## Interventions to control pain

1. Evaluate pain according to the Visual Pain Scale. [17-18]
2. Wet dressings with saline or potable water prior to removal [19], carefully removing the dressings [1-2]; clean the lesion with potable water and liquid medical soap (pH 4.5) with the aid of tweezers and Metzenbaum scissors. [20]
3. Proceed with the use of blocks of ice before and after dressings. [21]
4. Apply non-sticking dressings. [1]
5. Administer systemic analgesics and/or non-steroidal anti-inflammatory drugs for mild pain; weak opioids for moderate pain and strong opioids for severe pain [17-19]
6. Administer topical analgesic (xylocaine) before proceeding with the dressing change [1, 17, 22-23]; administer lidocaine in combination with prilocaine or topical lidocaine or benzocaine. [23]
7. Administer topical opioids (morphine or oxycodone or meperidine tablets macerated and mixed with 0.9% saline solution or hydrogel). [1, 7, 18-19, 21-23]
8. Apply ibuprofen-based dressings. [1, 21]
9. Consider the use of general anesthesia, local neural block, spinal analgesia or general anesthesia with 50% oxygen associated with nitrous oxide when the pain is refractory to conventional treatment. [1, 17, 22]
10. Administer tricyclic antidepressants, anticonvulsants, gabapentoids. [18]
11. Proceed with combined analgesia to sedation. [2]
12. Considering anti-algic radiotherapy with the multiprofessional team. [21]
13. Agree on treatment with patient, family, and staff. [19]
14. Provide psychosocial support, addressing dialogues on how to deal with the disease and particularly with the formation of a malignant wound, as well as moments of rest, in which pre-recorded CDs with relaxation and exercises were made available. [20]
15. Use complementary measures, such as relaxation before, during and after the dressings, pacing pauses with the patient. [19]

Source: Research data, 2016