

Principles of Pain Management: CARE

Context

- Use a multidisciplinary approach to pain. Consult as needed.
- PAIN IS COMMON: 50 to 75%
- Effective pain control is possible in the majority

Assessment

- Take a pain history: **OLD CARTS**: **O**(nset) **L**(ocation) **D**(uration) **C**(haracteristics) **A**(ggravating) **R**(elieving) **T**(reatments) **S**(everity)
- Believe the patient but assess for chemical coping or total pain
- Examine to determine cause of pain
- Investigate wisely

Treatment/Management

- **Goal**: Improve pain management and improve patient's function and quality of life
- Avoid unnecessary delays in treating the pain
- Treat the cause where possible
- Use a stepped approach for analgesics. (e.g. the WHO analgesic ladder):
Step 1: Non-opioid analgesia: Steps 2&3: Opioids
- Constant pain requires regular administration of analgesics
- Always provide a breakthrough (rescue) dose
- Start with oral medication.
- Use short acting medication to titrate; switch to long acting for chronic dosing
- Consider adjuvant therapy at all stages, tailored to the type of pain
- Be flexible
- Treat other symptoms and side effects aggressively

Educate the patient, family and other caregivers

- Use pain diary and assessment tools to involve them in the treatment plan.
- Monitor and follow up until pain controlled

Principles of Opioid Use

- Opioids are safe drugs when titrated against the patient's pain.
- Opioids do not shorten life when used correctly
- Opioids are effective for all types of pain:
- Each patient is unique - the right dose is found through careful titration and is the one that controls the pain
- There are several strong opioids: Morphine; Hydromorphone; Oxycodone; and Fentanyl. Rotation to another agent may lead to reduced side effects
- Taking opioids does not make one an addict, although physical dependence may develop
- Side effects can be prevented and managed
- Opioid use almost always = need for laxative
- Respiratory depression *in pain patients* is rare