KNOWLEDGE ASSESSMENT QUESTIONS

Expert Review Tool

Following you will find a list of 47 questions reflecting the 19 Geriatric Pain Competencies. Each question is included as part of a case study. For each question you will be asked to rate the Relevance and Clarity of the test question as defined below, as well as the Accuracy of the Correct Response.

Relevance: The test item is relevant and has content validity.
Clarity: The test item and explanation is clear, understandable.
Accuracy: The correct answer we have indicated and the explanation is correct from your point of view.

You will see a scoring table and directions as shown here, for each of the 47 questions in this tool. Please check only one response in each column and provide other comments as appropriate.

In addition, you will be asked a number of general questions about the process and the question bank at the end of the individual item review.

Please note we chose to use three primary references in hopes that by limiting the number, readers would be more likely to access these documents as a future resource.

If you have any questions about the process you may contact: Lois Miller, Competency Development Leader lois.miller@ucdmc.usdavis.edu or Keela Herr, Pain Workgroup Leader at keela-herr@uiowa.edu.

Thank you for your time and input on this project.

Name of Reviewer:

_____

Date Review completed:

_____

Please rate the test item on the following table and provide comments as appropriate

Relevance of Question	☐Strongly disagree ☐Disagree ☐Neither agree or disagree ☐Agree ☐Strongly agree
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Comments	

Please return your completed review tool to: Paula Jeffers, Administrative Coordinator, Sigma Theta Tau International, 550 W. North Street, Indianapolis, IN 46202 or via email at paula@stti.iupui.edu.

CASE STUDY 1: Acute Pain/Short Term Rehab

Mr. Jones is an 85 year old widower who has prostate cancer with metastases to the bone. He has a history of cardiovascular disease, hypertension, gastrointestinal esophageal reflux disease, and mild dementia. He lives alone, has no close family members, and is withdrawn. He does not like to take medications and usually takes acetaminophen for pain. He was recently hospitalized following a fall at home. X-rays revealed three fractured ribs on his right side. He reports his pain as severe and describes it as sharp, especially with movement. Upon examination, he was found to be slightly dehydrated, frail, alert with mild confusion, diminished appetite, and weighed 90 pounds.

1. Which of the following describes the type of pain Mr. Jones is experiencing?

    a) Visceral
    b) Neuropathic
    c) Nociceptive
    d) Chronic

Correct Response: (C) All bone pain, which is somatic pain, arises from injury to musculoskeletal structures or superficial cutaneous tissue, is well localized, and is nociceptive in nature.

Competency 2: Explain the etiologies and characteristics of, and differences in treatment for, nociceptive and neuropathic pain.

Reference: Polomano, R. (2010). Neurophysiology of pain. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), pp. 64-65.

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In the hospital Mr. Jones was started on a 25 mcg. transdermal fentanyl patch every 72 hours with Percocet 1 tab every four hours prn for breakthrough pain. A week later he was transferred to a long term care facility for rehab services. Upon admission, he was found to have fluctuating behaviors of lethargy, confusion, and non-cooperativeness with care. At the facility he was evaluated by the interdisciplinary pain care team.

2. After assessing Mr. Jones, the team agrees that his lethargy, confusion and fluctuating behaviors are most likely caused by:

    a) dehydration
    b) opioid-induced delirium
    c) metastatic cancer
    d) dementia

Correct Response: **(B)** The use of a 25 mcg transdermal fentanyl patch, a potent opioid, is not recommended in an opioid-naïve older adult and is most likely the cause of Mr. Jones's delirium as well as his transfer to a new environment which may be a contributing factor. Since elderly, cachectic, or older adults may have altered pharmacokinetics due to poor fat stores, muscle wasting, or altered renal clearance, opioid effects and analgesic needs should be closely evaluated prior to starting treatment.

Competency 12: Identify and implement treatment strategies to avoid the adverse effects of analgesic drugs in older adults with renal and hepatic impairment.

Reference: Ghafoor, V., St. Marie, B. (2010). Overview of pharmacology. In B. St. Marie (Ed.), *Core curriculum for pain management nursing*, (2nd ed.), p. 287.

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3. After assessing Mr. Jones, which pain management recommendation would you make?
   a) Continue the transdermal fenatnyl patch and add ativan to decrease anxiety and agitation.
   b) Discontinue the transdermal fentanyl patch, start an immediate-release opioid, titrating to effect to determine the 24 hr. dose requirement for optimal relief
   c) Discontinue the transdermal fentanyl patch and start an NSAID q 4 hrs. around the clock
   d) Continue the transdermal fentanyl patch and increase caffeine intake and activity to decrease lethargy

Correct Response: (B) The most reliable way to develop a controlled-release opioid regimen is to treat patients with an immediate-release opioid for 24-48 hours and titrate to optimal effect to learn the average daily dose requirement. Opioid effects and analgesic needs should be evaluated with immediate-release preparations before instituting a controlled-release opioid regimen in opioid-naïve patients.

