Cancer-Related Pain Assessment

Monitoring the effectiveness of interventions

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BACKGROUND: Cancer-related pain is a major health problem because of its magnitude, the subjective nature of the pain experience, and the complexity of the disease, making it difficult to assess and control. When assessment is not performed, poor pain control can result.

OBJECTIVES: This article provides an overview of the components of a comprehensive cancer pain assessment.

METHODS: A review of the healthcare literature was performed.

FINDINGS: Nurses play a key role in pain assessment by establishing patient trust and rapport, which helps to break down barriers that may stand in the way of effective pain assessment and management.

KEYWORDS
cancer-related pain; assessment; verbal and nonverbal patients; management

DIGITAL OBJECT IDENTIFIER
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ASSESSMENT AND CONTROL OF CANCER-RELATED PAIN is difficult because of its magnitude, the subjective nature of pain, and the complexity of the disease. The majority of patients with advanced disease have significant pain, and patients with cancer of the pancreas, bone, brain, lymphoma, lung, and head and neck have the highest prevalence (Breivik et al., 2009). Most pain results from the underlying cancer (85%), secondary to antineoplastic therapies (17%), and comorbidities unrelated to cancer (9%) (Breivik et al., 2009). If cancer-related pain is present, a comprehensive pain assessment is critical for successful treatment of the pain. However, assessment can be challenging because of the subjective nature of pain and the time required for thorough assessment.

When assessment is not performed or not done well, poor pain control can result. A comprehensive pain assessment is particularly important when the desired goals are finding the cause of the pain, identifying optimal therapies, and achieving better pain control for the patient during a period of time (National Comprehensive Cancer Network [NCCN], 2016). A key component of cancer pain assessment is soliciting critical information from the patient and using that information to monitor relief when various interventions are employed. All patients with cancer should be screened for pain at regular intervals. Screening for pain involves assessing if the patient is experiencing pain. If pain is present, a comprehensive pain assessment should be performed.

Comprehensive Cancer Pain Assessment

The comprehensive pain assessment should focus on the location(s) of the pain, type and quality of pain, pain history (onset, duration, and course), pain intensity (amount of pain experienced at rest or with movement, ability to sleep, or if it interferes with activities), temporality, referral pattern, and radiation of pain to other areas of the body. Attention should be given to associated factors that exacerbate or relieve the pain (e.g., heat, guided imagery) and the current pain management plan, including patient response to current therapy, prior pain therapies, and breakthrough or episodic pain not controlled with the existing pain regimen (Ngamkham, Holden, & Wilkie, 2011). In addition, assessment for refractory pain that does not respond to standard analgesic therapy is important because it occurs in 10%–20% of patients (Afsharimani, Kindl, Good, & Hardy, 2015). Comprehensive assessment should explore associated distress (anxiety), functional impact, and related physical, psychological,