

# CO's CURE

## Scripting: Setting Goals for Pain Management

**Acknowledge patient's discomfort and assess the effect on the patient's activities of daily living (ADLs).  
Work with the patient to assign a functional goal to their level of discomfort:**

*"Hi (patient), my name is (nurse) and I will be taking care of you today. I understand you are having significant discomfort in your left leg from a previous burn injury. Tell me what your pain is preventing you from doing and let's talk about what you'd like to be able to do again."*

**The patient describes the pain as feeling like pins and needles, adding that they currently take gabapentin for the neuropathy that resulted from the burn, but it is no longer covering the pain. They are no longer able to get up and walk to the bathroom unassisted and their partner is not strong enough to keep helping them. Repeat back your understanding of the patient's pain and what normal activities it is impacting.**

*"Thank you for helping me understand what your pain feels like and some of the physical restrictions your pain is causing."*

**Help the patient with setting an attainable goal:**

*"I heard you explain that you're no longer able to move around your house without assistance. Is that because of pain? Help me understand your goals for pain relief in the context of your mobility and life style."*

**Once the goal is defined:**

*"Great, we are on the same page. We want to be sure that we have a clear plan in place to help you reach those goals before you leave the hospital."*

**Discuss the multimodal ALTO plan to address the patient's pain and include any nonpharmacologic options:**

*"What I would like to do is start an icepack for your leg to see if that can help alleviate some of the sharp pain. In addition, we are going to give you a dose of acetaminophen and ibuprofen, which will act together to reduce pain and inflammation. I also have two lidocaine patches that we can apply directly to your left leg. How does that sound?"*

**Patient answers. Double check for allergies and then educate the patient on the lidocaine patch:**

*"I notice in your chart you do not have any allergies to medications, is that correct?"*

**If patient answers "No", review their allergies to ensure the lidocaine patch is safe.**

**If they patient answers “Yes”, discuss lidocaine patch treatment option.**

*“Great, then we will go ahead and try the lidocaine patch. The medicine in the patch is an anesthetic, like what a dentist uses when they numb your mouth for dental work. I will put the patch directly on your skin. The medicine is used to relieve the burning, stabbing, pins and needles pain that you’re describing. This medicine works by stopping nerves from sending pain signals. Does that make sense?”*

**Confirm the patient’s understanding and answer any questions they have.**

**Let the patient know a timeframe in which the therapies should start to help, including a follow up plan to reassess their level of comfort:**

*“The lidocaine patch along with the icepack, ibuprofen and acetaminophen will begin to get your pain under control within (timeframe). I will be back to check on you at that time. We will see if you are able to get out of bed and walk around the room. If you’re still having significant discomfort where you feel like you can’t stand up, we will try a different form of lidocaine, one that goes directly in your IV. We can also chat with your provider about adding another medication called duloxetine or increase your gabapentin. What questions do you have with the information I have given you? “*

**The patient asks if he will experience any side effects from the medications:**

*“You should not experience any side effects with lidocaine patch. Once I apply the patch, like any new medication, if you experience any funny feelings in your throat, difficulty breathing or speaking or if your skin starts burning a lot, just ring your call-light or call my number listed up on the white board. I will come in immediately and check things out.”*

Or:

*“The doctor has determined that these are the best options for your type of pain with the lowest risk of side effects based on the other medications you take and your other health issues. We are using multiple medications in combination in order to avoid possible side effects of other options, like opioids, which could cause confusion and sleepiness that could impede you from reaching your goal of being able to walk around unassisted.”*

**End the conversation with reassurance to the patient that their recovery is the top priority:**

*“We are dedicated to helping you reach a level of comfort that will allow you to get up by yourself and move around your house unassisted. I will be back to check on you in an hour.”*