

# HANDLE WITH CARE!

PLEASE ALWAYS ASK BEFORE TOUCHING ME!

## I HAVE BEEN DIAGNOSED WITH COMPLEX REGIONAL PAIN SYNDROME



ALL MEMBERS OF MY CARE TEAM

PLEASE REVIEW!

### IMPORTANT GUIDELINES FOR MY CARE

- DO NOT USE ICE OR HEAT ON ME WITHOUT ASKING FIRST. THIS MAY AMPLIFY MY PAIN.
- PHLEBOTOMY SHOULD BE DONE BY SOMEONE EXPERIENCED AND ON UNAFFECTED LIMB ONLY USING PEDIATRIC NEEDLES (DO NOT PUNCTURE THE SKIN MORE TIMES THAN ABSOLUTELY NECESSARY).
- ADJUST RATE AND TEMPERATURE OF IV FLUIDS IF POSSIBLE, SOME RESPOND BETTER TO SLOWER AND WARMER INFUSIONS.
- WHENEVER POSSIBLE, PLACE PATIENTS IN A QUIET PART OF THE HOSPITAL.
- EXTRA LINENS BEING AVAILABLE IS APPRECIATED (TEMPERATURE REGULATION, ASYMMETRIC SWEATING).

### FROM CAREGIVER/PATIENT

- CRPS IS NICKNAMED "THE SUICIDE DISEASE". I AM HOPELESS ABOUT MY CONDITION. PLEASE DON'T MISTREAT ME, LIKE OTHERS HAVE BEFORE YOU.
- I AM HYPERSENSITIVE TO MANY UNCOMMON THINGS. I HAVE BRAIN FOG. I'M FORGETFUL & LOSE TIME. I AM IN MORE PAIN THAT YOU CAN FATHOM AND THIS AFFECTS MY MOOD, CAUSING ME TO BE SHORT TEMPERED, RUDE, OR SNIPPY AT TIMES - PLEASE KEEP ALL OF THIS IN MIND!
- I AM NOT DRUG-SEEKING AND DO NOT WANT PAIN MEDICATION - I WANT LONG-LASTING SOLUTIONS!
- ALL ILLNESSES ARE AMPLIFIED BY CRPS. ASSESSMENTS OF SUCH SHOULD REFLECT THIS.
- MY SYMPTOMS ARE NOT EXAGGERATED. PLEASE DO NOT DISMISS THEM!

### CRPS AFFECTS EVERY PATIENT DIFFERENTLY

#### WHAT ARE SYMPTOMS? WHAT DO THEY LOOK LIKE?

- **PERSISTENT** PAIN DESCRIBED AS BURNING, THROBBING, "PINS AND NEEDLES" SENSATION, OR COMPRESSION
- ALLODYNIA: SENSITIVITY TO TOUCH OR COLD (LIGHT TOUCH OR NORMAL PHYSICAL CONTACT)
- HYPERALGESIA: SEVERE/LONG-TERM PAIN AFTER MILDLY PAINFUL STIMULUS SUCH AS A PIN PRICK.
- CHANGES IN SKIN TEMPERATURE (AFFECTED LIMB MAY FEEL WARMER/COOLER THAN THE OPPOSITE LIMB), COLOR (BLOTCHY, BLUE, PURPLE, GRAY, PALE, OR RED), AND TEXTURE (SHINY, THIN, THICK, SCALY)
- EDEMA/SWELLING OF THE AFFECTED LIMB; ASYMMETRICAL SWEATING; NAIL AND HAIR GROWTH CHANGES
- THINNING OF THE BONE OR EXCESS BONE GROWTH, STIFFNESS IN AFFECTED JOINTS
- LOSS OF RANGE OF MOTION, IMPAIRED MUSCLE STRENGTH, MOVEMENT DISORDERS, ATROPHY

#### SUDOMOTOR/EDEMA



#### MOTOR/TROPHIC



#### VASOMOTOR



PHOTOS DONATED BY PATIENTS WITH CONFIRMED CRPS DIAGNOSIS



# MCGILL PAIN INDEX CRPS RANKED 46 OUT OF 50!

**ORIGIN:** 1971 - RONALD MELZACK, WARREN TOGERSON. MCGILL UNIVERSITY (CANADA)

**SIGNIFICANCE:** REVOLUTIONIZED PAIN RESEARCH BY CHALLENGING THE IDEA THAT PAIN IS STRICTLY CAUSE AND EFFECT. MELZACK DESCRIBED HOW THE BRAIN PERCEIVES PAIN, WHICH IS INFLUENCED BY PAST EXPERIENCE AND OTHER BRAIN INPUTS.

