Pain Management

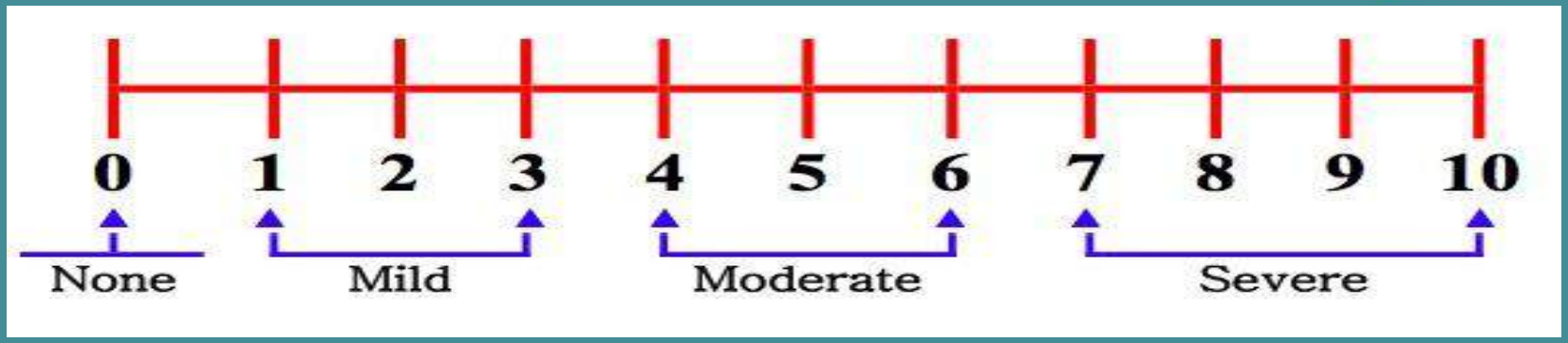
PUSAT JANTUNG Nasional
National Cardiovascular Center
Harapan Kita

Numeric Rating Scale

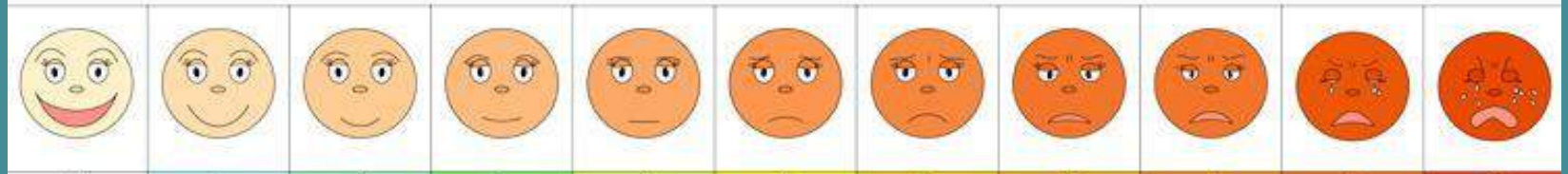
- Used for
  - Adult and children above 8 years old
  - Well conscious and communicative
  - Intubated patient yet conscious
- Pain scale：

Mild	Moderate	Severe
1-3	4-6	≥7

NRS



COMPARATIVE PAIN SCALE CHART (Pain Assessment Tool)



0 Pain Free	1 Very Mild	2 Discomforting	3 Tolerable	4 Distressing	5 Very Distressing	6 Intense	7 Very Intense	8 Utterly Horrible	9 Excruciating Unbearable	10 Unimaginable Unspeakable
No Pain	**Minor Pain**			**Moderate Pain**			**Severe Pain**			
Feeling perfectly normal	Nagging, annoying, but doesn't interfere with most daily living activities. Patient able to adapt to pain psychologically and with medication or devices such as cushions.			Interferes significantly with daily living activities. Requires lifestyle changes but patient remains independent. Patient unable to adapt pain.			Disabling; unable to perform daily living activities. Unable to engage in normal activities. Patient is disabled and unable to function independently.			

Wong Baker Pain Scale

- Used for
  - Children from age 3-8 years old
  - Well conscious
  - Verbally communicated
- Pain scale：

Mild	Moderate	Severe
1-3	4-6	≥7

WBPS

Wong-Baker FACES Pain Rating Scale

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FLACC (Face, Legs, Activity, Cry, Consolability)

- Used for
  - —Children below the age of 8 years old
  - —Could not verbally communicated
  - —Child with mentally retarded
- Pain scale :

