DAY 4 — NON-PHARM COMFORT STUDY GUIDE

Basic Care & Comfort • NGN NCLEX 2026 Master Review

PAIN SCALES | HEAT / COLD | WHO LADDER | TENS | IMAGERY / DISTRACTION | EOL COMFORT

CRITICAL / EMERGENCY | PATHOPHYSIOLOGY | SAFE / EXPECTED | COMPLICATIONS | NCLEX TRAPS | PROCEDURES | PT EDUCATION

FOUNDATIONS — PAIN IS WHAT THE CLIENT SAYS IT IS

Pain is a **subjective experience**. The gold standard is the client's **self-report**. NEVER assume non-verbal cues, vital signs, or family interpretation override what the client states. Cultural, developmental, and cognitive factors influence expression — not the existence of pain.

> **Universal rule:** Use a developmentally and cognitively appropriate scale, reassess after every intervention, document on a 0–10 scale or equivalent.

PAIN SCALES — CHOOSE BY POPULATION

SCALE	POPULATION	HOW IT WORKS
Numeric Rating (0–10)	Adults, school-age + (cognitively intact)	"Rate your pain from 0 (none) to 10 (worst)"
Wong-Baker FACES	Children 3+ years, adults with cognitive/language challenges	6 cartoon faces from happy → crying
FLACC	Infants 2 mo – 7 y, non-verbal clients	Face, Legs, Activity, Cry, Consolability — each 0–2
CRIES	Neonates (0–6 mo)	Crying, Requires O_2, Increased VS, Expression, Sleeplessness
PAINAD	Adults with advanced dementia	Breathing, Vocalization, Facial expression, Body language, Consolability

BPS / CPOT	Critically ill adults (intubated/sedated)	Behavioral indicators

HEAT VS COLD THERAPY

COLD (VASOCONSTRICTION)

- Acute injury (first 24–48 h)
- Sprains, fresh trauma, post-op edema
- Reduces inflammation, edema, bleeding, pain
- 15–20 min on; 1–2 h off
- Always barrier (towel) between skin and pack
- **Avoid** in: Raynaud, cold urticaria, impaired sensation, peripheral vascular disease

HEAT (VASODILATION)

- Chronic muscle stiffness, arthritis, menstrual cramps
- Promotes circulation, relaxes muscles, ↑ flexibility
- 15–20 min on; 1–2 h off
- Barrier between skin and source
- **Avoid** in: acute injury (first 24 h), bleeding, open wounds, decreased sensation, infants/older adults (burn risk), areas of impaired circulation

The 15–20 minute rule applies to BOTH heat and cold to prevent burns/frostbite. Always use a cloth barrier — never directly on skin.

WHO 3-STEP ANALGESIC LADDER

1. **Mild pain (1–3):** Non-opioid (acetaminophen, NSAIDs) ± adjuvant
2. **Moderate pain (4–6):** Weak opioid (codeine, tramadol, hydrocodone) + non-opioid ± adjuvant
3. **Severe pain (7–10):** Strong opioid (morphine, fentanyl, hydromorphone, oxycodone) + non-opioid ± adjuvant

Adjuvants: antidepressants (TCAs, duloxetine for neuropathic), anticonvulsants (gabapentin/pregabalin), corticosteroids, muscle relaxants.

NON-PHARM MODALITIES — QUICK REFERENCE

MODALITY	INDICATION	CAUTIONS
Heat / cold	Musculoskeletal, post-op, headaches	Barrier; 15–20 min limit
Massage	Tension, anxiety, mild musculoskeletal pain	AVOID in DVT, malignancy at the site, recent surgery, open wounds, fragile skin
Guided imagery / meditation	Anxiety, chronic pain, procedures	None significant
Distraction (music, conversation, toys for kids)	Procedural pain, mild-mod pain	Not for severe pain alone
Aromatherapy (lavender, peppermint)	Anxiety, nausea	Allergies, asthma triggers, pregnancy contraindications (clary sage, rosemary)
Acupuncture / acupressure	Chronic pain, nausea	Bleeding disorders, anticoagulation
TENS	Chronic musculoskeletal, labor	See contraindications below
Comfort positioning / repositioning	All clients	Honor injury-specific positioning rules
Pet therapy / music therapy	Anxiety, dementia, EOL	Allergies, infection control

TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION)

Low-voltage electrical current via skin electrodes. Theory: gate control + endorphin release.

CONTRAINDICATIONS

- **Pacemakers, ICDs** (interferes with device)
- Over the **carotid sinus** (vasovagal/bradycardia/hypotension)
- Over the **pregnant uterus** (except labor under guidance)
- In water / shower
- Over open wounds, malignancy, broken skin
- On head/neck of clients with seizure disorders or dementia

Education: place electrodes on intact skin; remove during sleep; do not change settings without instruction.

