Pain Management (Long Term Care Only)

“Pain” is an unpleasant sensory and emotional experience that can be acute, recurrent or persistent and is “whatever the person says it is, existing whenever he/she says it does” (Teno et al.). It is also known as the “Fifth Vital Sign.” The following are descriptions of several different kinds of pain:

- **Acute Pain** is generally pain of abrupt onset and limited duration, often associated with an adverse chemical, thermal or mechanical stimulus such as trauma, surgery and acute illness.
- **Breakthrough Pain** refers to an episodic increase in (flare-up) pain in someone whose pain is generally being managed by his/her current medication regimen.
- **Incident Pain** refers to pain that is typically predictable and is related to a precipitating event such as movement (e.g., walking, transferring, or dressing).
- **Persistent Pain** or **Chronic Pain** refers to a pain state that continues for a prolonged period of time or recurs more than intermittently for months or years.

Pain in Long Term Care

As many as 83% of nursing home residents experience pain that impairs mobility, may cause depression, and diminish their quality of life. In 2009, the rate of persistent pain recorded in nursing homes varied from 37.7% - 49.5%. Yet, the majority of the states were near 40%. Most chronic pain in nursing homes is related to arthritis and musculoskeletal problems. Pain may be associated with mood disturbances as well (depression, anxiety, and sleep disorders).

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<tr>
<th>Common Pain Misconceptions</th>
<th>Among Residents</th>
<th>Among Staff</th>
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<td>• Pain is a normal part of aging</td>
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<td>• Pain is a punishment for past actions</td>
<td>• Cognitively impaired residents have a high tolerance for pain</td>
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<td>• Pain medications are addictive</td>
<td>• Narcotics will hasten death</td>
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<tr>
<td>• Pain medications have bad side effects</td>
<td>• Residents complain more as they age</td>
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<tr>
<td>• Taking pain medication means I'll lose my independence and mental clarity</td>
<td>• Elderly have decrease sensation of pain</td>
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American Medical Directors Association (AMDA)

Pain Management Steps

1. Recognition/Assessment  2. Treatment  3. Monitoring

1. PAIN RECOGNITION/ASSESSMENT

All residents receive a Comprehensive Pain Assessment on admission. Pain is also evaluated during the weekly nursing assessment and prior to providing any type of pain medication. Pain is an experience that is highly individualized and multidimensional. The resident and family’s account of their pain experience is your most valuable assessment tool. Avoid assumptions – not all residents want to be completely pain free. **Listen carefully** for clues about the meaning of pain and observe for emotional responses, as they tell of their pain experience.

Assessment includes not only resident vocalization of pain but observation of nonspecific signs and symptoms that suggest the presence of pain:

- Frowning, grimacing, fearful facial expressions, grinding of teeth
- Bracing, guarding, rubbing
- Fidgeting, increasing or recurring restlessness
- Striking out, increase in agitation
- Eating or sleeping poorly
- Sighing, groaning, crying, breathing heavily
- Inability to participate in activities of daily living (ADLs)
- Change in behavior (especially cognitively impaired residents)

Evaluation of any type of pain includes: **Location** (where); **Onset** (time it first started); **Frequency** (how often); **Quality** (description); **Intensity** (pain scale)

**Pain Scales Used In BLUE RIDGE Long Term Care**

These scales can be found on the resident’s **Pain Management Flow Sheet** and should be used prior to the administration of pain medication and at least one hour after administration.

<table>
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<tr>
<th>Numeric Scale</th>
<th>Indicators of Pain or Possible Pain</th>
<th>Verbal Descriptor Scale</th>
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2. PAIN TREATMENT
There are a wide range of pharmacologic, physical and behavioral treatments related to the differing types of pain. Alternative methods for pain relief should always be attempted prior to medication use.

Alternative Therapies
- Resident/Family Education
- Exercise
- Physical/Occupational Therapy
- Restorative Nursing
- Positioning (braces, splints, wedges)
- Books on tape
- Activity
- Music/Art Therapy
- Hot/cold packs
- Massage Therapy
- Psychological/Spiritual Counseling
- Aromatherapy

Pharmacological Management
(AMDA General Principles for Use of Analgesics)
- Least invasive route first
- Start with PRN and then switch to regular dosing if resident uses more than occasionally
- Start with the lower regular dose and use PRN for breakthrough pain
- Adjust regular/routine dose depending on frequency/severity of breakthrough pain
- For acute pain – begin with low or moderate dose and titrate more rapidly
- For chronic pain – begin with low dose and titrate until comfort is achieved
- Use the appropriate medication for the pain the resident is experiencing (e.g., not using a narcotic for a headache)
• If pain medication is delayed until the pain is severe, there is no benefit to the resident

3. **MONITORING**

   Questions to ask:

   1. **Does the resident have pain relief?**
      The Pain Management Flow Sheet should be utilized to document the resident’s pain before implementing the appropriate pain medication and pain level after medication. Any alternatives to medication should also be documented on the flow sheet.

   2. **Are they experiencing any side effects?**
      Constipation, sedation, nausea and delirium are common side effects to pain medication. Residents that are receiving routine pain medications should also be on a routine bowel protocol and receive sufficient liquids to assure regular bowel movements.

   3. **Has their functioning improved?**
      Improved functioning with the minimal amount of pain medication intervention is the ultimate goal of pain management.

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<th>Remember the ABCs of Pain Management</th>
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<td><strong>A = Ask</strong> and <strong>assess</strong> pain management on a regular basis</td>
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<td><strong>B = Believe</strong> the resident and family in their reports of pain and what relieves it</td>
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<td><strong>C = Choose</strong> pain control options appropriate for the resident and pain type</td>
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<td><strong>D = Deliver</strong> interventions in a timely, logical, and coordinated fashion</td>
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<td><strong>E = Empower</strong> residents and their family and <strong>enable</strong> them with as much control as possible</td>
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(Center for Gerontology and Health Care Research, Brown University)