QUICK REFERENCE GUIDE

Emotional Pain Management

Champion Training · Wave 1

Pain-Free Hospital Program

Saudi German Health

Name

Designation / Role

Branch

How to Use This Guide

This is a compact reference to follow along during the session and keep afterward — it holds the core frameworks, not the session activities.

Knowledge Check questions, roleplay Patient Briefs, and Scoring Sheets are handled live in chat during the session — you do not need to find them here.

The Self-Care Plan on the last page is for your personal use only.

Orientation · Who Does What

Your Role	What You Do in This Program	Your Primary Training Responsibility
APS Team (Champion)	Respond to Level 2 escalations within 15 min. Apply CARE protocol at the bedside. Re-score EPS. Document fully in EHR.	Intervene and sustain clinical practice.
Nurse Educator	Lead the training of frontline staff at your branch, in coordination with the APS Champion.	Cascade training to all clinical frontliners.
PX Team	Capture patient feedback and drive process improvement in coordination with the APS team.	Turn what patients tell us into changes in how the branch works.
Clinical Frontliners (not in this session)	Level 1 support: screen every patient, apply AIDET, escalate appropriately.	Trained by nurse educators after this session.

The value chain:

Patient distress → Champion action → Educator cascade → PX improvement loop → SGH vision: every patient pain-free

Why Emotional Pain Matters

Emotional pain is not separate from physical pain — they are clinically inseparable.

Domain	Physiological Effect	Clinical Impact
FEAR (D1)	Activates the hypothalamic-pituitary-adrenal (HPA) stress axis → elevated cortisol and catecholamines	Directly lowers pain threshold and amplifies perceived pain
ANXIETY (D2)	Increases central sensitisation via sympathetic nervous system hyperactivity	Clinically equivalent to a supplemental analgesic dose in mild-to-moderate pain
CONFUSION (D3)	Produces learned helplessness	Patients refuse treatment; report higher pain scores even with adequate analgesia

EPS Framework — Screen, Score & Act

The Three EPS Screening Questions

DOMAIN 1 — FEAR

"Are you afraid of what may happen to you here?"

DOMAIN 2 — ANXIETY

"How worried are you feeling right now about your condition or treatment?"

DOMAIN 3 — CONFUSION

"Do you feel clear about what is happening and what will happen next?"

Ask in this exact order. Do not lead the patient. Score immediately after each response.

Scoring Each Domain (0–3)

Score	Level	What to Look For	EHR Phrase
0	No distress	Calm, natural eye contact, coherent, no tension or tearfulness	"EPS [D] = 0. No emotional distress noted."
1	Mild — self-managing	Slight nervousness, brief fidgeting, mild tearfulness resolving quickly	"EPS [D] = 1. Mild distress noted; brief verbal reassurance provided."
2	Moderate — active support	Persistent tearfulness, repetitive questions, visible tension, shortened attention span	"EPS [D] = 2. Moderate distress. AIDET + reassurance applied."
3	Severe — escalate now	Panic, refusal of care, dissociation, inability to process information	"EPS [D] = 3. Severe distress. Escalated to [L2/L3] at [HH:MM]."

Two rules that override everything else:

1. Score each domain immediately after the patient responds — do not wait until all three are done.
2. **When verbal and non-verbal signals conflict → always score the HIGHER level of distress.**

Score Interpretation & Required Action

Total Score	Level & Action	Response Time
0 – 3	LOW — Apply AIDET reassurance. Document in EHR. Continue care.	Immediate
4 – 6	MODERATE — Escalate to Pain & Comfort Champion. Do not delay for any other task.	Champion within 15 min
7 – 9	HIGH — Escalate to APS Team / Psychologist. Notify patient that specialist support is being arranged.	Specialist within 30 min

Safety override: Any suicidal ideation or acute psychiatric crisis → Level 3 immediately, regardless of EPS total.

Adapted Screening — Special Populations

Situation	How to Adapt
Paediatric (aged 6+)	Simplify: "Are you feeling scared?" / "Are you worried?" / "Do you know what the doctors will do today?"
Limited language proficiency	Use a qualified interpreter (in person or telephone). Never a family member. Use translated question cards.

Cognitive impairment / delirium	Replace self-report with validated behavioural observation. Nurse observation is the score. Document method used.
Patient declines to answer	Score on non-verbal observation alone. Document: "Patient declined verbal screening; score based on behavioural observation."
Acute pain — Numeric Rating Scale (NRS) ≥7	Analgesia first. Screen within 30 minutes once the patient can engage.

