

## Unit 34: Provide Support to Manage Pain and Discomfort

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<b>Level:</b>	2
<b>Unit type:</b>	Optional (Group B2)
<b>Credit value:</b>	2
<b>Guided learning hours:</b>	15

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### Unit introduction

As part of a care worker's duties, they will be asked to support individuals who are in pain or discomfort. This could be due to an ongoing condition or an injury. The care worker may not be able to cure the pain, but their support and understanding will improve the quality of life for the individuals and contribute to their overall wellbeing.

Ongoing pain can affect a person's emotional wellbeing causing them to withdraw from activities and from friendships as they concentrate on their discomfort.

This unit will enable you to understand the different ways in which pain and discomfort can be managed. This will include a variety of techniques, for example massage, physiotherapy and mindfulness. You to investigate different self-help techniques for reducing pain and discomfort, including relaxation, gentle exercise and breathing techniques. All of these techniques can be alternatives to medication or can be used alongside it.

As a care worker, you may also be involved in monitoring and recording the progress of individuals being supported, during and after their pain-relief session. This unit will help you to develop competence and skills in providing accurate records to support colleagues in delivering high-quality care.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria
1	Understand approaches to managing pain and discomfort	<p>1.1 Explain the importance of a holistic approach to managing pain and discomfort</p> <p>1.2 Describe different approaches to alleviate pain and discomfort</p> <p>1.3 Outline agreed ways of working that relate to managing pain and discomfort</p>
2	Be able to assist in minimising individuals' pain and discomfort	<p>2.1 Describe how pain and discomfort may affect an individual's holistic wellbeing and communication</p> <p>2.2 Encourage an individual to express their pain or discomfort</p> <p>2.3 Explain how to recognise that an individual is in pain when they are not able to verbally communicate this</p> <p>2.4 Support carers to recognise when individuals are in pain or discomfort</p> <p>2.5 Explain how to evaluate pain levels using assessment tools in own area of work</p> <p>2.6 Encourage an individual and their carers to use self-help methods of pain control</p> <p>2.7 Assist an individual to be positioned safely and comfortably</p> <p>2.8 Carry out agreed measures to alleviate pain and discomfort</p>
3	Be able to monitor, record and report on the management of individuals' pain or discomfort	<p>3.1 Carry out required monitoring activities relating to management of an individual's pain or discomfort</p> <p>3.2 Complete records in line with agreed ways of working</p> <p>3.3 Report findings and concerns as required</p>

## Unit content

### What needs to be learned

#### **Learning outcome 1: Understand approaches to managing pain and discomfort**

##### **Holistic approach**

- Relieving pain without damaging the body, e.g. use of massage, acupuncture, aromatherapy.
- Promoting the body's healing response, e.g. by encouraging regular sleep patterns, appropriate nutrition.

Importance, i.e. recognition of the whole person and not just the area of pain and discomfort.

##### **Approaches to managing pain and discomfort**

- Medication, oral tablets, syrup/suspension, topical creams, ointments, gels.
- Physiotherapy.
- Cognitive behavioural approach to provide coping strategies.
- Person-centred counselling.
- Complementary therapies:
  - hypnosis
  - acupuncture
  - massage
  - hypnosis
  - mindfulness, including group sessions.

##### **Agreed ways of working**

- Includes policies and procedures where these exist; they may be less formally documented with micro-employers

#### **Learning outcome 2: Be able to assist in minimising the pain and discomfort**

##### **Individual**

- Someone requiring care or support; it will usually mean the person or people supported by the learner.

##### **Effects of pain and discomfort on holistic wellbeing and communication**

- Inability to participate in activities.
- Negative effects on emotions, including low mood, depression, low self-image.
- Broken sleep patterns due to pain and/or inability to finding a comfortable position.
- Restricted/reduced mobility preventing social interaction.
- Reduced levels of concentration affecting ability to hold conversations.
- Social isolation/withdrawal.

## What needs to be learned

- Speech increased pain, e.g. increased pain in the face due to using muscles around the affected area.

