

## Providing Compassionate Care Through Pain Prevention

You can ease clients' worries and pets' stress with a pain prevention program

By Wendy S. Myers



Imagine the shock and emotions a client experiences when you tell her that her beloved pet has cancer. As you explain your diagnosis and treatment options, is she really listening? Although your client may leave with arms filled with handouts, she'll remember the arms wrapped around her and the gentle hug you gave her when she began crying.

Compassionate care is the cornerstone of veterinary medicine, and showing your softer side will bond clients to your practice. At the end of an appointment at the Veterinary Referral Center of Colorado (VRCC) in Englewood, Colo., client liaison Leah Ames gives clients a small note card with her name, phone number and information about how she can help them sort through the financial burden, medical diagnosis and emotional roller coaster. VRCC also offers a support group that meets twice a month. This caring gesture lets clients know that VRCC staff members will guide them through difficult decisions.

As animal stewards, clients want to ease pets' suffering. When clients face difficult choices about surgery and treatment options, you can reinforce their decision to proceed with aggressive pain-prevention protocols. "Clients expect pain medication," says Thomas E. Catanzaro, DVM, MHA, Dipl. FACHE. "If they ever had a potentially painful hospital procedure, pain management was prescribed and administered—it was not an option."

### **Clients Welcome Pain Prevention**

Preventive pain management benefits patients, clients and your veterinary team. When you walk through the hospital ward at Boston Road Animal Hospital in Springfield, Mass., you notice one missing element: barking or whining animals. Because every staff member at the wellness and specialty surgery practice takes a preventive approach and uses a pain-scoring system, patients rest quietly as they recover.

"Pain scoring helps track the patient's progress," Dr. Catanzaro says. "For example, if a patient has a pain score of 5 at 8 a.m. and it's down to a score of 2 by 10 a.m., you'd be pleased with the amount of pain medication you're giving. Pain scoring lets staff members talk about a patient's progress quickly and track it easily."

Because a painful state is catabolic, it leads to reduced immunity and mobility and increased infection and morbidity. Pain is a stressful event that interferes with patient healing and recovery, according to *Essentials of Small Animal Anesthesia and Analgesia* (Lippincott, Williams and Wilkins, 1999). Optimal

timing of analgesia is before surgery, and before the patient is exposed to noxious stimuli. Preemptive analgesia reduces the likelihood of developing peripheral and central nervous system hypersensitization, according to Pfizer Animal Health literature. If analgesics are administered after the animal awakens in pain, the pain is more difficult to treat and the patient requires significantly more medication than it would have if it received a preemptive dose.

“Pain prevention is a critical element of veterinary healthcare delivery,” Dr. Catanzaro says. “Pain management is what happens if we don’t prevent it.”

Consider including the injection of pain medication in the bundle of services for every surgery, just as anesthesia is included. Then offer an upgrade to a Fentanyl patch, Dr. Catanzaro advises. When presenting the healthcare plan with estimated expenses, your technician might say: “Pain control is essential with this procedure, so we included a 12- to 24-hour pain control injection in the procedure price. But for only an additional \$22.50, we can use a patch that extends the pain management for three to five days. Which do you prefer today?” This lets the client choose from two “yes” options.

When staff members educate clients about pain prevention, 95 percent accept it, Dr. Catanzaro says. In addition to bundled services that include pain medication, use a consent form. The American Veterinary Medical Association’s model standard consent form includes a statement about pain management: “I authorize the use of appropriate anesthesia and pain-relief medication as needed before or after the procedure.” The consent form is published in the 2001 *AVMA Directory*.

To ensure clients follow home-care instructions, always provide written discharge instructions that include signs of pain. Explain that sick or injured animals instinctively hide signs of pain. Tell clients to watch for slower movement, such as a pet that takes a few steps and lays down. Loss of appetite, excessive panting and vocalization also may indicate pain or stress. “Educating clients about the subtle signs of pain is a critical element of home care,” Dr. Catanzaro says.

Implementing a pain-scoring system and preventive protocols can help differentiate your practice. Clients will tell friends and neighbors about your pain-free, compassionate approach. “Our pain medications and awareness of pain has become better,” Dr. Catanzaro says. “Our clients always thought we used pain medication—as veterinarians we’d never leave animals in pain. When you offer pain management, 95 percent acceptance is the norm.”

### **How to Initiate a Pain Scoring System in Your Practice**

When caring for hospitalized pets, your technicians and veterinary assistants can closely monitor signs of pain or stress. This simple 10-point scoring system from *Promoting the Human-Animal Bond in Veterinary Practice* (Iowa State University Press, 2001) by Thomas E. Catanzaro, DVM, MHA, Dipl. FACHE, is a hybrid of a scoring system published in 1998 in *Compendium on Continuing Education for the Practice Veterinarian*. The Veterinary Emergency and Critical Care Society also offers a pain-scoring system.

All pain scored 2 or higher should have intervention, and the practice protocol cannot override a pain score by a staff member, Dr. Catanzaro emphasizes. While the doctor chooses the specific analgesic and dosage, these guidelines are widely accepted:

- **Lower scores:** torbutrol +/- Acepromazine, Rimadyl<sup>®</sup>, Ascriptin, Fledene, Phenylbutazone
- **Moderate scores:** Codeine, Ketoprofen
- **Higher scores:** Fentanyl patch, Oxymorphone, Morphine, spinal injection

Score	Description
<i>P-0</i>	No pain
<i>P-1</i>	Maybe there was pain
<i>P-2</i>	There should be pain (minor wounds, pro-op dental, abrasions, etc.)
<i>P-3</i>	Post-op soft-tissue surgery or more extensive wounds
<i>P-4</i>	Extractions or more extensive dental procedures
<i>P-5</i>	Multiple extractions, carnasal extractions
<i>P-6</i>	Declaw, post-op cruciate, fracture, blunt abdominal trauma
<i>P-7</i>	Head-pressing attitude
<i>P-8</i>	Major soft-tissue wound, severe fracture, pancreatitis
<i>P-9</i>	Extensive burns, multiple fractures, spinal trauma, septic gut, eye injury
<i>P-10</i>	Patient screaming

## About the Author:



Wendy S. Myers owns Communication Solutions for Veterinarians in Denver. Her consulting firm helps teams improve compliance, client service and practice management. Communication Solutions for Veterinarians has provided mystery phone shopper training to more than 2,600 receptionists nationwide. Wendy is a partner in Animal Hospital Specialty Center, a 13-doctor AAHA-accredited referral practice offering internal medicine, surgery, neurology, oncology, specialty dentistry, and emergency care in Highlands Ranch, Colorado. She is the author of four books and five videos. Subscribe to Communication Solutions for Veterinarians' e-newsletter on our website at: [www.csvets.com](http://www.csvets.com). E-mail Wendy at: [wmyers@csvets.com](mailto:wmyers@csvets.com).