

Pain Management Plan Case Studies

Instructions: Read each case study and develop a pain management plan that addresses the woman's concerns, as if she were present to represent herself. Consider every issue expressed by the woman and be sure to address each of the three sources of pain. Describe use of pharmacological and non-pharmacological methods.

1. Shalini is 30 years old with three children. She has no medical problems and has an early, unwanted pregnancy. She is slightly nervous about the MVA procedure because she has heard it can be painful. She wants the provider to be quiet but would like someone to hold her hand. She doesn't want to be groggy after the procedure. Based on your discussion, she decides on this plan:

Anxiety: Preferred support measures? _____

Anxiolytics/sedatives? _____

Pain of cervical dilatation: _____

Pain of uterine manipulation: _____

2. A small cervical tear complicated Eva's previous uterine evacuation, which was performed by another provider. A 19-year-old, healthy single woman, she agrees to cervical repair and an MVA. She is extremely nervous. After hearing the risks, benefits and alternatives, she wants as much sedation as she can have. She agrees to this pain management plan:

Anxiety: Preferred support measures? _____

Anxiolytics/sedatives? _____

Pain of cervical dilatation: _____

Pain of uterine manipulation: _____

3. Fifteen years old, nulliparous and otherwise healthy, Nancy has an unwanted pregnancy and unhealed vaginal tear from a violent rape 10 weeks ago. She is crying uncontrollably and in great emotional pain. She does not want anyone to touch her genitals. She agrees to the following:

Anxiety: Preferred support measures? _____

Anxiolytics/sedatives? _____

Pain of cervical dilatation: _____

Pain of uterine manipulation: _____

Pain Management Plan Case Studies Key

Case 1: Shalini

Anxiety: Preferred support measures? Provider will be quiet; someone will hold her hand.

Anxiolytics/sedatives? Does not want to be groggy and wants to go home quickly, so none used.

Pain of cervical dilatation: Paracervical block.

Pain of uterine manipulation: Oral analgesic such as ibuprofen 45 minutes before the MVA procedure.

Case 2: Eva

Anxiety: Preferred support measures? An assistant will provide her desired type of support.

Anxiolytic/sedatives? Consider conscious sedation if the facility has that capability, or administer PO or IV anxiolytic, such as Diazepam or sedative; consider slightly higher or additional dosage; closely monitor respirations.

Pain of cervical dilatation: Paracervical block; consider priming cervix with misoprostol or administering laminaria. If stenosis is present or tear is extensive, consider increasing sedation.

Pain of uterine manipulation: Oral analgesic such as ibuprofen 45 minutes before the MVA procedure.

Case 3: Nancy

Anxiety: Preferred support measures? An assistant will provide her desired type of support.

Anxiolytics/sedatives? May need conscious sedation.

Pain of cervical dilatation: Paracervical block.

Pain of uterine manipulation: Oral analgesic such as ibuprofen 45 minutes before the MVA procedure.