

# Nursing Pain Management Tips - Show Notes

**CORRECTION** - in the episode we refer to something called *substance abuse disorder*. The appropriate term is *substance use disorder*.

Striking the balance between too much pain medicine and not enough can be tough for any nurse, let alone a brand new nurse. What throws a big wrench in everything is the fact that we, as a nation, are experiencing a very real and very devastating epidemic of opioid use and abuse. Bedside nurses feel the brunt of this due to many patients requesting sometimes very concerning amounts of intravenous pain medications at alarming intervals. Here are some tips from bedside nurses about pain management.

A few helpful links diving deeper into the opioid epidemic

- [General explanation of opioid epidemic](#) (Wikipedia)
- [The opioid epidemic: it's time to place blame where it belongs](#) (KevinMD)
- [How to cope with patients who have substances abuse disorder](#) (NurseCode.com)

## Set realistic expectations

- What does “treat pain” means to this specific patient?
  - Do they think you’re going to eliminate all pain, or bring it down to a manageable level?
- Pain management versus pain elimination – know the difference
- If possible, educate before a surgery or procedure so they know what to expect and if they’ll have any movement limitations
  - For example, lying flat for 6 hours post femoral sheath placement

## Proactive education

- Ideally provided before planned surgeries by the MD
  - What kind of pain is to be expected with various issues
- Educate about pain medications, how long they last, when to let you know that they need another dose
- Identify what level of comfort is tolerable
- Explain pain scales BEFORE if possible
  - Different ones for adults / peds / unable to communicate
  - [This is a really good explanation of the pain scales with details](#)
  - Always tell patients that a 10 on the 1-10 scale is burning alive/mauled by a bear/so engrossed with pain that you cannot communicate

- Some think the pain management that occurs in the PACU continues on the floor (frequent assessments and IV pain med administration), but it does not and many are not aware
- Special scenarios – like neuro, where we can't overmedicate due to its impact on the patient assessment
- Always think about transitions – IV to PO, weaning off PO
- Ensure the patient knows what "pain meds" means and that it
  - Many don't know which specific pain meds to request if multiple kinds are ordered (for example, when IV morphine and PO norco are both ordered and the patient requests "pain meds," don't just give whatever the last nurse gave - have a conversation about the specific medication to be given)
- Balance between comfort and overmedicate and unable to participate in care

## When you think you're being manipulated

[Please read Nurse Beth's 6 steps in this article](#) - Nurse Beth's 6 steps are below, they are incredibly helpful and realistic:

1. Check your judgemental attitude
2. Be realistic
3. Understand your job
4. Take control
5. Do not engage in a power struggle
6. Be professional