Competency 8, 9, 10:
Develop and implement an individualized treatment plan for managing pain based on assessment, functional and cognitive abilities, and the older person's pain treatment goals. (8)

Evaluate the effectiveness of an individualized treatment plan for pain and adapt the plan based on changing pain assessment data. (9)

Identify appropriate analgesic drugs and doses, taking into account the physiologic changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications. (10)

Reference: Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), p. 581.

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4. Which is the appropriate method of converting someone from a transdermal fentanyl patch to oxycontin?

   a) Start the oxycontin 24 hours after removal of the transdermal fentanyl patch and give Percocet every four hours prn for breakthrough pain
   b) Remove the transdermal fentanyl patch, give Percocet every four hours around the clock for 24 hours, then start the oxycontin.
   c) Start the oxycontin 18 hours after removal of the transdermal fentanyl patch and give Percocet every four hours prn for breakthrough pain.
   d) Start the oxycontin 18 hours after removing the transdermal fentanyl patch and hold the Percocet to prevent over sedation.

Correct Response: (C) Eighteen hrs following removal of the transdermal fentanyl patch, oxycontin can be initiated. After removal, serum fentanyl concentrations decline gradually, falling about 50% in approximately 17-18 hrs. Oxycontin should be initiated after 18 hrs as an overlap, as there is less risk of exacerbation of pain if this overlap is instituted. A short-acting analgesic should be available prn for breakthrough pain that may occur.

Competency 10, 13:
Identify appropriate analgesic drugs and doses, taking into account the physiologic changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications. (10)

Recognize common side effects of opioids and apply treatment strategies to prevent, minimize and/or treat side effects. (13)

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management*. St. Louis: Mosby, pp. 390-394.

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5. For which type of pain is a transdermal fentanyl patch appropriate?
   a) Acute pain
   b) Post-operative pain
   c) Moderate to severe intermittent pain
   d) Moderate to severe persistent pain
   e) b and d
   f) All of the above

Correct Response: (D) A transdermal fentanyl patch is recommended for moderate to severe, persistent pain and not recommended for mild, intermittent, acute or post-operative pain. Due to the slow onset of action, with steady-state concentrations being reached within 12-24 hours, transdermal fentanyl is not suitable for the routine management of short-lasting, acute or intermittent pain states.

Competency 12: Identify and implement treatment strategies to avoid the adverse effects of analgesic drugs in older adults with renal and hepatic impairment.

Reference: Ghafoor, V., St. Marie, B. (2010). Overview of pharmacology. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), p. 287.

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6. Mr. Jones demonstrates the ability to use a pain rating scale that is easy for him to understand and tells you that his pain is "severe". His report is reflective of which scale?
   a) FLACC (faces, leg, activity, cry, consolability) scale
   b) NRS (numerical rating scale)
   c) VDS (verbal descriptor scale)
   d) Wong-Baker scale (faces scale)

Correct Response: (C) The verbal descriptor scale (VDS) contains verbal terms (e.g., mild, moderate, severe) which patients can use to express the intensity of their pain. The pain scale used should be appropriate to the patient's cognitive ability, easy for the older adult to understand, and used consistently with that person.

Competency 4: Select and use valid and reliable pain assessment tools for assessing pain in cognitively intact individuals.

Reference: Pasero C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management.* St. Louis: Mosby, pp. 68-69, 84-85.

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7. Mr. Jones receives Percocet around the clock to manage his pain; however, he still reports moderate pain at times. With his metastatic bone disease and diminished appetite, which adjuvant drug would you recommend adding to his treatment regimen?

   a) An antidepressant
   b) A corticosteroid
   c) An NSAID
   d) An anticonvulsant

Correct Response: (B) Corticosteroids are considered multipurpose adjuvant drugs indicated for the treatment of metastatic bone pain because they inhibit prostaglandin synthesis, reduce edema surrounding neural tissues, have anti-inflammatory effects, improve appetite, decrease nausea, and enhance mood.

Competency 15: Incorporate appropriate adjuvant drugs into the treatment plan for select painful conditions.

Reference: Pasero, C. & McCaffery M. (2011). *Pain assessment and pharmacologic management*. St Louis: Mosby, pp. 645-647.

