NON PHARMACOLOGICAL MANAGEMENT OF PAIN

Keywords: Non-pharmacological palliative pain management, complementary therapies, palliative care, palliative pain management

AIMS

• To decrease the woman’s perceptions of pain by reducing pain intensity and increasing pain tolerance, increasing adaptive pain behaviour and decreasing maladaptive behaviour.
• To identify and educate women who may benefit from these interventions and provide such measures.
• To refer women to appropriate healthcare providers.

KEY POINTS

1. Non pharmacological care has been shown to be very effective.
2. The suggested strategies should be considered in the context of the woman’s life expectancy.

COMPLEMENTARY THERAPIES

• Chinese medicine
• Acupuncture
• Qigong
• Hypnosis
• Reikki
• Aromatherapy

PSYCHOLOGICAL INTERVENTIONS

• Cognitive behavioural therapy
• Relaxation
• Meditation
• Hypnotherapy
• Imagery
• Support groups

PHYSICAL MODALITIES

• Application of heat or cold
• Transcutaneous electrical stimulation (TENS)
• Positioning
• Rehabilitative therapy
• Radiotherapy

Positioning

• Correct patient positioning helps maintain body alignment, prevents or alleviates pain, reduces the risk of injury and the prevention of pressure ulcers.
• Positioning upright or slightly inclined backwards allows expansion of the abdomen.
• Relaxation of the neck and shoulder muscles discourages the use of the upper chest muscles.
• Bed confined women shall be assessed frequently and their position changed every 2 hours to promote comfort and help prevent pressure ulcers.
Women at high risk for developing pressure ulcers shall be provided with a pressure relieving mattress e.g. Spenco or constant low or alternating pressure mattress.

Encourage the women to use their own pillows while in hospital.

Linen shall be regularly straightened and / or changed.

Ensure correct body alignment.

Use positioning aids such as pillows, blankets or towels.

**Application of Heat or Cold**

- Thermal measures may help to reduce pain by alleviating joint and muscle aches and providing comfort.
- Do not place external heat sources over transdermal fentanyl analgesic patches as external heat increases fentanyl release.
- Do not place heat packs on the treatment field of women undergoing external beam radiotherapy.
- Cold gel packs may provide symptomatic headache relief.
- Tepid sponging may provide comfort to those with a fever.
- Use of a fan or open window to create a gentle breeze at the woman's face is thought to stimulate the thermal and mechanical receptors of the trigeminal nerve in the cheek and nasopharynx.

**Relaxation**

- Encourages the woman to focus on soothing images, tense and relax muscles and breathe deeply.
- It is generally self induced or guided by another person or audio tape.

**Radiotherapy**

- Is effective in palliating pain that is due to malignant infiltration.
- Should be considered in soft tissue, bony and neuropathic pain.
- Is less effective in visceral pain.

**REFERENCES / STANDARDS**


| National Standards – 1- Care provided by the clinical workforce is guided by current best practice | Legislation - Nil |
| Related Policies - Nil | Other related documents – Nil |

**RESPONSIBILITY**

| Policy Sponsor | Nursing & Midwifery Director OGCCU |
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