Cancer Pain Education for Patients and the Public

Module I
Pain Management Education for Individual Patient Education
Denice Economou, RN, MN, AOCN
American Nursing Association established patient education as a nursing responsibility
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.
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
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
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.
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.
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.
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.
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.
Part I. Teaching Principles for Pain Education

- Include discussion on the role of the interdisciplinary team.
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.
Part II. Assessing the Patient and Setting the Goals

- Alterations in route.
- Socioeconomic issues.
- Cultural background.
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?
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?
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?
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?
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?
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?
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?
Part IV. Plan the Care

- Include the patient and family caregiver.
- What are the discharge needs for the patient and family caregiver?
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.
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.
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.
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.
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.
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.
Part VI. Evaluate and Document Outcomes of Patient-Caregiver Teaching

- Revise pain management strategies as necessary.