

Northern Health Palliative Care

Pain in Palliative Care – Top Ten Tips, LEAP Mini Module 3



Pain is experienced and should be treated on an individual basis. Pain is complex.

1. **Pain is Multidimensional:** Total pain includes the following types:
 - Physical
 - Psychological
 - Social & Financial
 - Spiritual & Existential
 - Cultural
 - Others
2. **Assess Pain Properly:**
 - Take a history of pain and other symptoms and needs. Use the OPQRSTUV acronym, the ESAS and other scales, physical examination, and investigations as needed.
 - Identify the cause of the pain: disease, treatments, pre-existing chronic pain, other.
 - Identify the TYPE of pain: Nociceptive, neuropathic, and mixed.
3. **Use the WHO Ladder and Principles to Select an Analgesic and Initiate Treatment:**
 - By the mouth
 - By the clock
 - Plus P.R.N.
 - Adjuvant therapies as needed
 - Prevent side effects
 - For the individual
4. **When Starting an Opioid, Select an Appropriate Type, Route, and Dose:**
 - Morphine remains a good first line opioid.
 - Individuals will respond differently.
 - Oral route is preferred.
 - Start with a short-acting formulation, switching to a long-acting when pain is controlled.
5. **Address Opioid Myths and Fears.**
6. **Prevent and Manage Opioid Side Effects.**
7. **Titrate the Opioid Appropriately to Optimal Clinical Effect:**
 - Achieve good pain control with no intolerable side effects.
 - The rate of titration depends on the patient’s circumstances, including pain severity, level of tolerance to the opioid, side effects, frailty, and comorbidities.
8. **Manage Breakthrough Pain.**
9. **Recognize and Manage Opioid Neurotoxicity.**
10. **Select an Appropriate Adjuvant Analgesic as Required, Depending on the Type of Pain.**