Pain is what the patient says it is.  
-It is subjective Data.

**Acute Pain**  
**Chronic Pain**- Lasts for over 6 months and can interfere with daily living.  
**Nociceptive Pain**- caused by injury  
**Neuropathic Pain**- caused by inflamed or damaged (burning, shooting pains, numbness.)  
Substance P**

**Endogenous Opioids**- Our brain makes these to relieve pain. (naturally secreted.)  
-Endorphins (most specific kind.)

**Exogenous**- pharmacological sources of opioids  
-Centrally Active Pain Suppressants

-Centrally active opioids block receptor cells.

**Peripherally Acting Medications**- have LESS systemic side effects, work at target site for pain, dont necessarily affect CNS.

Non-Pharmacologicals can be used WITH medications.

**Transdermal, Endo, Neural Stimulation (TENS)**- machine attached to wires, wires attached to pads, the little box sends electrical currents to that area, they think it reacts with the CNS and substance P, by replacing it with electrical impulses.

**Retractable Pain**- Pain is so bad, nothing can be done.  
-Radiation or chemo for cancer patients to try and reduce cancer.  
-TENS to try and break the pain receptors internally  
-Maybe remove tumor.  
-Nerve Block

**Opioids**- are natural or synthetic, morphine like substances that are responsible for treating moderately to severe pain. ex. Morphine (one of the oldest ever invented.)

**Antagonist**- reverse affect of opioid  
**Naloxone (Narcan)**- Opioid antagonist, given for opioid overdose.  
-Schedule 2 drugs (locked away, most of them are IM injection, in ass or leg.)

The biggest side effect of Narcotic medications are- **RESPIRATORY DEPRESSION**
IV- patient will be out
IM- take 30 mins to get absorbed, lasts 4 hours

**Opiod narcotics**- highly addictive, high potential for abuse.

**Methadone**- given to patients who are having opioid narcotic withdrawals

**Role of nurse**- ASSESS THE PATIENTS RESPIRATORY STATUS

**Patient controlled analgesia**- syringe filled with morphine or phentanyl, locked into a machine, machine is waiting there for the patient to take their own dose. Use controller, push button, and morphine is injected whenever they push button. Health care practitioners may NEVER push the button for the patient. No one but the patient can push the button. Patient will never OD because they will be sleeping.
- urinary retention
- constipation
- itching
- rash

**NSAIDs**- non-steroidal, anti-inflammatory, drug.
- things that is going to reduce fever, inflammation, but are not steroids.

Side effects of Aspirin- GI irritation, GI bleeding, etc.
- A potent anti-coagulant

**Ibuprofen**- damage livers when OD.

**Cox 2 inhibitors**- relieves pain, fever, inflammation, less GI upset and bleed. (TO hypersensitive patients and elderly. Used often for bone/joint pain and arthritis.)