.

Use written material in large print for elderly patients.

Slide 9

Part I. Teaching Principles for Pain Education

Reinforce written information.

Use illustrations and written materials that are clear and concise.

Use repetition. Encourage questions.

Involve family and supportive friends in the educational program.

Slide 10

Part I. Teaching Principles for Pain Education

Define patients' responsibilities and providers' responsibilities for the pain management plan.

Choose an environment that is quiet and comfortable for the patient and family.

Individualize education with consideration for cultural influences.

Slide 11

Part I. Teaching Principles for Pain Education

Include discussion on the role of the interdisciplinary team.

Slide 12

Part II. Assessing the Patient and Setting the Goals

There are several patient groups who may not receive adequate pain control due to:

- Age, e.g. older adults and young infants and children.
- Cognitive or psychological impairments.
- History of substance abuse.
- Alterations in metabolism.

Slide 13

Part II. Assessing the Patient and Setting the Goals

Alterations in route.
Socioeconomic issues.
Cultural background.

Slide 14

Part II. Assessing the Patient and Setting the Goals

Questions to ask the patient about his pain-
Basic assessment information:
Where is the pain?
What does the pain feel like?
How bad is the pain?

Slide 15

Part II. Assessing the Patient and Setting the Goals

What makes the pain better or worse?
If undergoing current treatment for the pain,
how well is it working?
Has the pain changed?

Slide 16

Part II. Assessing the Patient and Setting the Goals

Other information to gather from the patient:

- Symptoms related to unrelieved pain.
- What is the patient's current knowledge about pain and its management?
- What is the patient currently doing to control his pain?

Slide 17

Part II. Assessing the Patient and Setting the Goals

In the past, what has the patient used to relieve his pain?

What meaning does the patient ascribe to his pain?

What fears does the patient have related to his pain?

Slide 18

Part II. Assessing the Patient and Setting the Goals

What fears does the patient have related to his pain?

How much pain relief does the patient want or expect to achieve?

What pain rating scale is the patient currently using or has he used?

Slide 19

Part III. Assess the Family Caregiver's Perception of the Pain Experience

How does the family caregiver describe the pain?

What impact does the pain have on the family caregiver?

How has the pain affected the family caregiver's role and responsibilities?

What roles does the family caregiver play in relation to pain management activities?

Slide 20

Part III. Assess the Family Caregiver's Perception of the Pain Experience

What meaning does the family caregiver ascribe to the pain?

What questions and concerns does the family caregiver have?

Slide 21

Part IV. Plan the Care

Include the patient and family caregiver.

What are the discharge needs for the patient and family caregiver?

Slide 22

Part V. Implement the Pain Management Program

Provide culturally competent care

Demonstrate respect and sensitivity to issues related to an individual's culture, race, gender, sexual orientation, social class, and economic situation.

Slide 23

Part V. Implement the Pain Management Program

Strategies for getting the patient and family caregiver involved in pain management activities:

Teach the patient and caregiver current cancer pain content.

Provide appropriate educational materials.

Slide 24

Part V. Implement the Pain Management Program

Encourage self-care activities.

Promote hope.

Address patient's and caregiver's fears and concerns.

Assist patient and caregiver to develop realistic goals.

Teach patient and caregiver when to seek help and how to access resources.

Slide 25

Part V. Implement the Pain Management Program

Encourage the patient to use a pain diary or pain log.
Advocate for the use of consultants.
Provide for follow up teaching.

Slide 26

Part VI. Evaluate and Document Outcomes of Patient-Caregiver Teaching

Review pain diary or pain log.
Document information given, what format used, who the information was given to.
Document barriers to learning.
Evaluate effectiveness of pain management strategies.

Slide 27

Part VI. Evaluate and Document Outcomes of Patient-Caregiver Teaching

Evaluate patient's ability to carry out activities of daily living.
Evaluate how the patient and caregiver are coping.
Restate time and time again the information present in the teaching session.

Slide 28

Part VI. Evaluate and Document
Outcomes of Patient-Caregiver Teaching

Revise pain management strategies as
necessary.
