

Part II: Pain Management

Advanced
Presentation for
Nursing Staff



ILLINOIS FOUNDATION FOR
QUALITY HEALTH CARE

Complete Pain Evaluation

- Pain identified upon screening
- Complete a comprehensive pain evaluation
- Elements of a complete evaluation
 - Location
 - Intensity or severity
 - Quality (description)
 - Duration
 - Pattern
 - Current treatment/response



Key Steps for Comprehensive Evaluation

- Review screening tool
- Establish a protocol
- Monitor completion of tool
- Implement Care Plan
- Communicate
- Involve Interdisciplinary Team



Evaluating Pain in Mild to Moderately Cognitive Impairment

- “ASSESS!”- Use standard scale
- Ensure understanding of tool (staff & resident)
- Provide time to grasp tool, response and repetition
- Ask resident about present pain
- Observe for verbal/nonverbal pain-related behaviors
- Observe for changes in usual activities and functions



Monitoring Treatment Effectiveness

- Pain scales
 - Use appropriate tool considering physical and cognitive status of resident
 - Use the same pain scale
- When
 - Each shift
 - Medication changes
 - Change in condition



Key Steps in Monitoring

- Residents monitored for pain at least daily
- Pain scale used
- Responsibility for monitoring designated
- Results of monitoring recorded in medical record
- Re-evaluate plan of care based on monitored results



Non-Pharmacologic Treatments

- Exercise
- Immobilization
- Transcutaneous Electrical Nerve Stimulation
- Acupuncture
- Cutaneous Stimulation



Non-Pharmacologic Treatments, cont.

- Relaxation and Imagery
- Distraction and reframing
- Psychotherapy
- Hypnosis
- Peer support groups
- Pastoral counseling



McGill Pain Questionnaire

*Example of Verbal Analog Scale

- 0- No pain
- 1- Mild
- 2- Discomforting
- 3- Distressing
- 4- Horrible
- 5- Excruciating



World Health Organization Analgesic Ladder

- Step 1- Mild Pain
 - Non-opioid
 - Acetaminophen
 - NSAID
- Step 2- Moderate Pain
 - Mild opioid
 - Acetaminophen with codeine
 - Hydrocodone



World Health Organization Analgesic Ladder, cont.

- Step 3 - Severe Pain
 - Strong opioid
 - Morphine
 - Duragesic
 - Long-acting
- Note: Residents on strong opioids should be started on prophylactic regimes to prevent constipation
 - *Refer to REFERENCE INFORMATION for opioid equivalency



Reassess

- When
 - Regular intervals
 - Complaints of increasing pain
- Elements of reassessment
 - All elements of comprehensive assessment
- Who
 - Anyone requiring an increase in frequency of prn medication



Opioids

- Safe effective analgesics
- Oral route equally effective as injectable
- No ceiling effect
- 7-10% population lack CYP2D liver enzyme: codeine and hydrocodone cannot be metabolized and therefore will not be effective



Physician Barriers to Effective Opioid Pain Control

- Fear of causing addiction or relapse
- Fear of regulatory and legal barriers
- Lack of experience with opioid analgesics
- Side effects



Patient Barriers to Effective Opioid Pain Control

- Patient and family fear of addiction
- Misconception about side effects
- Reluctance to report pain
- Physician patient relationship



Addiction

- Rare in patients given opioids for pain
 - Less than 1%
 - 11,882 patients/ 0 addiction
-
- Porter and Jick, NEJM 302: 123, 1980



Regulatory Concerns

- State and Federal regulatory concerns over exaggerated
- Documentation and record keeping is key
- History and Physical
 - Treatment plan
 - Reassessment



Medications to Avoid in the Elderly

- Meperidine: normedperidine that lowers seizure threshold and increases delirium
- Propoxyphene (Darvon®): poor analgesic
- Pentazocine (Talwin®): poor analgesic, frequently causes delirium and agitation



Key Steps to Improving Treatment

- Step 1
 - Administer medications routinely, not prn
- Step 2
 - Use the least invasive route of administration first
- Step 3
 - Begin with low dose-titrate up



Key Steps to Improving Treatment, cont.

- Step 4
 - Monitor and document effectiveness of medication daily
- Step 5
 - Reassess and adjust dose to optimize pain relief while monitoring and managing side effects



Quality Improvement Steps

- Step 1
 - Document current practice
- Step 2
 - Evaluate and identify areas to improve
- Step 3
 - Select one area to improve 1st
- Step 4
 - Define current process



Quality Improvement Steps

- Step 5
 - Make changes
- Step 6
 - Pilot test changes
- Step 7
 - Evaluate changes



Improving the Quality Measure

- Improve
 - MDS coding
 - Pain assessment
 - Pain management program
- Implement
 - QA/QI team based on internal need
 - Include pharmacy consultant
 - Medical director



Care Planning Components

- Pharmacologic component
- Non-pharmacologic component
- Monitoring component



Key Steps in Care Planning

- Gather assessment data
- Set realistic goals
- Implement interventions
- Involve residents and staff
- Revisit care plan for effectiveness



Summary

- All the steps are essential for effective pain assessment and management
- Achieving improved pain control in the elderly
 - Team approach
 - Individualization of plan of care
 - Start low and go slow
 - Combined treatments

This material was prepared by the Iowa Foundation for Medical Care, the Medicare Quality Improvement Organization for Iowa, under contract for the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

9SoW-IL-GNPS-08/08-027

