

Developed in collaboration with the Wound Care Champions, Wound Care Specialists, Enterostomal Nurses, and South West Regional Wound Care Program (SWRWCP) members from Long Term Care Homes, Hospitals, and South West Community Care Access Centre (CCAC) contracted Community Nursing Agencies in the South West Local Health Integration Network.



<p><b>Title</b></p>	<p><b>Procedure: Comprehensive Assessment of Chronic Pain in Wounds Tool</b></p>
<p><b>Background</b></p>	<ul style="list-style-type: none"> <li>• Pain is an “unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described by the person in terms of such damage”<sup>1</sup></li> <li>• Chronic pain is further defined as “pain which has persisted beyond normal tissue healing time”<sup>1</sup></li> <li>• The International Association for the Study of Pain (IASP) and the European Federation of IASP Chapters indicate that one in five people suffer from moderate to severe pain, and that one in three are unable or less able to maintain an independent lifestyle due to their pain, which outlines the fundamental importance of assessing people with wounds for wound pain at every dressing change and between dressing changes as the person expresses pain experiences<sup>1</sup></li> <li>• Unfortunately at this time there is no valid, reliable wound pain assessment tool, so we must revert to current valid generic uni-dimensional pain assessment tools, i.e. the Numeric Rating Score, Visual Analogue Scale, Verbal Rating Score, and Wong Baker FACES Pain Scale; or valid multidimensional tools, i.e. the Brief Pain Inventory-Short Form, the Pediatric Pain Questionnaire, the Neonatal Infant Pain Scale, the Premature Infant Pain Profile, the Non-Communicating Children’s Pain Checklist, etc. These pain scales can be found on the SWRWCP’s website (<a href="http://www.swrwoundcareprogram.ca">www.swrwoundcareprogram.ca</a>) under the title “Generic Pain Assessment Tools”</li> <li>• As part of activities related to the Registered Nurses Association of Ontario’s Best Practice Spotlight Organization Program, Care Partners/ET Now staff created the “Comprehensive Assessment of Chronic Pain in Wounds” tool to capture important pain related information in a succinct manner, in order to communicate appropriately with physicians and primary care nurse practitioners to facilitate pain management intervention changes</li> </ul>
<p><b>Indications</b></p>	<p>This procedure is intended to be used by front line registered health care providers, to assist with their assessment and management of individuals presenting with wound related pain.</p>
<p><b>Procedure</b></p>	<p><b>NOTE: The use of the “Comprehensive Assessment of Chronic Pain in Wounds” tool is but one part of the holistic assessment of individuals presenting with wound related pain.</b></p> <p><b>Assessment</b></p> <ol style="list-style-type: none"> <li>1 Determine the need to complete the “Comprehensive Assessment of Chronic Pain in Wounds” tool, i.e. during the course of wound</li> </ol>

