

PorcuPAIN

Don't Get Stuck With Pain

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Pain in the Cognitively Impaired, Elderly, and Demented Patient

Assessment of pain in the elderly, especially when they have dementia, are nonverbal or have problems communicating can be difficult but the necessity of identifying and relieving the distress of pain makes it necessary and desirable. Fortunately, experience has given us various steps to overcome communication difficulty. The American Society for Pain Management Nurses (ASPMN) has issued guidelines for assessing pain in nonverbal residents with advanced dementia.

Step 1: Ask the Resident About Pain

Many elderly, like normal residents can report pain, especially if you use words like "hurt," "ache," and "feel OK." If the resident uses specific words to describe discomfort, document and use these words to reassess pain and comfort level.

Know the resident's primary diagnosis and medical history. Ask hip fracture residents about the affected hip and leg, but don't stop there. Touch or point to the body part of concern while asking about pain to focus attention and clarify where any pain is located. Commonly used tools include the Numeric Rating Scale ("Is your pain 0 [none] to 10 [worst pain ever] or the Visual Analog Scale where the resident indicates their pain on a straight line from 0 to 10. These can be used both with residents who are cognitively intact and for some residents who are impaired. Although these tools have not been validated for use with elders with dementia, it is worth trying to use a pain assessment tool because only the resident can rate his or her level of pain. Several tools including the facial expression test where the resident is shown faces from smiling to frowning to assess pain in residents who are unable to reliably report their pain have been developed and validated, but each tool has limitations and none of these tools rates pain severity.

The painAD scale is available at <http://www.adma.com/caring/may2004/painad.htm>. It consists of 4 parameters: breathing independent of vocalization, negative vocalization, facial expression, body language and consolability. The scores are tallied on a 1-2 scale and added.

Step 2: Search for Potential Causes of Pain

Ask doctors, nurses and other caregivers about chronic conditions, especially musculoskeletal disorders and neuropathies. When a resident has limited mobility, consider the need for repositioning. Look for sources of discomfort in addition to pain -- for example, new skin irritation, constipation, recent falls, environmental conditions (too cold, too warm, too much glare, too noisy).

Step 3: Observe Behaviors

In the absence of self-report, observation of behavior is a valid approach to assess pain. However, behaviors do not always accurately reflect pain intensity, and in some cases, the observed behavior indicates another source of distress. Behaviors that are likely to be signs of pain include guarding a body part, reluctance to move or be moved, decreased mobility, and crying out or wincing when touched, with movement, or during procedures. Nonspecific distress behaviors that may or may not be caused by pain include restlessness, vocalizations, irritability, and decreased appetite. In a setting where longer contact fosters familiarity, the care giver may be better able to identify a resident's unique pain behaviors.

Step 4: Seek Surrogate Reports of Pain

In the absence of a resident's self-report of pain or comfort, family, friends, and other caregivers can function as surrogates to assist in identifying a resident's pain. Family members are often able to describe lifelong or recent patterns associated with pain such as changes in effect, mood, appetite, or activity.

MoLANE Planning Committee Members:

- Missouri Pain Initiative
- Missouri Association of Homes for the Aging
- Missouri Health Care Association
- Missouri Coalition Celebrating Care Continuum Change
- Missouri Association of Nursing Home Administrators
- Missouri Department of Health and Senior Services
- Missouri League for Nursing
- Missouri State Long-Term Care Ombudsman
- Missouri Board of Nursing Home Administrators
- National Association of Health Care Assistants
- Primaris, Missouri's Medicare Quality Improvement Organization
- Quality Improvement Program for Missouri (QIPMO)

Watch for more PAIN Tips!