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8. Mr. Jones admits he does not like to take medications and fears taking opioids. One of the biggest fears most often related to opioids is fear of:
   a) falls
   b) addiction
   c) nausea
   d) sedation

Correct Response: (B) Fear of addiction among patients, physicians and nurses is consistently reported as a major concern and barrier to effective pain management.

Competency 1: Explain and apply information to clarify common misconceptions about pain in older adults and the barriers to effective treatment.

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management*. St. Louis: Mosby, pp. 538-541.

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9. Which of the following statements about tolerance, physical dependence, and addiction are correct?

   a) Tolerance and physical dependence are normal responses that occur with the regular administration of opioids and are part of the body's adjustment to the presence of the drug.
   b) Addiction rarely results from the use of a drug when taken as prescribed for the sole purpose of pain relief.
   c) All patients who take opioid analgesics will develop physical dependence to some degree and will experience withdrawal symptoms if the drug is suddenly discontinued.
   d) Addiction is a compulsive overpowering drive to take a drug to experience psychological effects, even in the face of known potential harm.
   e) a and d
   f) All of the above

Correct Response: (F) Tolerance occurs with regular administration of an opioid and consists of a decrease in one or more effects of the opioid; physical dependence is a normal response that occurs with repeated administration of an opioid for more than 2 weeks and is manifested by the occurrence of withdrawal symptoms when the opioid is suddenly stopped or rapidly reduced or an antagonist is given – tolerance and physical dependence cannot be equated with addiction; addiction is a chronic, neurologic and biologic disease influenced by genetic, psychosocial, and environmental factors and characterized by behaviors which include impaired control of drug use, continued use despite harm, and craving. Less than 1% of patients who take opioids as prescribed for pain relief develop addiction.

Competency 1, 13:
Explain and apply information to clarify common misconceptions about pain in older adults and the barriers to effective treatment. (1)

Recognize common side effects of opioids and apply treatment strategies to prevent, minimize and/or treat side effects. (13)

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management.* St. Louis: Mosby, pp. 33-35.

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10. You explain to Mr. Jones that he will be placed on a bowel regimen to prevent opioid-induced constipation. The standard recommended protocol for preventing constipation is:

    a) a stool softener
    b) a stool softener and bowel stimulant
    c) a stool softener and increase in fiber intake
    d) a stool softener and increased activity

Correct Response: (B) A combination of a stool softener and bowel stimulant is the standard recommendation for patients receiving daily opioid analgesics and is the proactive approach to opioid-induced constipation. Opioids affect bowel function primarily by inhibiting propulsive peristalsis through the small bowel and colon. Patients do not develop tolerance to the constipation side effects even with long-term use of opioids.

Competency 12: Identify and implement treatment strategies to avoid the adverse effects of analgesic drugs in older adults with renal and hepatic impairment.

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management.* St. Louis: Mosby, pp. 484-489.

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11. You explain to Mr. Jones the benefits of using distraction (e.g., music, relaxation, etc.) as an intervention to direct attention away from pain. Which statement about distraction is accurate?

    a) Distraction strategies are most appropriate when individualized for the person
    b) Distraction strategies are most effective for intense pain
    c) Distraction strategies are more appropriate for persistent pain
    d) Distraction strategies require very little of the older adult's attention.
    e) a and c

Correct Response: (A) Studies indicate that distraction strategies are more effective if geared to the individual's needs, preferences, and abilities. It is difficult to divert attention from severe pain, and there is no evidence to indicate that distraction is more beneficial for persistent pain than any other type of pain.

Competency 16: Select appropriate non-pharmacological pain treatment strategies tailored to the unique needs, abilities and preferences of the older adult.

Reference: Elliott, J., Simpson, M**.** (2010) Persistent pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing*, (2nd ed.), pp. 443-447.

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12. Which statement is correct regarding the use of non-pharmacologic interventions for pain management in older adults?

    a) Music is rated as the most effective, non-pharmacologic method
    b) Cognitive methods are preferred over physical methods by older adults.
    c) Most non-pharmacologic methods are based on the older adult's past experiences
    d) TENS (transcutaneous electrical nerve stimulation) is not effective in relieving post-operative pain in older adults.
    e) All of the above

Correct Response: (C) Older adults have past experiences and preferences regarding the type of nondrug approaches that work well for them and may be accustomed to using a specific method that is effective which should be considered as part of the treatment plan.

Competency 16: Select appropriate non-pharmacological pain treatment strategies tailored to the unique needs, abilities and preferences of the older adult.

Reference: Elliott, J., Simpson, M. (2010). Persistent pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing*, (2nd ed.), pp. 443-447.

