

# Pain Management Patient Guide





**“Every person feels  
pain differently.**

**Whatever the person  
feeling it says it is, it is.”**

# Helping Your Medical Provider Understand Your Pain

## What is Pain?

- Pain is an uncomfortable feeling that comes from injury, disease or damage to your body.
- Pain is sometimes a nuisance or it may be a signal that something is wrong.

## Speak up!

If you are currently suffering in pain, you need to talk to your medical provider, so you can be prescribed treatment or medicine to help relieve your pain.

## Help yourself to manage pain:

- Ask about what is causing your pain and learn more about it.
- Use information wisely.
- Know when to seek help in between follow-up visits.
- Do your best to stay active and healthy.

## Help control your pain:

There are safe and effective ways to treat pain without using pills.

- Patient/family education
- Community Support Groups
- Exercise, Yoga, Tai Chi
- Massage
- Relaxation by deep breathing
- Meditation, Prayer, Spiritual & Pastoral Support
- Imagery
- Distraction
- Humor
- Music
- Ice or heat

## **Did you know that...?**

- If you act quickly when pain starts, you can often prevent it from getting worse.
- Anxiety, fear and depression can worsen how you feel and can decrease your ability to cope with everyday life.
- Pain is not all in your head.
- Pain is not something you “just have to live with.”

## **Your rights to pain relief are:**

- Information and answers to your questions about pain and pain relief
- A feeling that your medical provider cares about you
- A quick response from your medical provider when you report pain
- A sense that your complaint of pain is believed

## **Your responsibilities in pain relief are:**

- To discuss different kinds of pain relief choices with your medical provider
- To work with your medical provider to make a pain relief plan
- To help medical providers measure your pain
- To tell your medical provider about any pain that will not go away

# **A Guide to Understanding and Managing Your Pain**

**In order for your medical provider to understand your pain, you will be asked to answer questions about your pain such as:**

- Where is your pain?
- How does your pain feel?
- How often do you have pain?
- What time of day is your pain the worst?
- What gets your pain started?
- Does your pain stay, or come and go?
- What makes your pain better?
- What makes your pain worse?
- What have you tried that makes your pain better?
- Does your pain make you sad?
- What do you think causes your pain?
- Does pain cause you problems with your personal needs such as getting dressed, combing your hair, shaving, bathing, or eating?
- What medications have you used in the past for your pain?

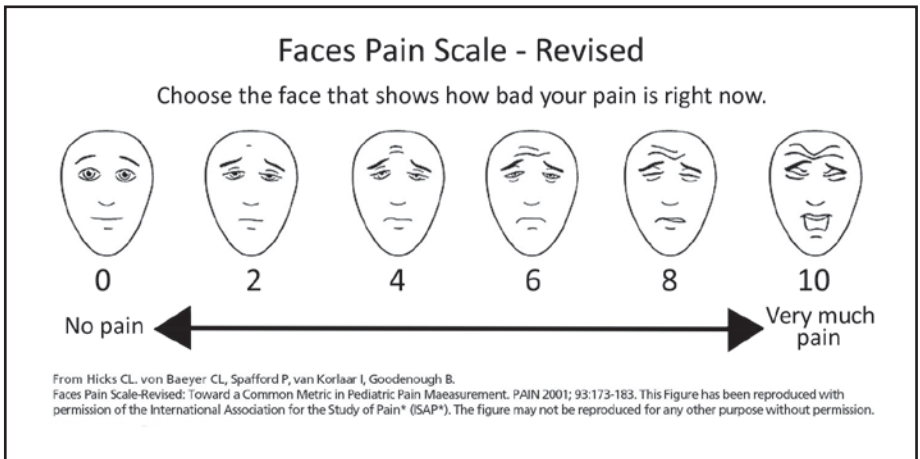
## Your medical provider may ask you to rate your pain:

Choose a face that best describes how you feel: \_\_\_\_\_ now

A. Mild pain: 1-3 \_\_\_\_\_ on average

B. Moderate: 4-7 (interferes with work or sleep\*) \_\_\_\_\_ best

C. Severe: 8-10 (interferes with all activities\*\*) \_\_\_\_\_ worst



## Tell Your Medical Provider Your Goals for Care

Explain how you want the treatment to improve how you function in every day life.

# Myths and Truths About Pain

**M:** Infants and children do not feel pain. This means they do not need as much medicine to stop their pain.

**T:**

- All children, no matter what their age, feel pain. All children in pain should be properly treated. A child's age and weight are important information for medical providers to know. It helps them to decide the correct amount of medicine that should be given to help the child.

**M:** Children do not remember being in pain.

**T:**

- Many studies have shown that even infants have a memory of being in pain.

**M:** Children and adults will tell you when they are in pain.

**T:**

- Many children and adults will not tell medical providers or others that they are in pain because: they are afraid of what will happen to them; they do not understand why they have pain; they do not know what the medicine might do to them; they feel they need to be "brave" and not complain about their pain; or they feel it has redemptive/ spiritual value.

