

Project is funded by the Department of Health  
his and Ageing under the Encouraging Best  
Practice in Residential Aged Care Program

# PAIN THE FIFTH VITAL SIGN

PAIN ASSESSMENT AND MANAGEMENT

For PCA's/AN's

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QUT





## ACKNOWLEDGEMENTS

- In 2008 and 2009 St Paul de Chartres Residential Aged Care Community and five other high care facilities located in Victoria and Western Australia will collaborate with a highly expert nationwide research consortium led by the National Ageing Research Institute (NARI), to undertake a research project. In Queensland this project is supported by the Dementia Collaborative Research Centre - Consumers, Carers & Social Research (DCRC-CC&SR) at the Queensland University of Technology. This new project aims to address the urgent need to establish an effective and sustainable implementation strategy for pain assessment and management for the residential aged care setting and is funded by the Australian Government Department of Health and Ageing as part of the “Encouraging Best Practice in Residential Aged Care” (EBPRAC) program. The project is multifaceted and will include 1:1 on the job education and training aimed at improving the knowledge base of all staff in assessment and management of pain as well as the appointment and professional development of an expert in house “pain champion” nurse at each facility. The final phase of the project will address the issue of practicability and sustainability of the newly developed implementation approach and strategies throughout the residential aged care sector. Researchers from the DCRC-CC&SR will commence work with staff and residents at the facility in the coming weeks.



## OBJECTIVES

- After completion of this session attendees will be able to:
  - Discuss how to identify pain
  - State when pain assessments should be completed
  - Discuss what factors we are assessing when carrying out a pain assessment
  - Perform a RVBPI and/or ABBEY
  - Discuss briefly treatment options
    - pharmacological
    - Non – pharmacological
    - Their responsibilities



## PART 1 – PAIN WHAT IS IT?

*Think about the last time that you had any pain.*

*What words would you use to describe that pain?*

*How did the pain impact on your day?*





## WHAT IS PAIN?

- *Definition*

- *“ It is an unpleasant sensory and emotional experience arising from actual or potential damage or described in terms of such damage”*

*( IASP Subcommittee on Taxonomy . Pain 6 (3): 249 June 1979)*

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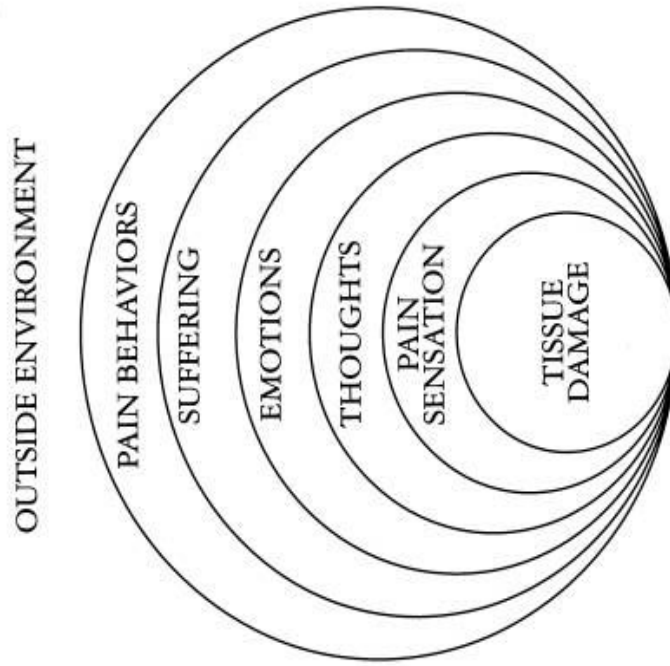




# WHAT IS PAIN?



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# WHAT IS PAIN?

## WHAT DOES THIS MEAN

- It can't be measured
- Based on the individual's own
- feelings and interpretations of the pain
- Influenced by beliefs, attitudes, personality





## PREVALENCE OF PAIN

- Significant number of residents in aged care are under treated for pain
- APS in 2005 Pain in Residential Aged Care: Management Strategies
  - **28 – 86% of nursing home residents have pain**
- Why?





# TYPES OF PAIN

## Three different ways to define types of pain

- **Acute Pain vs Chronic Pain**
  - **Acute Pain – incident pain**
    - Sudden
    - Related to acute injury or illness
    - Duration limited from days to weeks lessens with time
    - Obvious signs of pain
  - **Chronic Pain – cancer/non – cancerous**
    - Persistent > 3 months
    - Duration – months/years . unlimited
    - Assoc with depression, anxiety etc
- **Aetiology – cancerous, ischaemic, postoperative, incident**
- **Nociceptive/ Neuropathic/Psychological**



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# REFLECTION





# IMPACT OF PAIN

- Physical
  - stress response ( acute) prolonged chronic pain syndromes
- Behavioural
  - Restless or agitated
  - Altered behaviours
- Social
  - Withdraw





# IMPACT OF PAIN CONT.....

- Emotional/Psychological
  - Depression
  - Anxiety
  - Unhappy
  - Grumpy/Irritable
- Activity Levels
  - Altered sleep patterns
  - Decreased wanting to walk, attend ADL's
- Quality of life





## SOME OF THESE FACTORS CAN IMPACT ON THE EXPERIENCE OF PAIN

- What factors may increase or decrease a residents tolerance to pain?