Tiered Emotional Support Model

Tier	Owner	Trigger	Core Action	Response Time
L1 — Reassure	All Clinical Frontline Staff	EPS 0–3 or any interaction	Apply AIDET. Warm, specific reassurance. Document EPS.	Immediate
L2 — Support	Pain & Comfort Champion (APS)	EPS 4–6 or L1 unresolved	Apply CARE protocol (10–15 min). Re-score EPS at end of CARE.	Within 15 min
L3 — Intervene	APS Team / Psychologist	EPS ≥7 or L2 unresolved	Full clinical assessment. Specialist intervention. Pharmacological support if needed.	Within 30 min

After CARE — Three Outcomes & Decision Points

Outcome	What to Do
Resolved	Score has dropped to 0–3 and patient is settled. Document. Arrange follow-up.
Partially improved	Patient is calmer but not fully settled. Observe for up to 15 minutes, then re-score. If improving → continue L2 and document. If stalled or worsening → escalate to L3.
Unresolved	Score unchanged or in high range, patient not settling. Escalate to Level 3 now. Specialist attends within 30 minutes.

When to Re-Screen EPS

- Upon patient arrival or admission (mandatory)
- After any significant change in clinical status
- Following a Level 2 or Level 3 intervention
- At the beginning of every nursing shift if prior EPS ≥4
- Prior to any high-anxiety procedure
- At discharge, as part of the Discharge Checkpoint

Communication Standards — AIDET & Teach-Back

AIDET — Mandatory for Every Patient Interaction

Element	Example Language
A — Acknowledge	"Good morning, Mr. Al-Ghamdi. I can see you have been waiting — thank you for your patience."
I — Introduce	"My name is Nurse Layla. I am the APS nurse assigned to your care today."
D — Duration	"This assessment will take about 10 minutes. I will let you know each step as we go."
E — Explanation	"I am going to assess your pain level and ask you a few questions about how you are feeling."
T — Thank You	"Thank you for being open with me. Before I go, is there anything else you would like to ask?"

AIDET is applied in EVERY patient interaction — not only high-distress situations. Done well, it keeps mild distress from building into the moderate range (EPS 4+) that requires Champion involvement.

Teach-Back — 5 Steps

Teach-Back is a test of how clearly you explained — not a test of the patient.

Step	What to Do
1 — Explain	Explain clearly in plain language, no jargon.
2 — Ask	"To make sure I explained this clearly, could you tell me in your own words what you will do when you get home?"
3 — Listen	Identify the gap — what did they miss or misunderstand?
4 — Re-explain	Use a different approach or simpler language. Never repeat the same explanation louder.
5 — Re-check & Document	Confirm understanding. Document outcome: adequate / partial / insufficient.

Teach-Back is mandatory for:
Post-op pain instructions · Discharge medications · Red-flag symptoms · Follow-up and chronic pain referrals · Patient-controlled analgesia (PCA) operation

Language Standards — Say This, Not That

Situation	Avoid	Use Instead
Patient expresses fear	"Don't worry, everything will be fine."	"I understand this feels frightening. Tell me what worries you most so I can address it directly."
Patient reports pain not controlled	"The medication should be working."	"I hear you — your pain is not at an acceptable level. Let me contact the APS team right now."
Patient doesn't understand	"I already explained this."	"I want to make sure I explained this clearly. Let me try a different way."
Patient expresses hopelessness	"I'm sure things will improve."	"I hear how exhausted you are. Can you help me understand what 'getting better' would look like for you?"

CARE Protocol — Deep Dive

For APS Champions and Nurse Educators · Level 2 Intervention (10–15 minutes)

	What to DO	What to SAY	What to AVOID
C CONNECT	Sit or stand at eye level. Introduce yourself and why you are here in plain terms. Remove barriers. Give full, undivided attention.	"My name is [Name]. I'm here specifically to help you feel more comfortable and supported. I have time to sit with you right now."	Standing over the patient. Checking your phone. Saying 'I only have a few minutes.'
A ACKNOWLEDGE	Name the emotion. Allow silence. Validate BEFORE reassuring. Do not rush.	"I can see you're going through something really difficult right now, and your feelings make complete sense."	Saying 'Don't worry' or 'Everything will be fine' before the patient feels heard.
R RESPOND	Ask an open question. Listen more than you speak. Reflect back. Find the actual source of distress.	"Can you help me understand what is worrying you most right now? I want to make sure I understand before we talk about what we can do."	Closed questions. Interrupting. Jumping to solutions before the patient finishes.
E EMPOWER	Concrete reassurance tied to a specific action. Restore sense of control. Involve the patient in the plan.	"Here is exactly what is going to happen next, and here is what you can do if you feel worried again."	Vague language like 'We'll sort it out.' Making promises you cannot keep.

