



# Comfort

## Pain Assessment

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### Definitions

<b>Affective pain dimension</b>	Dimension that focuses on emotional and psychological aspects of pain.
<b>Anxiety</b>	Mental uneasiness or distress arising from fear of what might happen, often accompanied by tension, restlessness, tachycardia and dyspnea; an abnormal and overwhelming sense of apprehension and fear often marked by physiological signs (as sweating, tension, and increased pulse), by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it.
<b>Assessment</b>	The act of determining the importance, size, or value of something. Making an estimate.  (Webster's, 1974)
<b>Attitudes</b>	A mental position with regard to a fact or state; a feeling or emotion toward a fact or state; an organismic state of readiness to respond in a characteristic way to a stimulus (as an object, concept, or situation).
<b>Barriers</b>	Issues inhibiting agreement regarding the meaning of events. Any thing that prevents passage of persons, things, ideas or social interactions barriers (internal or external-patient's and health care professional's).
<b>Behavioral pain dimension</b>	Dimension that focuses on actions or behaviors exhibited by people in pain.
<b>Beliefs</b>	A state or habit of mind in which trust or confidence is placed in some person or thing; something believed; especially, a tenet or body of tenets held by a group; conviction of the truth of some statement or the reality of some being or phenomenon especially when based on examination of evidence.
<b>Cognitive pain dimension</b>	Peoples thoughts about pain, illness and pain therapies depending on their attitudes, beliefs and experiences.
<b>Comfort</b>	Emphasizing physical and psychological support or relief throughout the patient's end of life.
<b>Cure</b>	Treatment of disease or illness with the intent to overcome it.

<b>Evaluative pain dimension</b>	Same as cognitive dimension of pain.
<b>Facial expression</b>	Nonverbal method of communicating information. Listening to the patient includes being aware of nonverbal communication such as body position, eye contact and physical distance, as well as language content and style. Facial expressions associated with pain may not be a reliable indicator of the amount of pain experienced by a person.
<b>Intensity of pain</b>	Amount of pain that is experienced.
<b>Location of pain</b>	The site or sites where the pain is experienced.
<b>Measurement</b>	The act of applying a metric to quantify how much there is of something.  (Webster's, 1974)
<b>Neural mechanisms of pain</b>	Anatomy, physiology and pathophysiology of pain.
<b>Neuropathic pain</b>	Pain resulting from damage to peripheral nervous or central nervous system tissue or from altered processing of pain in the central nervous system.  (Cassell, 1982)
<b>Nociception</b>	The activation of primary afferent nerves with peripheral terminals that respond differently to noxious (i.e. tissue damaging) stimuli. Nociception may or may not be perceived as pain, depending on a complex interaction within the nociceptive pathways.
<b>Nociceptive pain</b>	Pain resulting from activation of primary afferent nociceptors by mechanical, thermal or chemical stimuli.
<b>Palliation</b>	Treatment to relieve symptoms and distress of disease process or illness.
<b>Pattern of pain</b>	The experienced timing, duration and course of the pain.
<b>Quality of Pain</b>	Nature or characteristics of the pain (e.g., shooting, stabbing, dull, burning).
<b>Suffering</b>	The state of severe distress associated with events that threaten the intactness of the person.  (Cassell, 1982)