

**Cancer Pain Education for Patients and the Public**  
**Module I**  
**Pain Management Education for Individual Patient Education**

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- I. Teaching Principles for Pain Education (Ferrell BR, Rhiner M, & Ferrell BA,1993)
  - A. Provide information that is accurate and current. Content should be reviewed by experts in the area and pilot tested in a sample of patients.
  - B. Precede teaching session by establishing what the patient already knows about his condition and pain management regimen.
  - C. Establish goals and objectives with the patient/family to enhance cooperation and compliance with the recommended plan of treatment. When teaching adults, information should be that which is immediately useful.
  - D. Teach the smallest amount possible rather than overload a patient who may already be overburdened by illness and pain. The patient must know enough to understand the rationale behind the regimen, and be able to carry out the desired behaviors.
  - E. Use a combination of education methods such as written materials, lecture, discussion, and audiovisual tools.
  - F. Keep the teaching session brief with breaks as needed by the patient.
  - G. Present the most important material first. For example, it may be necessary to first overcome the patient's overwhelming fear of addiction before he will be able to use analgesics for pain management. Information to restructure attitudes regarding fears and myths of pain management is necessary.
  - H. Use appropriate materials that convey the message/information to be taught. Can existing materials be used or is it necessary to produce new materials?
  - I. Evaluate the readability of written materials so that they are appropriate for the cognitive level of the patient. Generally speaking, no higher than a sixth grade reading level is recommended. A readability index should be performed on all written information.
  - J. Use written material in large print for elderly patients

- K. Reinforce written information with an audio cassette tape that can be replayed as often as necessary.
- L. Use illustrations and written materials that are clear and concise. Avoid medical jargon.
- M. Use repetition. Encourage questions. Ask questions. Have the patient/family state what they have learned in their own words.
- N. Involve family and supportive friends in the educational program whenever possible.
- O. Define patients' responsibilities and providers' responsibilities for the pain management plan.
- P. Choose an environment that is quiet and comfortable for the patient and family.
- Q. Individualize education with consideration for cultural influences.
- R. Include discussion on the role of the interdisciplinary team in overall pain management plan.

## II. Assessing the Patient and Setting the Goals

- A. There are several patient groups who may not receive adequate pain control (Spross, McGuire, & Schmitt, 1990) due to:
  - 1. Age, e.g. older adults and young infants and children.
  - 2. Cognitive or psychological impairments, e.g. comatose patients, neurologically impaired patients, physically or mentally handicapped patients.
  - 3. History of substance abuse, e.g. a recovering substance abuser, current substance abuser, or family member in the home with a drug abuse history.
  - 4. Alterations in metabolism, e.g. liver disease including liver metastasis, renal disease, patients with drug sensitivities.
  - 5. Alterations in route e.g. post gastrectomy or ileostomy, NPO status, head and neck cancer, diminished or abnormal gastrointestinal absorption, mucositis.
  - 6. Socioeconomic issues, e.g. limited social support, limited financial resources, limited access to health care services.
  - 7. Cultural background, meaning of pain. How does the patient describe pain or discomfort?
- B. Questions to ask the patient about his pain (AHCPR, 1994)-Basic assessment information:
  - 1. Where is the pain?
  - 2. What does the pain feel like?
  - 3. How bad is the pain? (Use a pain rating scale.)
  - 4. What makes the pain better or worse?

5. If undergoing current treatment for the pain, how well is it working?
6. Has the pain changed?

C. Other information to gather from the patient.

1. Symptoms related to unrelieved pain e.g. difficulty sleeping, change in activity, depression and anxiety.
2. What is the patient's current knowledge about pain and its management?
3. What is the patient currently doing to control his pain?
4. In the past, what has the patient used to relieve his pain? What has worked? What has not worked? (Include non drug interventions.)
5. What meaning does the patient ascribe to his pain?
6. What fears does the patient have related to his pain, i.e. fear of addiction, fear of losing control?
7. How much pain relief does the patient want or expect to achieve.
8. What pain rating scale is the patient currently using or has he used in the past?

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

- A. How does the family caregiver describe the pain?
- B. What impact does the pain have on the family caregiver?
- C. How has the pain affected the family caregiver's role and responsibilities?
- D. What roles does the family caregiver play in relation to pain management activities? In relation to pharmacologic therapies? In relation to non-drug methods?
- E. What meaning does the family caregiver ascribe to the pain?
- F. What questions and concerns does the family caregiver have about pain management?

IV. Plan the Care

- A. Include the patient and family caregiver in the planning process.
- B. What are the discharge needs for the patient and family caregiver?

V. Implement the Pain Management Program

- A. Provide culturally competent care.
  1. Demonstrate respect and sensitivity to issues related to an individual's culture, race, gender, sexual orientation, social class, and economic situation (Davis, Dow, et al 1992).
- B. Strategies for getting the patient and family caregiver involved in pain management activities (Spross, McGuire, & Schmitt, 1990).
  1. Teach the patient and caregiver current cancer pain content including information about tolerance, addiction, dependence, and withdrawal.
  2. Provide appropriate educational materials.
  3. Encourage self-care activities.
  4. Promote hope.

5. Address patient's and caregiver's fears and concerns.
  6. Assist patient and caregiver to develop realistic goals.
  7. Teach patient and caregiver when to seek help and how to access resources including after-hours care.
  8. Encourage the patient to use a pain diary or pain log. Explain the importance and how the information will be used.
  9. Advocate for the use of consultants.
  10. Provide for follow up teaching, e.g. by telephone, or through a home care agency.
- VI. Evaluate and Document Outcomes of Patient-Caregiver Teaching
- A. Review pain diary or pain log. What is the patient average daily pain.
  - B. Document information given, what format used, who the information was given to i.e. patient, family member.
  - C. Document barriers to learning i.e. language, cognitive deficits.
  - D. Evaluate effectiveness of pain management strategies.
  - E. Evaluate patient's ability to carry out activities of daily living.
  - F. Evaluate how the patient and caregiver are coping.
  - G. Restate time and time again the information presented in the teaching session. Reinforce with written materials.
  - H. Revise pain management strategies as necessary.