

“Ouch! That hurts!”

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Wound pain can have a profound effect on a person’s life and is one of the most devastating aspects of living with a wound. In addition to pharmaceutical options, wound care clinicians should consider other key aspects of care that can alleviate pain. Here is a checklist to ensure you are thorough in your assessment.

Skin protection

- ✓ Offload bony prominences to reduce ischemic and traumatic pain.
- ✓ Use a bed cradle to lift the weight of bed linens off the patient’s hypersensitive areas.
- ✓ Use splinting to immobilize injured tissues.



Example of wound packing

View: [Clinical Wound Packing](#)



- ✓ Use transfer-assist devices to reduce pain during transfers.
- ✓ Use lift sheets to avoid friction shear pain.
- ✓ Protect periwounds from maceration and epidermal striping by using skin sealants and moisture barriers.

Dressing changes

- ✓ When removing tape, pull the tape parallel to the skin, towards the dressing. Pull slowly and keep your hand low. If the tape is over hairy areas, remove it in the direction of hair growth.
- ✓ Minimize sensory stimulus; for example, decrease wound manipulation
- ✓ When possible, allow the patient to perform his or her own dressing changes.
- ✓ Schedule dressing changes when the patient is feeling best.
- ✓ Minimize the number of dressing changes.
- ✓ Soak dried dressings before trying to remove them.
- ✓ Avoid overpacking the wound with dressing. For tips on wound packing, watch the video “[Clinical Wound Packing](#).”
- ✓ Use low-adhesive dressings.
- ✓ Line the wound with a low-adherent liner to avoid trauma when removing the packing or foam.

Wound V.A.C.® considerations

A Wound Vacuum Assisted Closure (V.A.C.®) device can ease pain, but it’s important to care for it properly.

- ✓ Instill 10 to 30 mL of normal saline solution into the V.A.C.® tubing to soak un-

derneath the foam. Let the saline solution sit for 15 to 30 minutes before gently removing the dressing.

- ✓ Saline solution also can be injected directly into the foam while low vacuum is applied to the dressing. Clamp the tube once the saline solution starts to flow into the dressing tube. Wait 15 to 30 minutes before gently removing the dressing.
- ✓ Cut the V.A.C.[®] sponge to the exact size of the wound. Avoid overlapping of the sponge onto good skin unless bridging is necessary to prevent skin maceration.
- ✓ If granulation tissue is growing into the sponge, increase the frequency of the dressing changes.
- ✓ Line the wound bed with a white, polyvinyl alcohol soft-foam sponge, a nonadherent oil-emulsion type dressing, a contact layer dressing, and a thin layer of amorphous hydrogel or calcium alginate before the gray sponge application.

For more information, access “**Wound V.A.C. dressing change**” from U.C. Davis Health System.

Reduce edema

- ✓ Elevate legs to reduce edema-related pain.
- ✓ Use appropriate vascular compression wraps to control edema and reduce pain.

Complementary therapies

Consider using the following complementary therapies:

- ✓ **Relaxation and massage therapy**—These help reduce tension and anxiety, which can improve the patient’s pain tolerance by breaking the anxiety-pain cycle. **Read more about relaxation techniques.**

How people think about pain can change their sensitivity to it along with their feelings and reactions.

- ✓ **Visualization and imagery**—Focus the patient’s attention away from the painful stimulus by creating images that are either consciously selected (visualization) or spontaneously occurring from the unconscious (imagery).
- ✓ **Distraction**—Use a specific physical stimulus, such as television, music, or conversation, to draw attention away from the pain.

Psychological/teaching

- ✓ Teach the patient and significant others about pain management and wound treatment plans.
- ✓ Evidence shows that how people think about pain can change their sensitivity to it along with their feelings and reactions, so try such tactics as holding the patient’s hand, offering reassurance, acknowledging the pain, explaining all interventions, restoring a sense of self-control, and having the patient help with dressing changes by holding the dressing in place or cutting tape.
- ✓ Allow for breaks during painful procedures so the patient can rest. ■

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