NOTES ON PAIN

COMMON PATTERNS OF REFERRED PAIN

Stomach, esophagus & retroperitoneal disease…..the back
Pancreas………………………………..thoracic region, T10-T12
Gallbladder……………………………………..scapula
Retrosigmoid………………………………sacrum/rectum
Liver…………………………………………..right shoulder

THREE DESCRIPTOR WORDS ASSOCIATED WITH NEUROPATHIC PAIN

Deafferentation: burning, aching neuropathic pain
Lancinating: shooting, shock-like neuropathic pain
Allodynia: pain from stimuli not normally pain-provoking
(characteristic of neuropathic pain)

ADDITIONAL ADJUVANT MEDICATIONS FOR PAIN MANAGEMENT

Phenothiazines (prochlorperazine, chlorpromazine) is effective as anti-emetic, anxiolytic, & may enhance opioid.
Steroids (prednisone, dexamethasone) may decrease tumor edema & help bone pain.
Skeletal muscle relaxants (diazepam, clonazepam) helps muscle spasm, anxiety, restlessness & myoclonus.
Antihistamines (hydroxyzine): Mild Anxiolytic with analgesic effects; relieves nausea and vomiting.
Smooth muscle relaxants (belladonna, oxybutynin): relieves intestinal cramping & bladder spasms.
Butyrophenones (haloperidol): good for anxiety with agitation, nausea, delerium.

SCALES FOR MEASURING PERFORMANCE STATUS

<table>
<thead>
<tr>
<th>ECOG/Zubrod</th>
<th>Karnofsky</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>100%</td>
<td>Asymptomatic</td>
</tr>
<tr>
<td>1</td>
<td>80-90%</td>
<td>Symptomatic, fully ambulatory</td>
</tr>
<tr>
<td>2</td>
<td>60-70%</td>
<td>Symptomatic, in bed less than 50% of day</td>
</tr>
<tr>
<td>3</td>
<td>40-50%</td>
<td>Symptomatic, in bed more than 50% of the day, but not bedridden</td>
</tr>
<tr>
<td>4</td>
<td>20-30%</td>
<td>Bedridden</td>
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</tbody>
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