**PURPOSE:** PROVIDE QUANTITATIVE MEASURES OF CLINICAL PAIN BY MEASURING PAIN FROM MULTIPLE DIMENSIONS (SENSORY, AFFECTIVE,COGNITIVE, AND BEHAVIORAL)

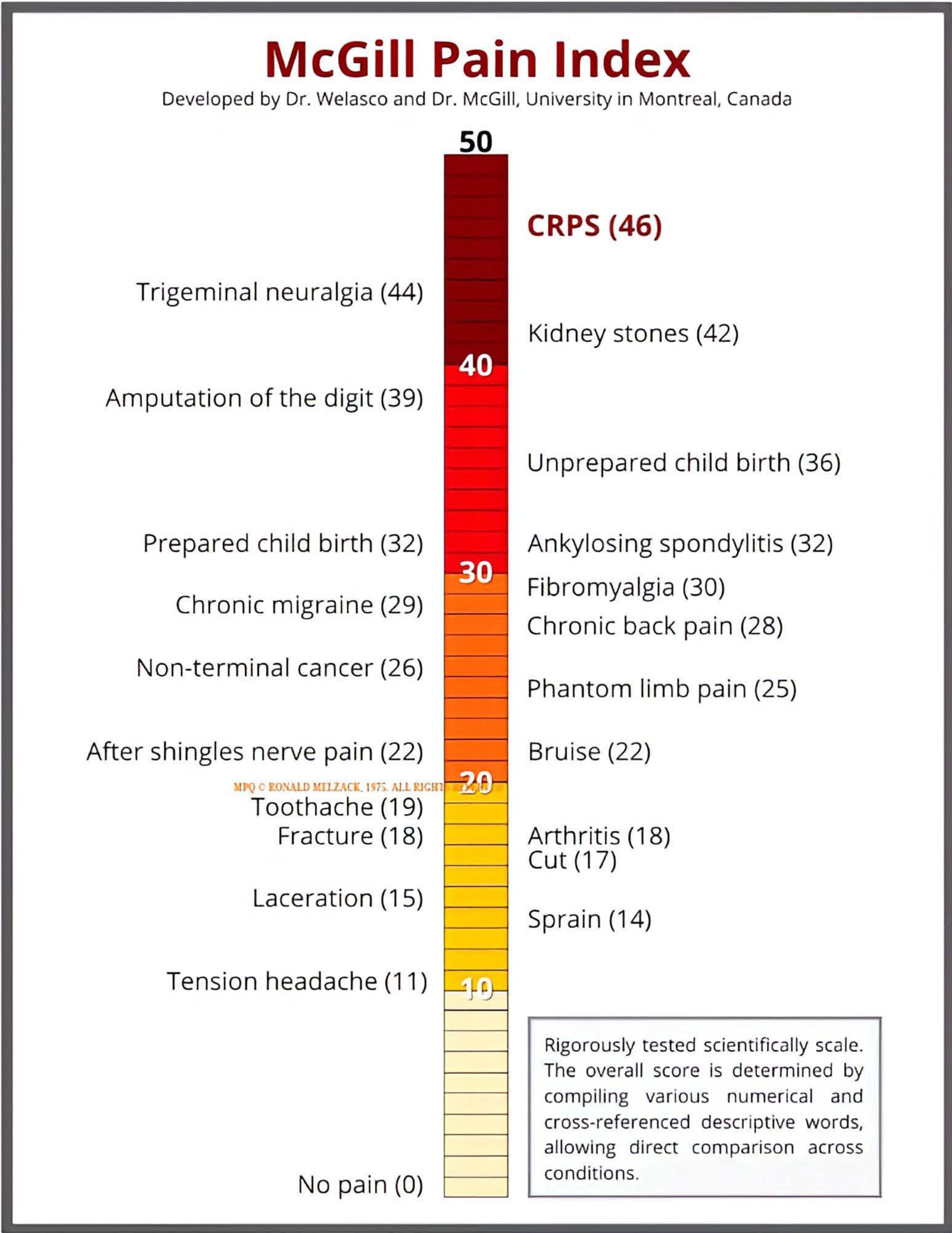
**HOW IT WORKS:** PATIENTS USE 3 MAJOR CLASSES OF WORD DESCRIPTORS - SENSORY, AFFECTIVE, AND EVALUATIVE TO SPECIFY SUBJECTIVE PAIN EXPERIENCE. IT ALSO CONTAINS AN INTENSITY SCALE AND OTHER ITEMS TO DETERMINE THE PROPERTIES OF PAIN EXPERIENCE.

### 3 MAJOR MEASURES:

**#1 THE PAIN RATING INDEX**, BASED ON TWO TYPES OF NUMERICAL VALUES THAT CAN BE ASSIGNED TO EACH WORD DESCRIPTOR

**#2 NUMBER OF WORDS CHOSEN**

**#3 PRESENT PAIN INTENSITY** BASED ON A 1-5 INTENSITY SCALE



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