Pain PACT®
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Pain in Long-Term Care: A Team Approach to Quality Care

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Objectives

- Describe the prevalence of pain among older people
- Incorporate an interdisciplinary approach into the planning of care for the resident with pain
- Identify key components of quality pain care, including screening, assessment, and management

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4

What is Pain?

- ***Pain:*** "An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage."

IASP. IASP taxonomy: pain terms. Available at: http://www.iasp-pain.org/Taxonomy#Pain. Accessed November 29, 2015.

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5

Pain in Older Adults

- Pain is prevalent among older people.[1,2]
  - 25%-50% of community-dwelling older adults[2]
  - up to 80% of residents in long-term care facilities[3]
- Older adults with cognitive impairment receive less pain medication than those who are able to communicate, despite equal incidence of painful illness.[4]
- Most health conditions associated with aging carry a substantial burden of pain.[2]
- Multiple factors contribute to poor pain management; failure to recognize and assess pain is primary.[1-4]

1. Closs SJ, et al. *J Pain Symptom Manage.* 2004; 27:196-205.
2. Hadjistavropoulos T, et al. *Clin J Pain.* 2007;23:51-543.
3. Feldt KS. *Annals of Long Term Care.* 2000;8:36-41.
4. Herr K, et al. *J Pain Symptom Manage.* 2006; 31:170-192.

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What Are The Consequences of Failing to Assess Pain?

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Multiple Factors Potentially Influence and/or Are Influenced by Pain


Physical


Psychological


Biological


Financial


Social


Cultural

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A Team Approach to Quality Care

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9

Steps to Achieve Quality Care[1,2]

- Establish Goal:
  - Each resident with pain will maintain or achieve the highest possible level of well-being
- Make pain a priority for all team members
- Screen to determine if the resident has been, or is, experiencing pain
- Comprehensively evaluate the pain
- Identify circumstances when pain can be anticipated and/or prevented
- Develop and implement a plan

[1]Centers for Medicare & Medicaid Services. *Quality of care guidance at F309*. CMS 2009.
[2]American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. *J Am Geriatr Soc*. 2009; 57:1331-1346.

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Screening

- Upon admission
- On a regular basis
- With a change in condition
- Anytime pain is anticipated or suspected

Centers for Medicare & Medicaid Services. *Quality of care guidance at F309*. CMS 2009.

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Assessment Overview[1,2]

- Complete a comprehensive assessment
- Utilize self-report whenever possible
- Utilize surrogate reporting if necessary
- Ask simple yes/no questions
- Observe for pain-related behaviors at rest and during movement
- Search for potential causes of pain
- Distinguish type(s) of pain
- Document initial and ongoing assessment

1. American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. *J Am Geriatr Soc*. 2009; 57:1331-1346.
2. Herr K, et al. *Pain Manage Nursing*. 2006;7:44-52.

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12

Anticipate and Prevent Pain

- A medical diagnosis commonly associated with pain (e.g., osteoarthritis, cancer)
- Activities and procedures (dressing changes, movement, physical therapy, etc.) that may cause pain
- Incorporate preventative measures, both pharmacologic and/or nonpharmacologic, in the plan of care
- Offer reassurance to resident that pain will be prevented/minimized to the extent possible during activities and procedures

Centers for Medicare & Medicaid Services. *Quality of care guidance at F309*. CMS 2009.

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13

Develop and Implement a Plan[1,2]

- Care plan should include etiology, type & severity of pain, needs, risks, and goals
- Address underlying cause when possible
- Follow a rational, step-wise approach
- Use pharmacologic and/or non-pharmacologic interventions
- Manage the pain and/or try to prevent the pain consistent with the resident's goals
- Monitor the resident for:
  - Effectiveness
  - Adverse consequences/side effects

1. Centers for Medicare & Medicaid Services. *Quality of care guidance at F309*. CMS 2009.
2. American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. *J Am Geriatr Soc*. 2009; 57:1331-1346.

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14

Knowledge Check – True or False?

- Almost all long-term care residents have predisposing factors for developing pain; therefore, a high index of suspicion regarding pain is warranted.
- Multiple factors contribute to poor pain management; failure to recognize and assess pain is primary.
- The best indicator of pain is the nurse's observation.
- Even in the presence of mild or moderate cognitive impairment, a pain assessment can be made using simple questions.
- It takes an interdisciplinary team to manage pain.

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15

Bottom Line

"Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care."

Quality of care guidance at F309

Centers for Medicare & Medicaid Services. *Quality of care guidance at F309*. CMS 2014.

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16

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Pain Assessment: The Essentials

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Objectives

- Discuss care implications of key components of the initial and ongoing pain assessment.
- Apply assessment data to goal establishment and etiology-based care.

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Test Your Knowledge

Which of the following statements regarding pain assessment are true?

- Providing appropriate pain care requires a thorough multidimensional assessment
- A physical examination is not necessary as pain is subjective
- Pain care goals should be set and evaluated regularly

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21

Initial Pain Assessment

- Physical examination[1,2]
  - Suspected pathophysiology of pain
  - Assessment of neurologic or musculoskeletal changes
- Diagnostic evaluation[1,2]
  - May include X-ray, MRI, CT scan, neurologic or pharmacologic tests
  - Disease-specific assessments
- Detailed history[1,2]

1. National Cancer Institute. Pain—for health professionals (PDQ®). http://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-hp-pdq#section/all. Revised July 216, 2015. Accessed November 17, 2015.
2. Breivik H, et al. *Br J Anaesth*. 2008;101(1):17-24.

