

## Family Education Series

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### **Pain/Discomfort**

The amount or type of pain you feel may not be the same as other people feel, even if they have the same operation. Pain control can help you get well faster. Work with your doctors to make a pain control plan:

1. Talk with doctors and nurses about pain control methods that have or have not worked in the past.
2. Help the doctors and nurses measure your pain. They will ask you to measure your pain on a scale of 0 – 10 (see reverse side).
3. You may set a pain control goal (such as having no pain worse than a 4 on the scale).
4. Tell the doctor or nurse about any pain that won't go away. (Pain might be a sign of a problem with your operation.)
5. Take or ask for pain relief when the pain first begins.
6. If you know your pain will worsen when you start working or doing breathing exercises, take pain medicine first. It is harder to ease the pain once it has started.

### **Pain Control Methods**

Both drug and non-drug treatments can be helpful to prevent and control pain. The most common methods of pain control are described below:

#### **Medicine:**

- Non-steroidal anti-inflammatory drugs: Acetaminophen (example: Tylenol), Ibuprofen (example: Motrin, Advil). They relieve swelling and relieve mild to moderate pain.
- Opioids: Morphine, Codeine, and other opioids are most often used for acute pain, such as short-term pain after surgery. It is rare for a patient to become addicted as a result of taking opioids for short-term post-operative pain. These medicines may be given by mouth, IV, or patient-controlled pump.

#### **Non-drug pain relief methods:**

- Learning about the operation.
- Relaxation, such as deep breathing.
- Physical agents such as cold packs, massage, rest, immobilization, and exercise.
- Environmental comfort such as privacy, lighting, and noise.

- Parents or significant others present.
- Distraction such as music, art, TV, and play therapy.
- For infants, sensorimotor strategies such as pacifiers, swaddling, holding, and rocking.

**Children:**

- Children often cannot or will not report pain to doctors and nurses.
- Nurses and doctors will rely on the parent’s report of pain.
- Let us know what word your child uses for pain (owie, boo-boo, hurt)

Sometimes a total absence of pain is not a realistic or even a desirable goal. Please share any cultural or religious beliefs about pain and medical care.

The nursing staff will ask you or your child to describe the level of pain or discomfort, using the scale below.



From Hockenberry MJ, Wilson D, Winkelstein ML: Wong’s Essentials of Pediatric Nursing, ed. 7, St. Louis, 2005, p. 1259. Used with permission. Copyright, Mosby.

Explain that each face is for a person who feels happy because he has no pain (hurt), or sad because he has some or a lot of pain.

- FACE 0 is very happy because he doesn’t hurt at all.
- FACE 2 hurts just a little bit.

- FACE 4 hurts a little bit more.
- FACE 6 hurts even more.
- FACE 8 hurts a whole lot.
- FACE 10 hurts as much as you can imagine, although you don't have to be crying to feel this bad.

Ask the person to choose the face that best describes how he/she is feeling. Rating scale is recommended for persons age 3 and older.

Revised 2/07