

MDS Alert

Clip 'n Save: Guide To Treating Wound Pain

All wounds are not created equal, which means they require different pain management strategies to keep residents - and your pain quality measures - in the comfort zone.

Wound specialist **Mary Foot** has shared with Eli's MDS Alert some inside tips on tailoring pain regimens to the various types of wounds:

Pressure ulcer pain may increase when a new wound treatment protocol "wakes up" the wound bed by triggering an inflammatory response. "And that's not a bad thing," says Foot, a nurse clinical specialist and principal of **Woundcare on Wheels** in Naperville, IL. "But the patient will require medication starting with analgesics and, if that doesn't work, then narcotics," she says.

"Transdermal pain patches (Fentanyl) provide a steady, time-released dose of medication, keeping blood levels stable, without the systemic side effects caused by other routes of administration. Lidoderm patches can be applied in proximity to the wound."

Diabetic wounds can produce neuropathic pain; i.e., burning or pin pricking, which will not respond to the typical analgesics like Vicodin, Foot notes. Instead, residents with diabetic wounds need meds, such as Neurontin, that block nerve impulses.

Arterial wounds cause the most pain when the person's legs are elevated; yet you want the legs in that position to promote healing, Foot says. Consequently, residents with arterial wounds usually require narcotics to manage their pain.

The resident's need for narcotics will decrease if revascularization of the wound area occurs after angioplasty, restoring blood flow. "Patients who don't qualify for revascularization will need ongoing pain management that's stepped up during times when the pain is worse," Foot advises.

Venous stasis ulcers (coded at Section M2b) can also be painful. Weight loss is the best approach to helping these wounds resolve, Foot notes. To manage residents' pain, some practitioners have luck with more time-released long duration medications, like topical narcotic ointments or transdermal patches, and then prescribe other drugs, such as Vicodin for breakthrough pain, according to Foot.