Ringan	Sedang	Berat
1-3	4-6	≥7

FLACC SCORE	0	1	2
Face	There is no expression changing (smile)	Smirking, wrinkled, withdrawn, uninterested	More smirking, shivering, tremble, hands clenched
Legs	Normal or relaxed	Uncomfortable, Anxiety, uptight	Convulse or limb raised up
Activity	Comfortable, normal and slightly move	Stretching, tense, move slowly, awaken	Stiff or sudden stomping, tense, swipe the body
Cry	Not crying/whimpering (awaken or deep sleep position)	Groan, whimpering, sometimes crying, fussy	Crying loudly, screaming, whimpering, fussy all the time
Consolability	Calm, relax, want to play	Wanting to be hugged, Fussy	Uncomfortable and no eye contact

Behavioral Pain Scale

- Used for
  - — Unconscious and intubated patient
- Pain scale：

Mild	Moderate	Severe
3-5	6-8	9-12

Behavioral Pain Scale (BPS)

Face Expression :	
Score 1	relax
Score 2	wrinkled the forehead a little
Score 3	fully wrinkled the forehead
Score 4	grimace
Up Extremity Movement :	
Score 1	no movement
Score 2	bending a bit
Score 3	full bending
Score 4	permanent retraction
Compliance towards Ventilator :	
Score 1	adaptive with ventilator
Score 2	cough with movement
Score 3	against ventilator
Score 4	Unable to control ventilator

Behavioral Pain Scale - Non Intubated

- Used for：
  - — Unconscious and intubated patient
- Pain scale：

Mild	Moderate	Severe
3-5	6-8	9-12

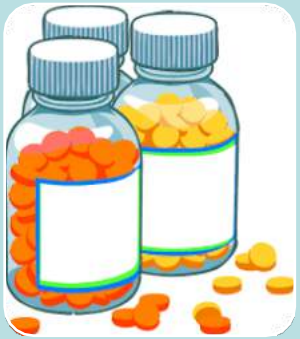
Behavioral Pain Scale-Non Intubated (BPS-NI)

Face Expression :	
Score 1	relax
Score 2	wrinkled the forehead a little
Score 3	fully wrinkled the forehead
Score 4	grimace
Up Extremity Movement :	
Score 1	no movement
Score 2	bending a bit
Score 3	full bending
Score 4	permanent retraction
Vocalization :	
Score 1	no vocalization towards pain
Score 2	rarely whimpering and the duration is not long
Score 3	likely to whimper with long duration
Score 4	Patient groaning, screaming and verbally complain like “ooooch, ouuuugh, or hold breath

- Pain Tool
  - Conscious
    - NRS
    - WBFS
  - Unconscious
    - BPS
    - BPS-NI
    - FLACC

Based on pain scale

- Mild : every 8 hours
- Moderate : every 2 hours
- Severe : every 1 hour



After giving analgesic

- Intravena : 15 mnt
- Intramuskular/suppositoria : 30 mnt
- Oral : 2 jam

Post operation

- Every 15 minutes on the first hour
- Every 30 minutes on the next 2 hours

REASSESMENT

Alur Penanganan Nyeri RSJPDHK

Pasien nyeri NRS/WBPS/FLACC : 0 – 10, BPS/BPS-NI : 3-12

PPA menilai dan DPJP menatalaksana nyeri sesuai dengan buku Panduan Pelayanan Manajemen Nyeri RSJPDHK