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CASE STUDY 2: Chronic Pain/ Diabetic Neuropathy

Betty is an 88 year old woman who was admitted to a nursing home after multiple falls at home and following several visits to the emergency room. She has a history of multiple hospitalizations for congestive heart failure, has diabetes, degenerative joint disease, severe osteoarthritis, renal insufficiency and hypertension. She has a supportive grandson who has seen a continued decline in Betty's physical ability and mental status over the past two years. During her last hospitalization, Betty realized that because of her declining medical and physical condition she could no longer care for herself at home, and upon the advice of her physician and grandson, was transferred to a nursing home.

At the nursing home, Betty tells you that her hips and knees have been very painful and the cause of some of her falls at home. She relates that on her last visit to the emergency room she was advised to take acetaminophen for the pain and was told that the pain was chronic and also due to "getting old". She said the doctor feared giving her stronger medication because of her age. She tells you that the pain in her knees and hips is 8 out of 10.

13. When taking Betty's history, which question would be most helpful in obtaining information about her prior functional ability?

    a) What activities have you recently participated in?
    b) How far are you able to walk?
    c) What is your favorite hobby?
    d) What can you no longer do because of the pain?

Correct Response: (D) The answer to this open-ended question will provide the most information about the older adult's usual activities of daily living including social activities, hobbies, mental status, and psychological well-being.

Competency 7: Apply information about specific physiological age-related factors that influence the assessment and management of pain in older adult.

Reference: D'Arcy, Y. (2010). Pain assessment. In B. St Marie (Ed.), Core curriculum for pain management nursing (2nd ed.), p. 218

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14. Identified barriers leading to the undertreatment of pain include:

    a) Physicians' over-prescribing of opioids
    b) Lack of knowledge about pain management among healthcare professionals
    c) Inadequate resources to effectively treat pain
    d) Inadequate pain assessment tools

Correct Response: (B) Lack of knowledge about pain management among healthcare professionals is consistently reported as a major barrier to effective pain management and undertreatment of pain.

Competency 1, 3:
Explain and apply information to clarify common misconceptions about pain in older adults and the barriers to effective treatment. (1)

Explain potential consequences of untreated pain specific to older adults. (3)

Reference: Curtiss, C. (2010). The pain management nurse as an educator. In B. St. Marie (Ed.), Core curriculum for pain management nursing (2nd ed.), p. 669.

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15. At the nursing home, x-rays of Betty's knees and hips indicate severe degenerative changes. She is currently prescribed Percocet QID for pain relief but still reports moderate to severe pain, especially in her right hip and knees. What recommendation would you make in her pain management regimen?

    a) Change the Percocet to a 25 mcg transdermal fentanyl patch q 72 hrs with breakthrough pain medication q 4 hrs prn
    b) Continue the Percocet and include physical and occupational therapy for strengthening exercises and ambulation
    c) Change the Percocet to oxycontin 10 mg every 12 hours with breakthrough pain medication q 4 hrs. prn
    d) Schedule the Percocet every four hours around the clock

Correct Response: (C) Changing the Percocet (short-acting opioid) to oxycontin (long-acting opioid) will provide better pain control for moderate to severe, persistent pain, decrease the amount of pills taken daily, prevent the possibility of acetaminophen toxicity, and be easily titrated to optimal relief. When converting someone from a short-acting opioid to a long-acting opioid, you need to calculate the 24 hour dose of the short-acting opioid (Percocet x 4 doses = 20 mg of oxycodone in 24 hours) and then divide by 2 to obtain the 12 hour dose of the long-acting opioid (20 mg of oxycodone divided by 2 = 10 mg of oxycontin every 12 hours).

Competency 8, 9:
Develop and implement an individualized treatment plan for managing pain based on assessment, functional and cognitive abilities, and the older person's pain treatment goals. (8)

Evaluate the effectiveness of an individualized treatment plan for pain and adapt the plan based on changing pain assessment data. (9)

Reference: Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), p. 581.

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16. Betty's grandson is concerned about the opioids she is taking daily and voices his fear about the possibility of respiratory depression. You reassure him and explain that the best method of assessing and preventing opioid-induced respiratory depression is:

    a) blood gas analysis
    b) mechanical apnea monitoring
    c) monitoring of sedation level
    d) pulse oximetry

Correct Response: (C) Monitoring sedation level is the best method of determining respiratory status and preventing opioid-induced respiratory depression. Increased sedation precedes respiratory depression. If appropriate steps are taken to address persistent sedation, respiratory depression is unusual in patients receiving opioids.

Competency 12: Identify and implement treatment strategies to avoid the adverse effects of analgesic drugs in older adults with renal and hepatic impairment.