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Assessment of Chronic Pain[1,2]

General Medical History
- Current and previous diagnoses
- Current and previous treatments
- Concerns about outcome of pain, health
- Goals of therapy/desired treatment outcome

Pain History
- Location
- Pain intensity
- Description
- Onset and temporal pattern
- Aggravating and relieving factors

Physical Examination
- Neurological, musculoskeletal changes

Other Considerations
- Well-being, activity and psychosocial factors
- Function
- Quality of life
- Emotional status

Addiction History and Risk Factors

1. Breivik H, et al. *Br J Anaesth*. 2008;101(1):17-24.
2. McCarberg B, et al. *Pain Practice*. 2008;8(6):423-432.

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Initial Pain Assessment: PQRST Mnemonic

Provocation. What triggers pain?

Quality. How would the pain be described?
(e.g., sharp, dull, throbbing, burning, aching, etc.)

Region. Where does the pain occur?

Severity. How intensely would residents rate the pain?
(e.g., ratings "on average," "at worst," "at its least," and "now")

Temporal. When does the pain occur?
- Acute, recurrent, chronic
- Onset (e.g., with exercise, with contact, at night)
- Course (e.g., how long does it last?)
- Fluctuation (e.g., does it come and go with medication cycle, daily routine, variation in therapy, etc.)

McCarberg B, et al. *Pain Practice*. 2008;8(6):423-432.

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24

Differences Between Acute and Chronic Pain

Characteristics	Acute Pain	Chronic Pain
Temporal features	Recent onset; expectation of short duration (e.g., days or weeks)	Remote, often ill-defined onset; duration unknown or >3 to 6 months
Intensity	Variable	Variable
Associated affect	Anxiety or irritability may occur when pain is severe	Irritability or depression may arise
Associated pain-related behaviors	Pain behaviors may occur when pain is severe (e.g., moaning, rubbing)	May or may not show visible indication of pain (e.g., may have learned comfortable positions)
Associated features	May have signs of sympathetic hyperactivity when pain is severe (e.g., sweating, hypertension)	May develop vegetative signs (e.g., lassitude, anorexia, weight loss, insomnia, loss of libido)

Portenoy RK, et al. In Portenoy RK and Kanner RM, eds. *Pain Management: Theory and Practice*. Philadelphia, PA: FA Davis; 1996.

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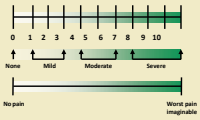
25

Tools to Measure Pain Intensity

- Unidimensional Pain Scales[1,2]
  - Numeric rating scale
  - Verbal rating scale
  - Visual analog scale
  - Symbolic faces scale
- Multidimensional Pain Scales[1]
  - Brief Pain Inventory (BPI)
  - McGill Pain Questionnaire (MPQ)
  - Other assessments (e.g., quality-of-life assessment)



1. Breivik H, et al. *Br J Anaesth*. 2008;101(1):17-24.
2. McLafferty E, et al. *Nurs Stand*. 2008;22:42-46.

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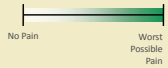
26

McGill Pain Questionnaire (Short-Form)

Type		Mild	Moderate	Severe
Throbbing	0)	1)	2)	3)
Shooting	0)	1)	2)	3)
Stabbing	0)	1)	2)	3)
Sharp	0)	1)	2)	3)
Cramping	0)	1)	2)	3)
Gnawing	0)	1)	2)	3)
Hot-burning	0)	1)	2)	3)
Aching	0)	1)	2)	3)
Heavy	0)	1)	2)	3)
Tender	0)	1)	2)	3)
Splitting	0)	1)	2)	3)
Tiring/Exhausting	0)	1)	2)	3)
Sickening	0)	1)	2)	3)
Fearful	0)	1)	2)	3)
Punishing/Cruel	0)	1)	2)	3)



Present Pain Intensity		
0	No Pain	___
1	Mild	___
2	Discomforting	___
3	Distressing	___
4	Horrible	___
5	Excruciating	___

Melzack R. The short-form McGill Questionnaire. *Pain*. 1987;30(2):191-197.

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27

Pain Care Goals

- With the resident, identify a realistic and attainable goal for pain care[1,2]
  - Short-term and long-term goals may be set
  - Relieve pain
  - Minimize adverse outcomes

1. McCarberg B, et al. *Pain Practice.* 2008;8(6):423-432.
2. Jan SA. *J Manag Care Pharm.* 2010;16(1 Suppl B):S22-25.

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Pain Assessment: An Ongoing Process

- Ongoing assessment[1]
  - Pain relief
  - Status of goal attainment
  - Adverse effects of therapy
  - Aberrant behavior
  - Potential need for referral
- Frequency[2]
  - At regular intervals after initiation of the treatment plan
  - With each new report of pain
  - After each intervention

1. McCarberg B, et al. *Pain Practice.* 2008;8(6):423-432.
2. Joint Commission. *Approaches to Pain Management: An Essential Guide for Clinical Leaders.* Oakbrook Terrance, IL: Joint Commission;2010:1-158.

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29

Pain Assessment Essentials

- Thorough pain assessment includes the following[1]:
  - Medical history
  - Physical examination
  - Pain history
  - Factors potentially influencing and influenced by pain
  - Addiction history and risk factors
- Chronic pain requires thorough assessment[1]
- Pain history includes provocation, quality, region, severity, temporal qualities[2]
- Pain severity should be measured using a validated tool[2]
- Pain care goals should be set and evaluated regularly[2]
- Assessment should be ongoing, with referrals considered[2]

1. Breivik H, et al. *Br J Anaesth.* 2008;101(1):17-24.
2. McCarberg B, et al. *Pain Practice.* 2008;8(6):423-432.

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30