# PART 2 PAIN ASSESSMENT





# IDENTIFICATION OF PAIN

- Ongoing process performed
  - On admission
  - Whenever change in resident condition
  - Whenever pain is suspected
  - Formally every 3 months

## Two step approach

- Residents Verbal Report
- Observation from Care Staff – done during rest/movements
  - Observe for facial expressions, vocalization, body movements, changes in social interactions, alterations in activity levels, change in mental state
- Use appropriate word – pain, soreness, tenderness, ache
- Use family members where possible
- Location, Intensity, Quality, Severity, exacerbation, onset, impact of quality of life, response to treatment





# REFLECTION



QUT

*Think of a resident who can verbally report pain. What would you like to know about the pain they are having?*

*Think of a resident who has a cognitive deficit or dementia? What are some of the behavioural changes that we may look for that may indicate that they have pain?*

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## PAIN ASSESSMENT GUIDE

### ○ “WILDA”

○ WORDS TO DESCRIBE

○ INTENSITY

○ LOCATION

○ DURATION

○ AGGRAVATING FACTORS



# PAIN ASSESSMENT GUIDE – COGNITIVE DEFICITS

## “ BODIES”

- Helps organise thoughts and report clearly to others

**B – BEHAVIOURS**

**O – OCCURRENCE**

**D – DURATION**

**I – INTENSITY**

**E – EFFECTIVENESS**

**S – START/STOP**





# PAIN ASSESSMENT

There are two tools

- Modified Resident Verbal Brief Pain Inventory Scale
- Tool for use with residents with cognitive deficits
  - Abbey Pain Scale/PAINAD

( see handout).





# M- RVBPI TOOL

## Verbal

- Quickest and easiest way to find out if someone is in pain
- Even residents with cognitive deficits may be able to say yes/no to a question asked
- Use different words
- Also observe resident
- RVBPI tool
  - Modified for use in residential care
  - Examines physical and psychosocial elements of the pain
  - Physically
    - Locality, intensity, effectiveness of medication
  - Psychosocially
    - Effect on sleep, movement, activities, mood, socialisation



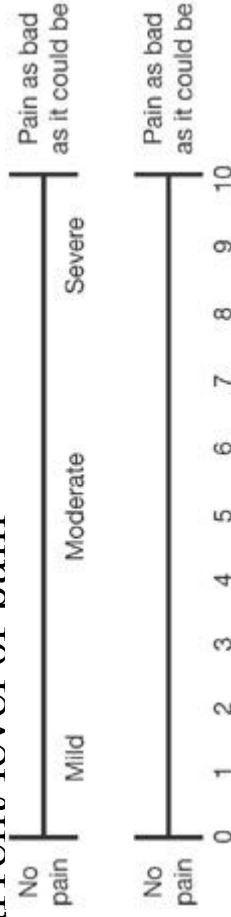


# RVBPI – OTHER TOOLS

To determine severity of pain use other tools - unidimensional

- Numeric Rating Scale

- “On a scale from 1 – 10 with one being no pain and 10 being the worst pain that you ever had, what is your current level of pain”



- Verbal Descriptor Scale

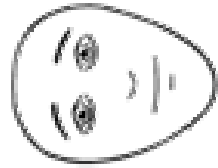





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# RVBPI TOOLS CONT.....

## o Facial

					
<b>SAMPLE</b> 0	2	4	6	8	10

<http://www.iasp-pain.org/AM/Images//gifpainfacescale.GIF>

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## ABBEY – PAIN SCALE

- Created specifically for people with dementia
- Can be used for people without dementia
- Have knowledge of the resident's usual function
- Looks at 6 areas of pain related behaviour
- Uses terms such as absent, mild, moderate and severe
- Examine each area and then add all the scores together





## ABBNEY PAIN SCALE – CONT

- Vocalisation
- Facial Expression
- Body Language/Movements
- Behavioural Changes
- Physiological Changes
- Physical Changes







## QUESTION

- What are some of the barriers that stop a thorough pain assessment?



