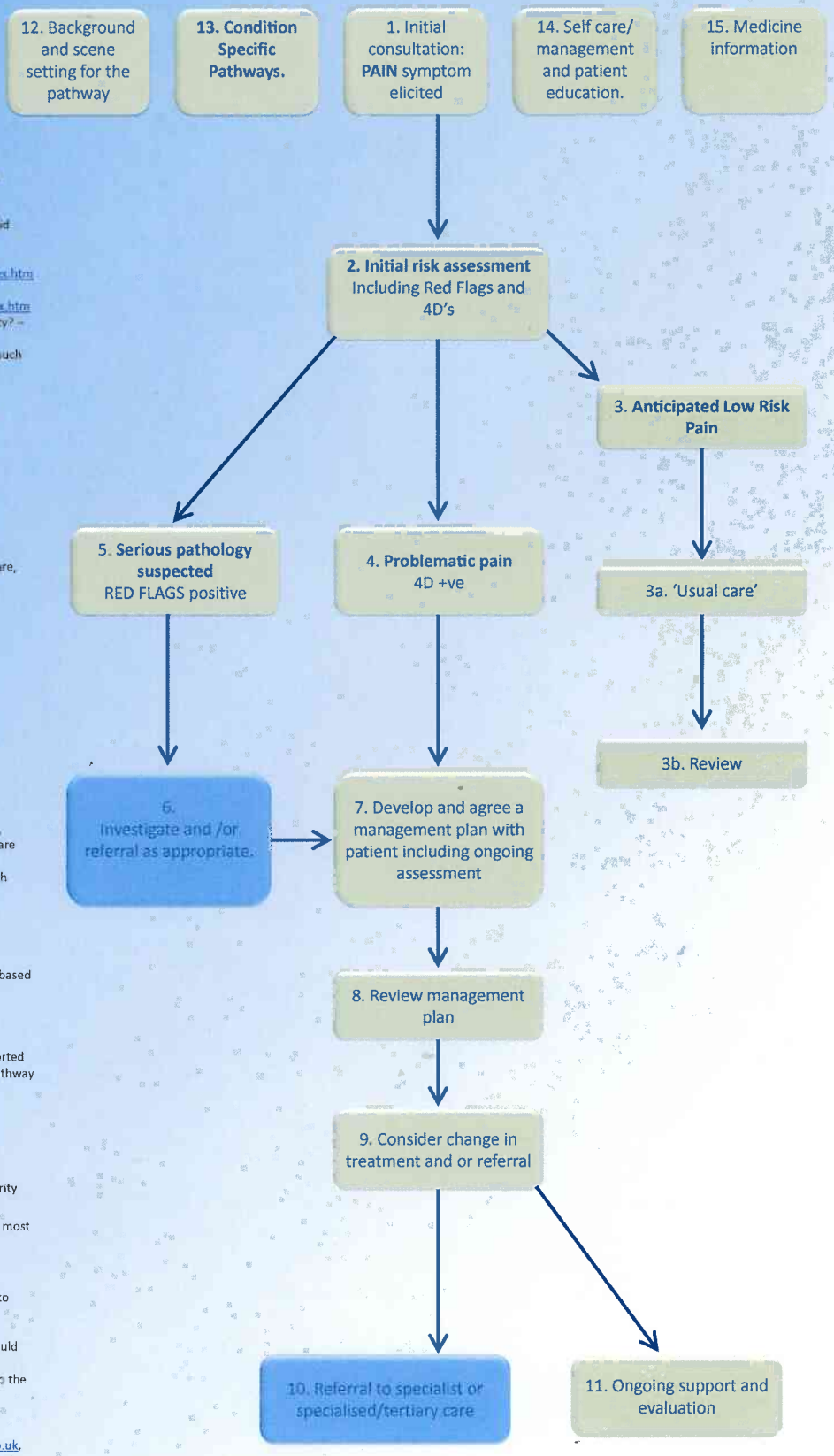
Initial Assessment & Management of Pain



1. Initial consultation: Pain symptom elicited quick info:
Primary assessment and management of pain could be undertaken by a range of health professionals or health providers
types of pain mechanisms:

- Nociceptive
- somatic pain
- visceral pain
- Neuropathic pain

It is increasingly recognised that many types of pain have features of neuropathic and nociceptive pain mechanisms that is important for assessment and treatment.