CULTURAL & DEVELOPMENTAL CONSIDERATIONS

- **Stoic ≠ pain-free.** Some cultures discourage outward expression. Always ASK using the chosen scale.
- Use **professional interpreters** — never family/children — for accurate pain history
- Religious/cultural beliefs may shape acceptance of medications, complementary therapies, EOL care
- Older adults may underreport pain due to stoicism, fear of addiction, or fear of hospitalization
- Children may deny pain to avoid an injection — use FACES, distraction, EMLA topical anesthetic, comfort hold

PROCEDURAL PAIN BUNDLE (PEDIATRICS)

1. EMLA cream 60 min before; LMX 30 min before (topical anesthetics)
2. Sucrose for infants < 6 mo during minor painful procedures
3. Distraction (bubbles, video, music, books)
4. Comfort hold (parent holds child upright/chest-to-chest) — preferred over restraint
5. Allow choice (which arm, which sticker) when possible
6. Honest, age-appropriate explanation; don't tell child "it won't hurt"
7. Reunite with parents immediately after

END-OF-LIFE COMFORT

- **Goal: comfort, not cure.** Pain control and dignity supersede other measures.
- Treat pain proactively (around-the-clock dosing); titrate as needed
- Mouth care q2h with moistened swabs; ice chips if able
- Reposition for comfort; use pillows; allow position the client prefers

- Death rattle: reposition + low-dose anticholinergic (per protocol); reassure family this isn't distressing to client
- Family at bedside; quiet environment; spiritual care if requested
- Respect cultural/religious traditions surrounding death
- Hearing is the last sense to fade — speak to client directly, calmly

> **Trap:** Withholding opioids near end of life for fear of "hastening death" is unethical undertreatment. The principle of double effect supports adequate pain control.

DISTRACTION & IMAGERY

- Effective for **mild–moderate pain** and procedural pain — adjunct, not a replacement
- Music: client's choice, calming tempo, 60–80 BPM matches resting HR
- Guided imagery script: quiet space, slow breathing, vivid sensory detail of safe/peaceful place
- Mindfulness / meditation: focus on breath; observe pain without judgment
- Effects last 20–60 min after session

IF / THEN — CLINICAL DECISION RULES

IF non-verbal toddler post-op	→	FLACC scale
IF advanced dementia client grimacing	→	PAINAD; treat presumptively
IF acute ankle sprain in first 48 h	→	cold therapy 15–20 min with barrier
IF chronic arthritis morning stiffness	→	heat therapy 15–20 min with barrier
IF client has pacemaker	→	TENS contraindicated
IF DVT in calf	→	do NOT massage

IF client speaks limited English	→	professional interpreter — never family member
IF EOL client with persistent pain	→	scheduled opioid + breakthrough doses; reassess q15–30 min

NCLEX TRAPS

"Stable VS = no pain"
VS often normal in chronic pain. Self-report is gold.

Heat for acute injury
Worsens bleeding/swelling. Cold first 48 h.

Cold without barrier
Frostbite, nerve injury.

TENS over carotid
Bradycardia/hypotension.

Massaging DVT or malignancy site
Embolism / cell dissemination risk.

Family interpreting pain
Use professional interpreter.

"Stoic culture means no pain"
Cultural expression varies; pain still exists.

Withholding opioids at EOL
Undertreatment; double effect supports comfort.

NCLEX PATTERNS

PATTERN: MATCH SCALE TO POPULATION

- Numeric (0–10): adult
- FACES: 3+ y
- FLACC: nonverbal
- PAINAD: dementia

PATTERN: ACUTE = COLD; CHRONIC = HEAT

- 15–20 min
- Always barrier

PATTERN: MULTIMODAL WINS

- Combine pharm + non-pharm
- Reassess after each intervention

PATTERN: SELF-REPORT RULES

- Pain is what the client says
- Use the right scale

NGN BOW-TIE — SAMPLE SYNTHESIS

Case: 4 y/o post-op tonsillectomy day 0. Crying, refusing to swallow, FACES = 6/10. Parents at bedside.

TOP 2 ACTIONS	CONDITION	TOP 2 MONITOR
• Administer scheduled acetaminophen ± weight-based opioid; cold compresses to neck • Distraction (favorite movie), parent comfort hold, popsicle when allowed	PEDIATRIC POST-OP PAIN	• Pain score reassessed in 30–60 min • RR, sedation, oral intake, bleeding

PATIENT & FAMILY EDUCATION CHECKLIST

- ✓ Report pain whenever it occurs — don't tough it out
- ✓ Use the same pain scale consistently
- ✓ Cold for first 48 h after injury; heat after that for chronic stiffness
- ✓ Always place a cloth between heat/cold pack and skin
- ✓ Limit each session to 15–20 minutes
- ✓ Combine medications with relaxation, music, distraction for best results
- ✓ Tell the nurse if pain isn't relieved within 30–60 min after meds
- ✓ Use TENS only as instructed; remove during sleep
- ✓ Practice deep breathing or guided imagery 10 min daily
- ✓ Speak up about cultural, religious, or personal preferences for comfort care

DAY 4 OF 7 — BCC STUDY GUIDE SERIES

Pair this guide with the Day 4 Question Bank (20 NGN items).

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