# BARRIERS TO PAIN ASSESSMENT

- Cognitive Impairment
  - Dementia
  - Illness – confusion
- Communication problems – deaf, stroke
- Cultural/ Ethnic/Language
- Social Differences
- Personal Attitudes and Beliefs
  - Eg. Pain is sign of weakness
- Workloads + fears of staff

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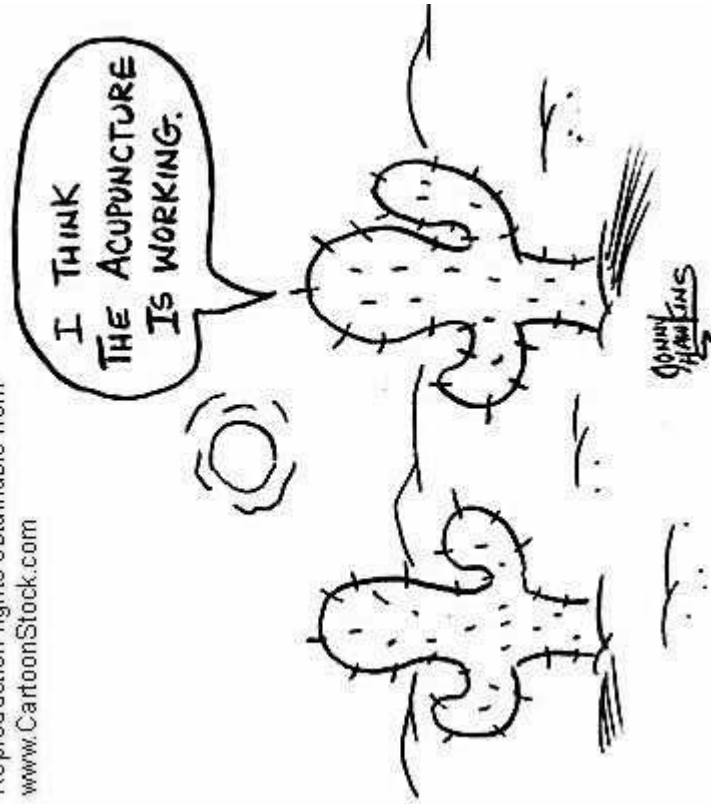


# PART 3 PAIN MANAGEMENT

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# PAIN MANAGEMENT OPTIONS

## Medicines

- Paracetamol
  - NSAID's – aspirin, ibuprofen, Nurofen
  - Opioids – morphine, Norspan etc
  - Antidepressants
  - Adjuvants – Lyrica, epilim
- 
- Know what medication the resident is on
  - Observe for side effects
  - Notify registered nurse





## QUESTION

- *What are some of the possible side effects of analgesia?*

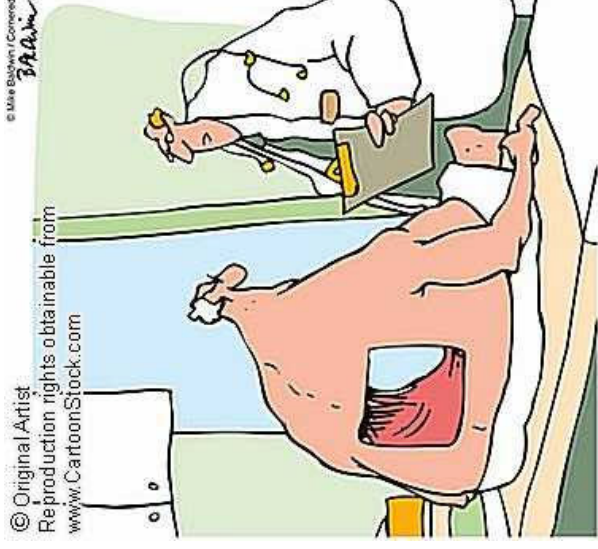


"I think you'll find the side effects of this little drug rather amusing."



## TREATMENT CONT.....

- Non – Medication
- Hot packs
- Massage Therapy
- Emotional/Spiritual Support
- Therapies – physical/ occupational
- Psychological – CBT
- CAM
- Diversional



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"Better lay off using the heating pad."





## SUMMARY

- Identify a pain problem
- Perform assessment using appropriate tool
- Know treatment plan – medicines and alternative treatment
- Watch for side effects





# QUESTIONS





## CASE STUDY

- Mrs B
- 90 year old lady – low care – 12 years
- Mobilizes with gutter frame
- Active – exercises twice a week, morning afternoon teas, hairdresser
- Family support
- Phx, AMI, angina, depression/anxiety, chronic pain -  
? Misuse of opioid, spinal canal stenosis, # R ankle, multiple falls
- Distressed, cries, pain down left leg, hip and sometimes down right ankle – burning, left hip aches, pain across abdomen, sometime skin burns.



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- Edith Cowan University.(2007). The PMG Kit for Aged Care: An Implementation Kit to Accompany The Australian Pain Society's Pain in Residential Aged Care Facilities: Management Strategies. Commonwealth Copyright Administration. Barton. ACT.
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- Soledad Cepeda, M. & Carr, D. ( 2003). Overview of Pain Management. In 2007, *Approaches to Pain Management: An Essential Guide for Clinical Leaders*, Joint Commission Resources Mission, Oakbrook Terrace. Illinois. Pp. 15 – 35

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