**M:** You must see signs of pain in the person to know the person is in pain and how much pain.

**T:**

- What people say about their pain is the best way to know how much and what kind of pain they have. Some people with severe acute pain and many people with chronic (constant) pain may not show any signs of pain.

**M:** Individuals who take opioids (sometimes called narcotics) are not at risk of developing addiction.

**T:** Individuals who have a personal or family history of alcoholism or substance abuse are at high risk of developing addiction when taking prescribed opioids. Discuss your risk factors with your medical provider, follow their advice and let them know if you develop a problem. ***Do not: 1) combine opioid medicines with alcohol or illegal substances; 2) increase your dose on your own; 3) borrow or share medications with others; or 4) get refills from more than one medical provider.***

**M:** Strong pain medicines are not good and/or cannot be handled by elderly persons.

**T:** Medications for pain should not be based on age but on the person's medical condition and the person's ability to handle uncomfortable side effects. The first doses of strong medications or prescription pain pills should be adjusted downward for elderly persons.

**M:** If the person has had a lot of pain in life, he/she is able to stand pain longer than someone who has not had much pain in life.

**T:** Finding out what kind of pain the person has had in the past is very important. This information will help medical providers and others who care for the person to know what the person needs to take care of the pain he/she has now. It will also let them know how the person thinks about pain.



**M:** You can learn how bad the pain is by how active the person is.

**T:** Some people may be able to be active when they are in pain; other people may not be able to move about.

**M:** A person's mood (happy, sad, fearful, worried) has no effect on pain.

**T:** The ideas a person has about pain can play an important part in how that person handles pain. Worry, concern, fear and sadness do not cause pain but they can increase the feeling of pain and make it harder to handle the pain.

**M:** Opioids, sometimes called narcotics, should be given in small amounts to dying people because the medicines could bring death sooner.

**T:** At the end of life, the goal is to make the person comfortable and to keep him/her comfortable. Good pain care is more likely to lengthen life than shorten life. Talking with specialists in Palliative Care, Anesthesia Pain Service, the Chaplain's Office, Child Life Program, Ethics Consultation Service, etc. may be helpful in difficult cases.

**M:** The ways, customs and religious beliefs of families are not important in management of pain.

**T:** Customs and beliefs of a person and their family can have a great impact on how pain is judged and how that pain will be controlled. Medical providers need to include these customs and beliefs when deciding how a person's pain is treated.

# Hands on Healing

## Self Help Options for Managing Pain

Therapy	How does it work?
Patient / Family Education	Educates the patient along with the family in learning ways to control pain using various healing techniques.
Community Support Groups/ Educational Programs	Help patients learn more about their diagnosis, how to handle their disease and control pain through support of others dealing with the same problem.
Exercise: Yoga, Tai Chi, Walking	Helps reduce tension, anxiety, depression and fatigue. Can also help with nausea.
Heat	Heat can reduce the pain caused by sore muscles and muscle spasms.
Ice	Ice will reduce pain that comes from joint problems or irritated nerves.
Massage*	Helps the body heal itself by breaking down muscle tension and pressure on nerves.
Relaxation Through Deep Breathing	Deep breathing will help with ability to cope; to control stress, slow thinking down.

## Therapy

## How does it work?

Distraction

Changing your attention to something else such as reading, music, walking or talking to a friend.

Meditation

Opening your mind to bring awareness to breathing, body sensations, and feelings to deal with chronic pain, panic disorders and anxiety.

Prayer

Provides relief from pain by providing comfort/support during periods of illness, trauma and/or stress.

Guided Visual Imagery

Allows your mind to take you to a place that is safe and comfortable.

Humor

Helps relieve anger, anxiety, tension and improves breathing and helps your heart.

Music

Helps with relaxation, decreases anxiety, nausea and vomiting.

\* Please check with your insurance for payment benefits.

# Hands on Healing

## Referral from your medical provider

Therapy	How does it work?
Chiropractic Care*	Moving the spine to aid in the body's self-healing process.
Osteopathic Manipulation*	Supports the body's natural ability to heal.
Physical Therapy*	Active exercises to restore muscle mass and preserve the normal range of joint motion.
Therapeutic Massage*	Helps the body heal itself by breaking down muscle tension and pressure on nerves.
TENS Unit*	Relief of pain by applying electrical stimulation to the skin.
Acupuncture*	Insertion of small needles to areas of the body will relieve pain and treat assorted illnesses.
Acupressure*	Applying pressure to areas of the body will relieve pain and treat assorted illness.

## Therapy

## How does it work?

Biofeedback \*

Using special machines to learn how to relax specific muscles in the body to reduce tension.

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Reiki\*

Energy focus through healing touch.

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**Compassion and Support**  
at the End of Life

**CompassionAndSupport.org**

As part of the Community-wide End-of-life/Palliative Care Initiative, we are pleased to produce this patient guide.

Additional pain management resources are available at [CompassionAndSupport.org](https://CompassionAndSupport.org)