Pain Classification

Definition

Pain is classified by **intensity** to guide assessment and treatment decisions. The classification into **mild**, **moderate**, and **severe** pain is commonly based on patient-reported scores using scales such as:

- **Numeric Rating Scale (NRS)**: 0 = no pain, 10 = worst imaginable pain
- **Visual Analog Scale (VAS)**: 0–10 cm line
- **Verbal Rating Scale (VRS)**: “No pain”, “Mild”, “Moderate”, “Severe”

Numeric Scale Cutoffs

Category	NRS/VAS Score	Description
Mild pain	1–3	Noticeable, but does not interfere with daily activities or concentration
Moderate pain	4–6	Interferes with some activities, may require analgesia, affects mood or function
Severe pain	7–10	Disabling, constant, interferes with sleep, mobility, and vital signs; requires strong analgesia

Clinical Examples

Pain Intensity	Neurosurgical Context
Mild pain	Discomfort at surgical site, tension headache, early postop day 2–3
Moderate pain	Typical post-craniotomy headache, lumbar drain discomfort, wound stretching
Severe pain	Intracranial pressure headache, post-DREZotomy pain, hemorrhage or infection

Analgesia Guidelines by Pain Severity

Pain Level	First-Line Treatment	Optional Add-ons
Mild	Paracetamol (acetaminophen), NSAID	Local measures, positioning
Moderate	Paracetamol + NSAID	Weak opioids (e.g., tramadol), gabapentinoids
Severe	Strong opioids (morphine, oxycodone)	IV rescue, sedation, PCA pump

⚠ Notes

- Pain is **subjective**: assessment should include **behavioral cues**, especially in non-verbal or sedated patients
- Use pain scales **regularly** to guide titration of analgesics
- Always consider **neuropathic** or **visceral** components in persistent or disproportionate pain

Summary

Understanding pain intensity helps tailor analgesic strategies. - **Mild pain**: tolerable, non-limiting - **Moderate pain**: interferes with activity - **Severe pain**: disabling, urgent treatment required

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Major types of pain:

Nociceptive pain

a) somatic: well localized. Described as sharp, stabbing, aching or cramping. Results from tissue injury or inflammation, or from nerve or plexus compression. Responds to treating the underlying pathology or by interrupting the nociceptive pathway.

b) visceral: poorly localized. Poor response to primary pain medications.

Deafferentation

Poorly localized. Described as crushing, tearing, tingling or numbness. Also causes burning dysesthesia numbness often with lancinating pain, and hyperpathia. Unaffected by ablative procedures.

“Sympathetically maintained” pain and the likes, e.g. causalgia

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Often classified as acute or chronic.

Acute pain is frequently associated with anxiety and hyperactivity of the sympathetic nervous system (eg, tachycardia, increased respiratory rate and BP, diaphoresis, dilated pupils).

Chronic pain

Musculoskeletal pain

see Neuropathic pain

see Back pain

see Leg pain

Abdominal pain

Lancinating pain

Intractable pain

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Last update: **2025/06/02 23:25**