

# PAIN: A SYSTEMATIC APPROACH

A systematic approach to management of pain includes involvement of an interdisciplinary team **including** the physician.

**Screening** – Initial and routine for residents:

- Complete Minimum Data Set (MDS):
  - Upon admission
  - Quarterly
  - With change in condition
- Ask questions such as:
  - Are you in pain now?
  - Does it hurt anywhere?
  - How is your pain today compared to yesterday/your worst day?
  - Does your pain keep you from sleeping at night?
  - Does your pain keep you from participating in activities?
  - Do you have pain every day?

**Comprehensive assessment** – If pain is identified upon screening:

- Description of pain, intensity, location, frequency, pain at least/worst, aggravating/alleviating factors, current treatment, response to current treatment
- Utilize a standardized pain scale:
  - Visual analogue scale
  - Verbal numeric scale with visual thermometer
  - Face numeric scale
  - PAINAD (Pain IN Advanced Dementia) tool on non-communicative residents

**Determine the underlying cause of pain and address it via a care plan** – If medication use is appropriate, consider the following:

- If activity exacerbates pain, medicate **before** activities including:
  - Therapy
  - Bathing
  - Wound care
  - Turning
  - Recreational activities
- If pain medication is utilized **more** than occasionally, consider **scheduled dosages**
- Medications may be more effective when used with complementary treatments including:
  - Exercise
  - Massage
  - PT/OT positioning
  - Meditation
  - Aromatherapy

**“Fifth Vital Sign”** – Conduct regular assessments and incorporate into practice standards

**Monitoring treatment effectiveness**

- Monitor for pain at least on a daily basis
- Pain scales: minimally daily, with med changes, changes in condition
- Designate responsibility for monitoring
- Record monitoring results in the medical record



IOWA FOUNDATION  
FOR MEDICAL CARE