Pain is often classified into three types: acute, cancer, and chronic nonmalignant pain. Pain is also be classified by pathology: nociceptive versus neuropathic. Classifying pain guides nursing assessment, treatment selection, and goals of care.

### Classification of Pain

#### Acute Pain
- Acute pain is a symptom; it serves as a warning sign that something is wrong.
- Known cause, often following acute injury.
- Pain is time limited, it subsides as the body heals.
- Untreated acute pain has physiological consequences that increase morbidity and predisposes to the development of chronic pain.

#### Chronic Nonmalignant Pain
- Chronic pain is a disease; it serves no useful purpose.
- Original cause of pain may be gone.
- Pain lasting > 6 months or past the normal time of expected healing; it may last indefinitely.
- Impact of chronic pain: decline in function, depression, sleeplessness, difficulty concentrating, strained relationships, loss of job, feeling of no control over pain.
- Treatment is focused on improving physical function, emotional and social well-being, and reducing pain to a manageable level to optimize function.
- Treatment is multidisciplinary which addresses the behavioral, psychological, social, and environmental factors that influence pain perception.

#### Nociceptive Pain
- The normal response to a noxious stimulus or injury to skin, muscles, visceral tissues, and bone.
- Two subtypes: somatic and visceral
- Somatic pain: described as constant, achy, well-localized
- Visceral pain: described as cramping, gnawing, deep ache, pressure; poorly localized, may have referred pain
- Treatment usually responsive to nonpharmacologic interventions and analgesics (opioid and nonopioid).

#### Neuropathic Pain
- Pathologic pain caused by a primary lesion or dysfunction of the nervous system; abnormal processing of sensory input.
- High degree of variability in report of pain among patients.
- Frequently described as burning, tingling, or an electric shock. Numbness and tingling are often present.
- Treatment often requires adjuvant medications such as anticonvulsants, antidepressants, and local anesthetics.

#### Cancer Pain
- May be due to disease process or treatment of disease.
- Mixed pain types often present.

#### Mixed Pain
- Acute pain due to procedures, mucositis, postsurgical pain, infection, or tumor embolization.
- Nociceptive pain due to bone metastases, liver tumors, pancreatic tumors, or malignant bowel obstruction.
- Chronic pain unrelated to cancer diagnosis such as degenerative joint disease, low back pain with radiculopathy, fibromyalgia, or headaches.
- Neuropathic pain due to tumor burden on nerves, chemotherapy, or radiation treatment. Immunocompromised state may predispose to shingles outbreak.

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Key Takeaway Points

Patients often have mixed pain types including acute and chronic pain, nociceptive and neuropathic pain.

Understanding the difference between acute and chronic pain helps identify treatment goals and guides treatment planning.

Identifying nociceptive versus neuropathic pain guides selection of treatments. Do this by asking the patient to describe the quality of their pain.

Behind every good pain intervention is a great pain assessment.

Pain assessment is more than a number. A thorough assessment will assist in establishing individualized treatment goals.

Unrelieved acute pain has physiological consequences that increase morbidity and predisposes to the development of chronic pain.

Failure to accurately assess pain leads to ineffective pain treatment which can increase morbidity, prolong length of stay, and decrease patient satisfaction.

References and additional suggested reading:


