



COURSE OBJECTIVES For PCA/AN Training

After completion of this education series PCA/AN staff will be able to:

- Identify the presence of pain either through resident self reporting or through observation techniques
- Assess a resident's pain accurately utilizing pain assessment tools available (RVBPI and ABBEY/PAINAD and unidimensional tools).
- Identify barriers to effective pain assessment
- Discuss pain management options including pharmacological and non- pharmacological (including psycho-social, spiritual and CAM).
- Identify and discuss management of side-effects of pain management strategies

The following expansion of objectives identifies specifically what each member of staff should be able to perform/know.

Objective 1

Identify the presence of pain either through resident self reporting or through observation techniques

- Identifies some causes of pain
 - Arthritis
 - Nerve pain – diabetes
 - Bowel Problems
 - Strokes
 - Heart Problems/Poor Circulation
 - Falls
 - Shingles
 - Ulcers

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- Identification of pain is a two step approach
 - Verbal reporting from resident (at rest and during movement Assessment during movement is a must)
 - Observation of the resident at rest during movement or performance of duties of care
- Use appropriate language or words relative to the resident eg. Pain, ache, tenderness etc
- Can recognize some of the impacts of pain
 - Changes in behaviour
 - Changes in social interactions
 - Changes in activity levels
 - Emotional/Social changes
 - Physical Health
 - Quality of Life
- Lists some of the signs of pain
 - Facial expressions
 - Body Language /Movements
 - Activity Levels
 - Mental Status
 - Vocalisation
 - Behavioural/Personality
 - Physical changes

For more detailed information for each of these signs see Fact sheet 1.1 PMG kit.



- Utilizes family members or friends to obtain information where appropriate
- Pain identification is a continual process and should be formally completed:
 - On admission
 - With a change in the resident's condition
 - Whenever pain is suspected
 - At least every 3 months

Objective 2

Assess a resident's pain accurately utilizing pain assessment tools available (RVBPI and ABBEY/PAINAD and unidimensional tools).

- Once pain identified complete a pain assessment under the directive of Registered or Enrolled Nurse
- Completes a M - RVBPI assessment
- Completes a Abbey/PAINAD assessment
- Uses " WILDA" and 'BODIES' as a tool for communication of assessment changes in resident
- Can utilize a unidimensional tool for ongoing monitoring



Objective 3

Identify barriers to effective pain assessment

- States the major barriers to pain identification
 - Cognitive impairment – dementia, confusion
 - Difficulties with communication – deaf, difficulty speaking
 - Cultural and ethnic differences
 - Social differences- education
 - Personal attitudes and beliefs
 - Workloads of staff

Objective 4

Discuss pain management options including pharmacological and non-pharmacological (including psycho-social and spiritual).

- Pharmacological – understands that medication can be administered for relief of pain
- Recognises when and what analgesia has been given and correlation to planning of care

- Non- pharmacological
 - Utilizes heat packs
 - Utilizes massage therapy
 - Emotional and Spiritual Support – staff and family
 - Physical Therapy - exercises



- Activities
- CAM – complementary therapies
- Know when and where to get external help, if required

Objective 5

Identify and discuss management of side-effects of pain management strategies

- Carers need to be aware of potential side effects of some medication, particularly:
 - Constipation (pre-emptive treatment when opioids prescribed)
 - Nausea
 - Dizziness
 - Increased confusion or altered behaviour

References

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Edith Cowan University (2007) *The PMG Kit for Aged Care: An Implementation Kit for The Australian Pain Society's Pain in Residential Aged Care Facilities Management Strategies*. Barton, ACT Commonwealth of Australia