

MANAGEMENT

Refer to the LDL Pain Symptom Control guidelines for pharmacological treatment.

IF IN DIFFICULTY, SEEK SPECIALIST ADVICE (see contact below)

1. Both pharmacological and non-pharmacological interventions are necessary for pain management.
2. Ask family/whanau if they would like to be involved in non-pharmacological interventions.
3. Believing that pain exists for the patient, as well as being with them, can help reduce pain.
4. Position patients for comfort and re-positioning them regularly can help prevent stiffness and muscular aches, as well as providing pressure relief. Pressure area risk assessments, such as Braden or Waterlow, should be carried out and appropriate pressure relieving aids supplied.
5. Guided imagery and distraction can help reduce some types of pain by helping to relax or distract the dying patient. Distraction therapy comes in many forms (e.g. guided audio CDs, TV, music, reminiscence etc.). Remember that music played should be the patient's own choice.
6. Heat and/or cold can often help ease pain (e.g. wheat pack). Care should be taken with the temperature to prevent burning.
7. Massage and touch can be beneficial. Those giving massage should have an understanding of what is beneficial and what may cause harm. It is important to be aware that some patients may not be comfortable with massage or touch.
8. Prayer and mindfulness meditation can be beneficial in reducing pain or existential suffering depending on spiritual or cultural perspectives of the patient.

EVALUATION

Accurately document and report as required your assessment, changes and actions, ensuring you have recorded the evaluation of any management measures used.

LOCAL PALLIATIVE CARE CONTACT

Name: _____ Phone: _____ Email: _____

REFERENCES:

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Developed by: National LDL Office, New Zealand (Working Group in alphabetical order) L Angus, J Boxall, C Fowles, F Gillies, B Marshall and A Roguski

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