In 2009, around 8,000 people were admitted to hospitals in Scotland following a stroke. Pain is known to be a common complication within the first 30 days following stroke, i.e., the acute phase, and may be present for a variety of reasons relating to the effects of stroke or to pre-existing conditions. This Quick Reference Guide summarises the main points of a Best Practice Statement which addresses pain management for patients following acute stroke. The target audiences for this statement are nurses working in stroke units or care homes. The full best practice statement can be downloaded at www.nhshealthquality.org or www.glasgow.ac.uk/nursing.

**Early recognition and assessment of pain**

1. Early recognition and management of pain is essential for stroke rehabilitation. Units consider the inclusion of pain assessment in proforma for admission and day-to-day documentation of care.
2. Early and appropriate treatment of pain can reduce the risk of chronic pain states.
3. Early recognition of the type of pain is key to appropriate management.
4. Early assessment is followed by referral to specialist colleagues, as required.

**Pain assessment tools**

1. Whenever possible the patient is the primary assessor of their own pain.
2. All stroke patients have their pain assessed, documented and reassessed.
3. A range of pain assessment tools is available to suit the needs of the patient.
4. Visual analogue scales and behavioural pain assessment tools are available in the clinical area.

**Pharmacological interventions**

1. Nurses take into account the prescribed and over-the-counter medicines the patient is already taking. They are aware of the potential cumulative and antagonistic effects and interactions which may occur when additional medicines are prescribed for post-stroke pain.
2. Nursing staff are aware of the limitations of the effectiveness of medicines for post-stroke pain.
3. Nurses have access to specialist advice when necessary.
Positioning

1. The rehabilitation potential following stroke is maximised.
2. Therapeutic positioning prevents complications and minimises pain.
3. Pictorial reminders of good positioning may be helpful when related to individuals’ specific positioning issues.
4. Staff are trained through organisational and/or online training in specific positioning and handling of people with stroke.

Central poststroke pain (CPSP)

1. Nurses are aware of signs and symptoms, including allodynia, of CPSP and its treatment. This is important for appropriate pain management.
2. Assessment of pain in stroke patients is ongoing.
3. If patients report pain, this is communicated to relevant members of the multidisciplinary team and appropriate action taken.

Hemiplegic shoulder pain (HSP)

1. Where there is evidence of a patient having HSP, there is referral to specialist colleagues.
2. Patients with more severe hemiplegia are identified as having greater risk of developing HSP.
3. A positioning and handling strategy is paramount in the prevention and treatment of HSP in stroke patients with upper limb weakness.

Headache

1. Nurses specifically enquire about headache in stroke patients.
2. Headache associated with dipyridamole use is managed by adherence to good prescribing guidelines.

Communication

1. Nurses provide information to patients and family/carers on pain following acute stroke in a variety of formats.
2. Nurses communicate about pain assessment and management to other members of the multidisciplinary team.

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On 1 April 2011, NHS QIS will become Healthcare Improvement Scotland.