



Pain: Terminology and Types

Terminology

Location – determine as precisely as possible where the pain is felt. Document location on a pain map, anatomical drawing, or description tool. Indicate if the pain radiates or moves.

Intensity – a grade of how severe the pain is, using a pain assessment tool the resident finds easy to use – e.g., a numerical, verbal descriptor, faces or behavioral observation pain scale for the cognitively impaired (e.g., the PainAD scale). Include the estimate of pain at its least and worst. Monitor pain symptoms at least daily and record findings on the tool or a pain flow sheet to indicate efficacy of interventions and/or change in pain status.

Frequency – the occurrence of the pain. Document how often the pain occurs. Is it breakthrough pain?

Quality – description of type of pain. Document symptoms such as: aching, annoying, cramping, exhausting, nauseating, pounding, sharp, throbbing, stabbing, agonizing, blowing, dull, fearful, nagging, penetrating, quivering, shooting, suffocating, numbness, tingling, weakness, spasm, burning, gnawing, pressure, squeezing, radiating, tingling, touch sensitive, etc.

Pain behaviors – facial (wrinkled forehead, tightly closed eyes, grimacing, frowning), nonverbal behavior (bracing, rubbing, guarding), vocalizations (crying, yelling, groaning, moaning).

Nonverbal indicators of discomfort – aggressive, crying, fearful, noisy respirations, pacing, repetitive, restless, rocking, confusion, irritability, increased activity, withdrawal, tense, calling out, grunting, knees pulled up, other change in usual activities, or behavior patterns/routine.

Duration – how long the pain lasts (minutes or hours). Document if the pain is of sudden or gradual onset. Is it consistent or persistent? Does it change over time or come and go (intermittent)? If intermittent, ask about its frequency, duration, and circumstances in which it occurs (see Pattern).

Pattern – how the pain starts, what was being done when it started, what makes it better, what makes it worse.

Types of Pain

Somatic pain (bone and muscle) is:

- Relatively well localized.
- Worse on movement.
- Tender to pressure over the area.
- Often accompanied by a dull background aching pain.
- Sometimes referred, if it is bone pain, but not along a nerve path (e.g., hip to knee).

Visceral pain is:

- Often poorly localized, deep and aching.
- Usually constant.
- Often referred (e.g., diaphragmatic irritation may be referred to the right shoulder; pelvic visceral pain is often referred to the sacral or perineal area).

Neuropathic pain is:

- A constant, superficial burning sensation or a deeply aching quality that may be accompanied by some sudden, sharp, shooting, lacerating (stabbing) pain.
- In a relatively constant area of the body surface (dermatome) if caused by actual damage to a specific peripheral nerve, plexus, root or spinal cord.
- Often referred to the somatic area supplied by the involved nerve.
- Numbness or tingling over the area of skin.
- Skin sensitivity over the area.
- Severe pain from even slight pressure from clothing or light touch.

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