

SAWC Spring 2015
Session 38:
Pain Assessment & Management:
Arming Your Toolkit



**PAIN ASSESSMENT TOOLS, WOUND PAIN
MODELS & LEGAL RAMIFICATIONS**

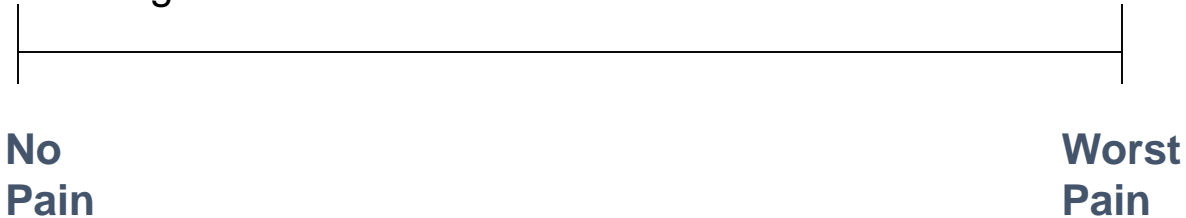
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Three Common Pain Measurement Tools

Scoring pain over time is an effective way to optimize wound pain management. Several tools are available. Examples are:

VAS scale - The Visual Analogue Scale

Ask the patient to pick a point on the continuum that best reflects how she/he is feeling.



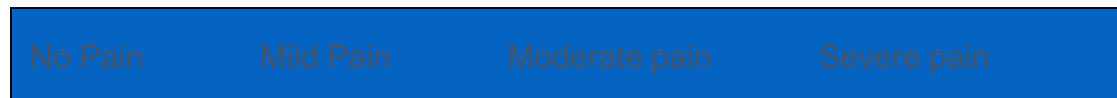
Numerical rating scale

Ask the patient to choose a number that best reflects his/her present level of pain. 0 is no pain and 10 is worst possible pain.



Verbal rating scale

Ask the patient which word best describes his/her current level of pain.



Wound Pain Assessment

- Ongoing
- Consistent Scale (VAS, Numerical, Descriptive, FACES)
- Fifth Vital Sign

Individual assessment scale used to the person with wound pain



Wound Pain Models

- Provide a conceptual framework for practice
- Guide interventions
- Become the basis for wound pain protocols



The Chronic Wound Pain Experience (CWPE)
Diane Krasner, 1995

Assessment

Intensity
Duration
Specific characteristics

Noncyclic acute wound pain

sharp debridement or drain removal

plan

Targeted Interventions

Pharmacologic/
Non-pharmacologic
Topical or local anesthetics

Evaluation

Cyclic acute wound pain

daily dressing changes
turning and repositioning

plan

Targeted Interventions

Pharmacologic/
Non-pharmacologic
Pain-reducing dressings
Time-outs during changes
Pressure-relieving devices

Evaluation

Chronic wound pain

persistent pain

plan

Targeted Interventions

Pharmacologic/
Non-pharmacologic
Regularly scheduled analgesia
Relaxation strategies
TENS

Evaluation

Applying the CWPE Model

- Acute Non Cyclic Pain
- Acute Cyclic Pain
- Chronic Pain

Interventions for all three dimensions reflected in Care Plan, Medication Orders & MAR, and Documentation



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Anticipatory Pain, Anxiety, Stress & Wound Healing

e.g. Clinics, Outpatient Services may focus on the anticipatory pain related to debridement

Reflect in Clinic, Outpatient Services Protocols:

- Premedication for all clinic patients
- Medicate at end of clinic visit (unless driving; then at home)
- Document



Use a Systems Approach; Documentation is Critical

e.g.

All clinic patients with wounds get pre-medicated with topical anesthetic



e.g.

Physical therapy patients with wounds are offered pre-medication prior to going to therapy

Legal Ramifications

FAILURE TO ASSESS & MANAGE WOUND PAIN
IS A **BREACH OF DUTY (NEGLIGENCE)**



PAIN & SUFFERING AWARD TO THE
PATIENT (PLAINTIFF)

[Note: these awards are often not capped]



Legal Case (adapted from an actual case)

Vignette: Mrs. P.

- 56 year old female, given wrong pre-op medication prior to surgery
- Seizure, cardiac arrest, intubated & vented, in ICU for weeks & then expired
- Developed a Stage 4 sacral pressure ulcer



Legal Case

DLK was retained as an Expert Witness
by the Plaintiff's Attorney

**Did Mrs. P. have pain & suffering
from her pressure ulcer?**



**Some wounds are painful.
Some wounds are not.**

Legal Case

Case Review:



- Consistent documentation by the nursing staff of pain medication administration round the clock
- Pain medication reduced pain “behaviors” – moaning & groaning
- Nurses document that there was “no moaning during dressing changes”



Legal Case

Conclusion:

DLK's Expert Opinion:

Mrs. P. did not have pain & suffering related to her pressure ulcer



Plaintiff's attorney did not seek a pain & suffering award



**When wounds are painful,
they are trying to communicate
that something is wrong.
All we have to do is listen.**

- Lia van Rijswijk

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