

Physical Pain at End of Life



Physical pain is one of the symptoms a person can experience at the end of their life. Physical pain is not strictly associated with cancer at the end of life, but can be common with many end stage diseases. A key component of physical pain management for terminally ill individuals is determining the type of pain you experience so that the hospice and palliative care team can develop an individualized pain management plan. There are various types of physical pain and methods for assessing pain intensity.

Types of pain

Physical pain is considered the fifth vital sign and is measured by the hospice and palliative care team just like blood pressure, temperature, pulse, and respirations. The three main types of physical pain an individual can experience during the final stages of life include:

- **Somatic pain**, which is localized in the skin, soft tissue, muscles, and bones;
- **Visceral pain**, a general aching or throbbing in the abdomen and internal organs; and
- **Neuropathic pain**, a tingling, burning sensation in the extremities.

Characteristics of physical pain

Pain is subjective so it is important that you describe the characteristics of the pain as thoroughly as possible to the hospice and palliative care team. The following words can be used to describe somatic, visceral, and neuropathic pain: *Aching, burning, cramping, crushing, discomfort, dull, gnawing, heaviness, hurting, knife-like, numbness, piercing pins and needles, pressure, radiating, ripping, sharp, shooting, squeezing, stabbing, tearing, tenderness, throbbing, tingling*

¹ *Palliative and End-Of-Life Care: Clinical Practice Guidelines*, Kim K. Kuebler, Debra E. Heidrich, Elsevier Health Sciences, 2007;

² *Partners Against Pain, Measuring Pain*, partnersagainstpain.com, 2012.

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Recognizing nonverbal pain

If you are caring for a loved one that is unable to verbally tell you if they are having pain, there are nonverbal signs you can recognize that indicate a person is in pain. The following are nonverbal behaviors that can indicate the experience of pain:

Facial expressions: slight frown, sad, frightened face, grimacing, wrinkled forehead, closed or tightened eyes, any distorted expression, rapid blinking

Verbalizations, vocalizations: sighing, moaning, groaning, grunting, chanting, calling out, noisy breathing, asking for help

Body movements: rigid, tense body posture, guarding, fidgeting increased pacing, rocking, restricted movement, gait or mobility changes

Changes in interpersonal interactions: aggressive, combative, resisting care, decreased social interactions, socially inappropriate, disruptive, withdrawn, verbally abusive

Changes in activity patterns or routines: refusing food, appetite change, increase in rest periods or sleep, changes in rest pattern, sudden cessation of common routines, increased wandering

Mental status changes: crying or tears, increased confusion, irritability, or distress.

Intensity and location of physical pain

The hospice and palliative care team will evaluate your pain on every visit and ask you to rate the intensity of your pain on a scale. There are several types of pain measurement scales, but the 0–10 Numeric Pain Rating Scale and the Wong-Baker FACES Pain Rating Scale are the most widely used.

0–10 Numeric Pain Rating Scale – you will be asked to choose the number on the scale that rates your pain with 0 being no pain and 10 being the worst possible pain you have ever experienced.

Wong-Baker FACES Pain Rating Scale – you will be asked to choose the face on the scale that best describes the intensity of your pain. Faces range from no pain to the worst pain you have ever experienced.



You can describe the location of your pain verbally, point to where it hurts, or point to the location on a picture of a human body.

Physical pain can be managed effectively at end of life by the hospice and palliative care team, but it is important that you work with them to describe your pain as thoroughly as possible for the best outcome.

³ Tools for Assessment of Pain in Nonverbal Older Adults with Dementia: A State-of-the-Science Review, Keela Herr, PhD, RN, FAAN, Karen Bjoro, RN, MSN, PhD, Sheila Decker, PhD, APRN-BC, Journal of Pain and Symptom Management, Volume 31, Issue 2, Pages 170-192, February 2006; ^{4,5} Partners Against Pain, Measuring Pain, partnersagainstpain.com, 2012

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