If distress is unresolved after CARE:

Re-score EPS at the end of the CARE conversation → Resolved: document and arrange follow-up **Partially improved: observe up to 15 min, then re-score → Unresolved or stalled: escalate to Level 3 now**

Advanced Level 2 Techniques

For APS Champions and Nurse Educators

Grounding (5-4-3)

Use when: patient appears panicked, hyperventilating, or unable to focus — especially before a procedure.

Step	Instruction to Patient
1 — SEE	"Can you name 5 things you can see right now in this room?"
2 — TOUCH	"And 4 things you can touch or feel?"
3 — HEAR	"And 3 things you can hear?"

Takes 2–3 minutes. No equipment needed. Shifts cognitive focus away from fear and into the present moment.

Validation & Reframe

Use when: patient feels dismissed, hopeless, or out of control.

Do	Don't
Fully validate the emotion before any information or correction.	Say "You shouldn't worry about that."
Reframe toward patient agency: "You are right to want answers. Here is what you can do."	Jump straight to listing treatment options.
Shift from problem to what the patient can control.	Offer false reassurance at any point.

Family Inclusion Model

Use when: family members are present and visibly distressed, or conflicting information is reaching the patient.

1. Acknowledge the family's emotional state explicitly before anything else.
2. **Designate ONE family contact for all clinical communication — no exceptions.**
3. Include that person in Teach-Back.
4. *Say: "You can help us by being part of this conversation."*

Five-Step De-escalation Ladder

For APS Champions and Nurse Educators

Apply in sequence. Do not skip steps. Physical safety always comes first — if a patient becomes physically threatening, stop and follow your branch security and incident management protocol.

#	Action	How to Apply It
1	Lower your tone & pace	Speak slowly. Reduce volume. Model the calm you want the patient to reach. Your physiology influences theirs.
2	Create space	Give the patient room to speak. Avoid interrupting. Silence is not failure. Allow processing time.
3	Validate before content	"I completely understand why you feel this way." Validate the emotion before addressing any factual content.
4	Offer a choice	"Would you prefer I stay here with you, or would you like a few minutes on your own first?" Restore sense of control.
5	Find shared ground	"We both want the same thing — for you to feel better. Let's work on that together." Align on a common goal.

Experience Checkpoints & EHR Documentation

Checkpoints are mandatory clinical interaction moments — not surveys. The satisfaction survey is one element within the Discharge checkpoint only.

Checkpoint	Mandatory Actions	Document in EHR
ARRIVAL	AIDET introduction · Initial EPS (all 3 domains) · Agree target pain score · Explain care pathway	EPS score (D1+D2+D3) · Target pain score · Patient understanding confirmed
DURING CARE	Pain score vs. target · Re-screen EPS if status changed · Respond to non-verbal cues · Update patient on progress (every shift for inpatients; every 2 hrs in ER)	Pain score · EPS re-score if done · Communication note
POST-PROCEDURE (within 30 min)	Confirm pain at or below target · Re-screen EPS · Teach-Back on post-procedure instructions · Answer questions clearly	Pain score vs. target · EPS re-score · Teach-Back outcome
DISCHARGE	Confirm understanding of plan · Teach-Back on red-flag symptoms · Final EPS · Offer satisfaction survey	Final EPS · Teach-Back completion · Survey offered (Y/N)

EHR Documentation Rule:

Document EPS score, action taken, and patient response in the EHR BEFORE leaving the patient.

If a checkpoint cannot be completed, document the reason — e.g., "Patient sedated post-procedure, checkpoint deferred to [time]."

A checkpoint with no note is a checkpoint that did not happen, as far as audit is concerned.

Champion Self-Care — Non-Negotiable

Debrief after every high-distress interaction.

Attend the monthly Champion peer network — mandatory, not optional.

Tell your PX Coordinator proactively about situations that significantly affect you — before it becomes a problem.

If you cannot respond effectively in a moment, hand over and seek support. Your wellbeing protects your patients.

My Self-Care Plan

This section is for you only — it is not reviewed or assessed.

Situations I find most emotionally challenging:

My plan when I feel emotionally depleted:

My peer support contact at my branch (name + role):