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	<p>treatment if the person reveals a pain score of 4/10 or greater</p> <ol style="list-style-type: none"> <li>2 Look through the person’s chart for any prior pain assessments, for comparison purposes</li> </ol> <p><b>Planning</b></p> <ol style="list-style-type: none"> <li>1 Expected outcomes:       <ol style="list-style-type: none"> <li>a. Information from your pain assessment will contribute to the completion of the “Comprehensive Assessment of Chronic Pain in Wounds” tool</li> <li>b. Registered nursing staff, in collaboration with other involved health care disciplines, and the person with the wound, will be able to use the pain assessment information to initiate/modify and implement an appropriate, interdisciplinary, person-centered plan of care which contains clear directions to staff and others who are providing the person with direct care</li> </ol> </li> <li>2 Explain to the person or their substitute decision maker (SDM) or power of attorney for personal care (POA C), should the person not be able to consent, the purpose of the pain assessment, and obtain verbal or implied consent</li> </ol> <p><b>Implementation</b></p> <ol style="list-style-type: none"> <li>1 Provide for privacy</li> <li>2 Ensure you are conducting the assessment in a quiet, un-distracting environment</li> <li>3 Following the order of the tool, complete the “Comprehensive Assessment of Chronic Pain in Wounds” tool by soliciting questions to the person with the wound:       <ol style="list-style-type: none"> <li>a. Document on the tool the person’s name, their physician’s name and fax number, the current date, the name of the person’s South West CCAC case manager and their extension (if applicable), and your name and contact information, in the appropriate locations</li> <li>b. Location of Wounds and Pain: Indicate, by checking the appropriate boxes, whether the person is experiencing pain in or around the wound and/or referred pain, and write a brief description of the wound and wound pain location(s) using proper anatomical terms</li> <li>c. Characteristics of Pain: Indicate, by writing in the appropriate boxes, the duration of person’s wound pain experience. Check the appropriate boxes to describe the persistence and incidence of the wound pain and other factors associated with the pain experience. Write a brief description of aggravating and relieving factors associated with the person’s pain experience, and previous pain management interventions and their success/failure, in the appropriate boxes</li> <li>d. Intensity of Pain: Have the person rate their pain on a scale of 0-10 (0 being no pain and 10 being the worst possible pain) at</li> </ol> </li> </ol>
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	<p>present, at worst, and with analgesic use. Also have the person indicate their goal pain scores at rest and with activity, and input the numbers into the appropriate spaces on the tool</p> <ul style="list-style-type: none"> <li>e. Quality of Life: Indicate, by checking the appropriate boxes, the quality of life aspects that the person identifies as being negatively affected by the presence of their wound pain</li> <li>f. Type of Pain: Based on the descriptions provided on the “Comprehensive Assessment of Chronic Pain in Wounds” tool and the information provided to you earlier in your pain assessment by the person with the wound, indicate, with a check mark, whether the pain is most likely neuropathic, nociceptive, or mixed in nature. Write a brief description in the appropriate boxes of the current non-pharmacological and pharmacological pain interventions being utilized, including breakthrough dosing. Make sure to write the name, dose, route, and frequency of use of all pain and adjuvant pain medications. <b>NOTE: a seven day record of PRN analgesic use is most beneficial for the primary care provider to help them make a decision about adjustments to or addition of long and short term analgesics and adjuvant medications.</b> Check the appropriate boxes to indicate the side effects experienced by the person, from their current medical pain management routine</li> <li>g. Sign the “Comprehensive Assessment of Chronic Pain in Wounds” tool in the appropriate space, print your name, and add your contact information</li> <li>h. Discuss the findings of your pain assessment with the person and or their SDM/POA C</li> <li>i. Fax or otherwise deliver or have delivered the document to the person’s physician and to their South West CCAC case manager (if applicable)</li> <li>j. Follow up with a telephone call to the person’s physician, should you not receive a response in a timely manner (the time allotted for a response depends on the urgency of the pain situation)</li> <li>k. Based on the person’s descriptions of their pain, negotiate options of care best suited to the individual with the person’s primary care provider. You may wish to review the “WHO Pain Ladder with Pain Management Guidelines” algorithm, developed by the SWRWCP, and/or the “Coloplast Wound Pain Management Model”. Both tools are available on the SWRWCP website (swrwoundcareprogram.ca)</li> <li>l. Complete/update and initiate an interdisciplinary person-centered plan of care, based on your assessment and discussions with the person’s primary health care provider.</li> </ul>
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	<p>Document according to your organization’s policy</p> <p><b>Evaluation</b></p> <ol style="list-style-type: none"> <li>1 Unexpected outcomes: <ol style="list-style-type: none"> <li>a. The “Comprehensive Assessment of Chronic Pain in Wounds” tool is not completed according to this Procedure, and/or the form is not sent to the appropriate primary health care provider</li> <li>b. No response is received from the person’s primary care provider, and you neglect to follow up on communication</li> </ol> </li> <li>2 Reassess pain each dressing change and between dressing changes as the person expresses incidents of pain</li> <li>3 Re-complete the “Comprehensive Assessment of Chronic Pain in Wounds” tool and fax to the primary health care practitioner, should the person express a pain score of 4/10 or greater</li> </ol>
<p><b>References</b></p>	<ol style="list-style-type: none"> <li>1 Howell D, et al. Assessment and Management of Pain (Rev. 2007). RNAO Clinical Best Practice Guidelines. Retrieved from: <a href="http://rnao.org/Storage/29/2351_BPG_Pain_and_Supp.pdf">http://rnao.org/Storage/29/2351_BPG_Pain_and_Supp.pdf</a>.</li> </ol>
<p><b>Related Tools</b>  <b>(NOTE: these tools and their instructions can be found on the SWRWCP’s website: <a href="http://swrwoundcareprogram.ca">swrwoundcareprogram.ca</a>)</b></p>	<ul style="list-style-type: none"> <li>• Generic Pain Assessment Tools</li> <li>• Comprehensive Assessment of Chronic Pain in Wounds Tool</li> <li>• WHO Pain Ladder with Pain Management Guidelines</li> <li>• Coloplast Wound Pain Management Model</li> </ul>