### **Supporting individuals to express pain and discomfort**

- Use of pain assessment tools, e.g. verbal rating scales, visual analogue scales, graphic rating scales, pain intensity scales – to measure levels of pain and discomfort.
- Use of body charts for individuals to indicate areas of pain and discomfort.
- Pain control record charts to record the effects of pain relief.
- Use of open questions to encourage individuals to express their feelings.
- Open non-defensive body language to establish trust with individuals.
- Communicating with those in pain who have cognitive impairment.

### **Recognising an individual is in pain when unable to verbally communicate**

- Use of visual pain scales, pain diaries.
- Observation of non-verbal communication, facial expressions, body posture.

### **Supporting carers to recognise pain or discomfort**

- Modelling active listening skills.
- Advice on observation of changes in:
  - behaviour
  - verbalisation
  - interpersonal interactions
  - changes in mental status
  - routines.

### **Evaluating pain using assessment tools**

- Use of pain scores, e.g. the Abbey pain scale, numerical pain scales, verbal pain scales.

### **Self-help methods of controlling pain and discomfort**

- Gentle exercise to support mobility.
- Distraction, e.g. offering activities, engaging in conversation, encouraging hobbies.
- Establishing normal sleep patterns.
- Relaxation techniques e.g. muscle exercises, guided imagery.
- Ways to reduce stress (negative feelings can increase pain), boost pain relief with endorphins from exercise, encourage individuals to join a support group, reduce alcohol intake, stop smoking.
- Agreed ways of working.

### **Use of positioning to reduce pain and discomfort**

- Use of assistive equipment, e.g. hoists.
- Use of support, pillows, cushions and back supports.

## What needs to be learned

- Orthopaedic chairs.
- Use of agreed moving techniques to prevent damage to skeleton, skin and muscles.
- Adjustments to bedding, heating, lighting and noise levels.
- Use of specialist mattresses.
- Agreed ways of working.

### **Use of agreed measures to alleviate pain and discomfort**

- Application of topical medication, e.g. gels, creams, ointments.
- Administration of oral pain relief under supervision.
- Use of agreed massage techniques.
- Setting policies for positioning individuals to alleviate pain and discomfort, e.g. to prevent further pain and injury.
- TENS (transcutaneous electrical nerve).
- Monitor Pain Management Programmes.

## **Learning outcome 3: Be able to monitor, record and report on the management of individuals' pain or discomfort**

### **Monitoring activities**

- Observation of individuals during daily routines using covert and overt techniques.
- Use of open questions to obtain current pain status.
- Discussions with individuals to ascertain levels of efficacy of pain control.
- Noting of changes, worsening symptoms, improvements.
- Use of pain-measurement scales, e.g. pain assessment in advanced dementia scale (PAINAD).
- Agree ways of working.

### **Recording of observations**

- Completion of centre records, diaries and charts.
- Entries onto electronic systems.
- Use of secure passwords.
- Maintenance of confidentiality.

### **Report findings and concerns**

- Boundaries of own role – lines of reporting to manager, supervisor.
- Reporting of Incidents, Diseases and Dangerous Occurrences (RIDDOR) 2013 requirements.
- Care Act 2014.
- Organisational policies and procedures.

## Essential information for tutors and assessors

### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time. Assessment decisions for learning outcomes 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2 and 3.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment. Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Suggested resources

This section lists resource materials that can be used to support the delivery of the qualification.

### Textbooks

Birch V, Penman D – Mindfulness for Health: A Practical Guide to Relieving Pain, Reducing Stress and Restoring Wellbeing (Breathworks, 2017)

ISBN 9780749959241

Nolan Y et al – *Health and Social Care Level 2*, 3rd Edition (Heinemann, 2011)

ISBN 9780435031947

### Websites

[www.healthcentral.com](http://www.healthcentral.com)

Chronic pain-measurement scale

[www.legislation.gov.uk](http://www.legislation.gov.uk)

Website for current government legislation

[www.nhs.uk/Livewell/Pain/Pages/Gettingphysical.aspx](http://www.nhs.uk/Livewell/Pain/Pages/Gettingphysical.aspx)

Self-help for managing pain and discomfort

[www.Painuk.org](http://www.Painuk.org)

Charity supporting those who live with pain