2. Initial risk assessment quick info
Initial risk assessment can be undertaken with relatively easy to administer and valid tools, recommended for use are:
Keele STarT Back Tool for back pain
http://www.keele.ac.uk/research/pchs/pcmrc/dissemination/tools/startback/index.htm
Keele STarT Musculoskeletal Tool
http://www.keele.ac.uk/research/pchs/pcmrc/dissemination/tools/startback/index.htm
Consider 4 'D's – depression, disability, drug use problematic, diagnostic uncertainty? – ask questions around identifying the 4 'D's
Red Flags: Unless specific serious medical pathology is suspected, diagnostic tests such as x-ray or MRI scan in the context of persistent pain are not appropriate.

3a. Usual Care quick info:
Management plans should be evidence based where possible and focused on self management. General approach to management may include:

Referral to local exercise initiatives
Simple medications

3b. Review
quick info
Revisit advice and information given earlier to identify progress or lack thereof.
If the person is not improving, has complex pain issues and or requires specialist care, they should be referred to specialist pathways and services

4. problematic pain quick info:

I. Problems at work
II. Threat to benefits
III. Bereavement
IV. Advice of friends or relatives
V. Significant life event
VI. Deterioration in mental health
VII. New information from other source
VIII. Beliefs about what is happening to them
IX. Physical deterioration
X. Medication and/or treatment not working

5. Serious Pathology suspected:
This pathology can include an acute medical condition such as ischaemia, MI or PE, acute peripheral ischaemia, infection, acute abdomen, metastasis for which there are well recognised approaches to treatment.
Urgent referral may also be required for psychiatric morbidity such as mental health problems, suicide ideation, etc.
Pain should be treated alongside these.

7. Develop and agree a management plan with patient
Consider alternative structured programmes
if patients have early psychosocial factors early, consider CBT including Telephone-based interventions and Web based programmes
Work related advice

9. Consider change in treatment and/or referral
If the patient is improving and or managing, he or she should continue to be supported within primary care and continues on the ongoing supporting and re-evaluation pathway

10. Referral to specialised services for multidisciplinary care

11. Ongoing support and evaluation

12. Background and scene setting for this pathway

- Chief Medical Officer's report of 2008, highlighted Chronic Pain as a clinical priority and the need for a consensus on best practice care pathways
- Over 7 million people in the UK are affected by chronic pain and it is the second most common complaint for benefits claimants (Chronic Pain Policy Coalition)

13. Refer to condition specific pathways
1. Pathways contain specific assessment tools and management regimens specific to neuropathic, MSK, pelvic and spinal pain.

14. Self care and management underpins all activities within this pathway and should be considered alongside each box. Commissioners should commission structured education and appropriate resources and all HCP should be able to refer patients to the peer support offered by voluntary organisations.
Self care e information (Pain Toolkit – www.paintoolkit.org, www.move4health.i.e, www.fmaware.org – National Fibromyalgia Association, www.arthritis.org, www.headaches.org, www.migraineresourcenetwork.com, www.expertpatients.co.uk, www.arthritiscare.org.uk, etc). Pain management is most effective when it engages the patient in self-management

15. Principles of managing ongoing analgesic therapy include the 4 As:
Analgesia – Is the medicine still providing useful pain relief?
Adverse effects · What side effects is the patient experiencing and can these be managed more effectively?
Activity – does the patient maintain suitable physical and psychosocial functioning?
Adherence – Is the patient taking medication as agreed in the management plan?