NRS/WBPS 4 – 6
FLACC 4 – 6
BPS/BPS-NI 6 – 8

Nilai ulang nyeri tiap 30 menit – 1 jam setelah terapi

NRS/WBPS ≥ 7
FLACC ≥ 7
BPS/BPS-NI ≥ 9

Evaluasi 1 jam setelah pemberian opioid*

NRS/WBPS < 7
FLACC < 7
BPS/BPS-NI < 9

NRS/WBPS ≥ 7
FLACC ≥ 7
BPS/BPS-NI ≥ 9

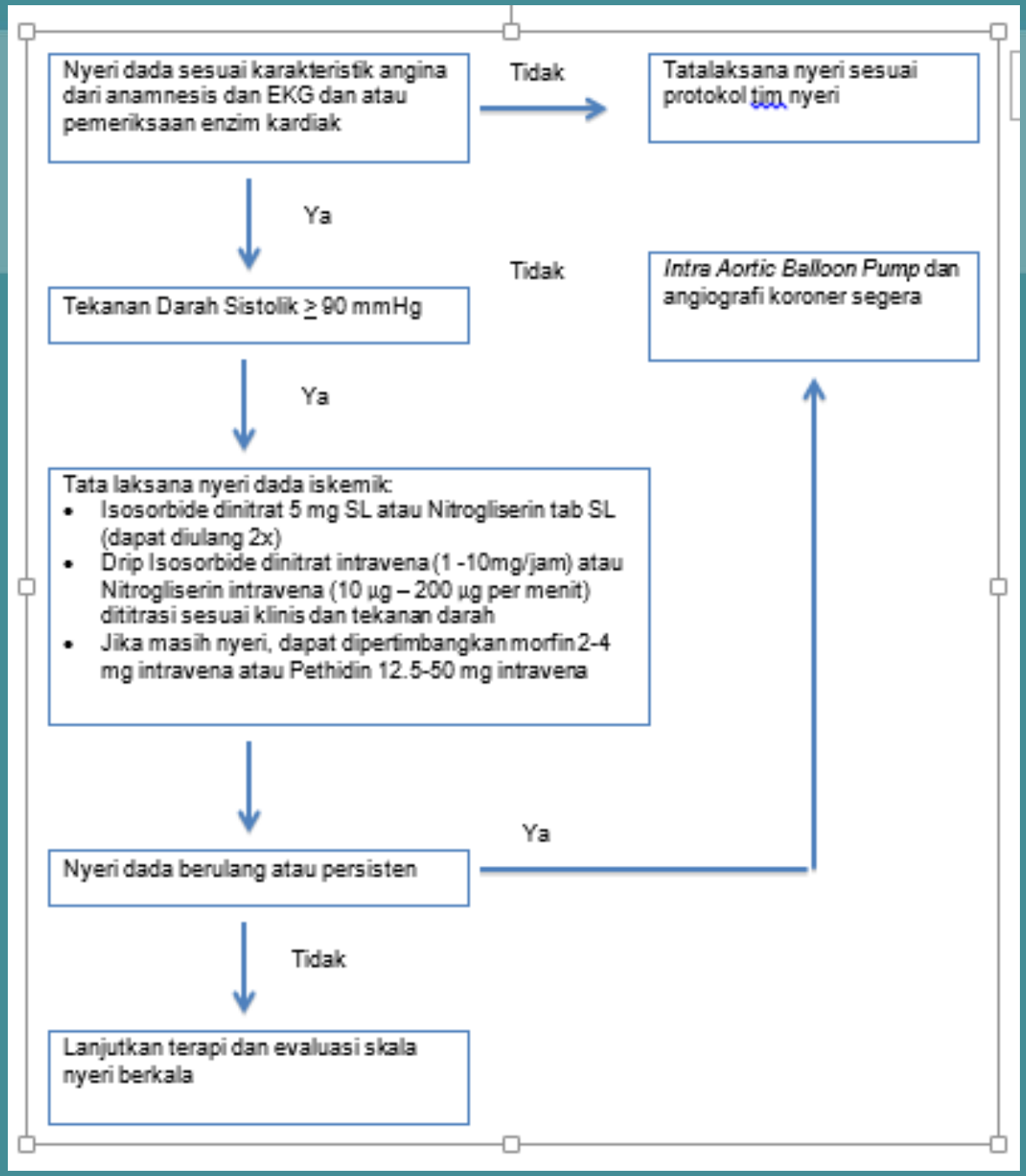
Penilaian ulang setelah terapi
Ringan → tiap 8 jam
Sedang → tiap 2 jam

KONSUL Tim Nyeri untuk evaluasi & tatalaksana

* HANYA OLEH SMF, tidak sesuai untuk pemberian analgetik secara rutin di ruangan biasa.

- Efek puncak intravena terjadi selama 15 menit (harus diobservasi)

Konsul dilakukan dengan membuat surat konsul & Hub. Via telpon ditujukan ke tim nyeri sesuai dengan regionalnya



Alur Tatalaksana Nyeri Angina

DPJP Cardiology

Do Consult to Pain Team

NAME	REGIO
Dr Riza Cintyandy SpAn.KAKV	Post Surgery Pav Sukaman
Dr Ni Luh Kusuma SpAn.KAKV	Adult ICU + Surgical Intermediate Ward + Vascular
Dr dr Eva Marwali SpA(K)	R. Rawat Anak + IW Anak + ICU Anak + Poli Jantung Anak
Dr Latifa Hernisa SpBTKV.	R. Rawat Anak + Poli Bedah Jantung Anak
Dr Siska Suridanda SpJP	CVC + Post kateterisasi + Pav Sukaman non bedah
Dr Dian Zamroni SpJP	ER + Medical Intermediate Ward + General Poly + Executive Poly
dr Eka Harmeiwaty SpS	R. Rawat Dewasa lt. 3, 4, 5, 6 + R. Rehabilitasi Medik

NCVCHK PAIN TEAM
Dr Riza Cintyandy SpAn.KAKV
Dr Ni Luh Kusuma SpAn.KAKV
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Dr Latifa Hernisa SpBTKV.
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If there is something you do not understand, please seek the guideline book: Panduan Pelayanan Manajemen Nyeri RSJPDHK