Reference: Eksterwicz, N., Colwell, A., Vanderveer, B., Menez, J. (2010). Acute pain management. In B. St. Marie (Ed.), *Core curriculum for pain management* nursing, (2nd ed.), pp. 364-365.

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17. One day Betty tells you that she is feeling a burning, tingling sensation in both feet which is keeping her from sleeping at night and causing discomfort during the day. Betty is most likely experiencing neuropathic pain as a complication of her diabetes. Neuropathic pain is usually caused by:

    a) the normal processing of sensory input by the peripheral and central nervous system
    b) the progressive decrease in the discharge of the dorsal horn neurons
    c) the repeated injury to motor neurons
    d) the repeated noxious stimuli resulting in spinal cord hyperexcitability and hypersensitivity

Correct Response: (D) Neuropathic pain is the result of repeated, prolonged, noxious stimuli causing hyperexcitability and hypersensitivity leading to chronic neuropathic pain states; it is pain sustained by abnormal processing of sensory input by the peripheral or central nervous system, most often as a result of injury.

Competency 2: Explain the etiologies and characteristics of, and differences in treatment for, nociceptive and neuropathic pain.

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management*. St. Louis: Mosby, pp. 95-98.

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18. Which medication would you question if ordered by the physician for treatment of Betty's neuropathic pain?

    a) Amitriptyline
    b) Desipramine
    c) Gabapentin
    d) Duloxetine

Correct Response: (A) Amitriptyline is not recommended for older adults due to its high incidence of anticholinergic and sedative adverse effects and long half-life; it is the least well-tolerated of all the tricyclic antidepressants in older adults.

Competency 11: Identify medications that should be avoided or used with caution in older adults and explain their adverse effects.

Reference: Kelly, A. M. (2010). Gerontology pain management. In B. St Marie (Ed.), *Core curriculum for pain management nursing*, (2nd ed.), p. 581.

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19. Which of these adjuvant drugs would be the most appropriate to treat Betty's neuropathic pain?

    a) Desipramine 25 mg at hs
    b) Gabapentin 100 mg tid
    c) Duloxetine 60 mg bid
    d) Nortriptyline 25 mg in am

Correct Response: **(B)** Gabapentin 100 mg tid is the correct dose to start treating the neuropathic pain and titrate to effect; Gabapentin has no known drug-drug- interactions and is reported to be safe for older adults. Desipramine, duloxetine, and nortriptyline should be started at the lowest possible dose and nortriptyline is safer when given at bedtime.

Competency 15: Incorporate appropriate adjuvant drugs into the treatment plan for select painful conditions.

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management,* St. Louis: Mosby, pp. 664-665.

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Comments	

20. Which information provided by Betty is the most important that can affect the pharmacologic management of pain?
    a) A decline in renal function
    b) A history of constipation
    c) Cognitive impairment
    d) A decline in pulmonary function

Correct Response: (A) A decline in renal function is most important because elimination of drugs is impeded by the age-related reduction in renal mass and blood flow, making older adults at higher risk for drug accumulation and toxicity, especially with drugs that have a long half-life.

Competency 7, 12: Apply information about specific physiological age-related factors that influence the assessment & management of pain in older adult. (7)

Identify & implement treatment strategies to avoid the adverse effects of analgesic drugs in older adults with renal & hepatic impairment. (12)

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management*, St. Louis: Mosby, pp. 363-365.

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21. In establishing goals for the effective management of pain, which of these would you consider to be the most significant in planning care?
    a) Prevention of side effects
    b) The older adults age
    c) What is important to the older adult
    d) The older adult's support system

Correct Response: (C) An effective plan of care involves the older adult whose perspective is key in establishing appropriate goals of care and ensuring effective pain management according to the older adult's needs and wishes.

Competencies 8, 9: Develop & implement an individualized treatment plan for managing pain based on assessment, functional & cognitive abilities, & the person's pain treatment goals. (8)

Evaluate the effectiveness of an individualized treatment plan for pain and adapt the plan based on changing pain assessment data. (9)

Please rate the test item on the following table and provide comments as appropriate

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Accuracy of Correct Response	☐Strongly disagree ☐Disagree ☐Neither agree or disagree ☐Agree ☐Strongly agree
Comments	

Reference: Curtiss, C. (2010). The pain management nurse as an educator. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.),p. 666.

22. Which organization set standards for healthcare facilities that ensure patients' rights to effective assessment and management of pain?

    a) The American Pain Society (APS)
    b) The American Society for Pain Management Nursing (ASPMN)
    c) Centers for Medicare and Medicaid Services (CMS)
    d) The Joint Commission (TJC)

Correct Response: (D) The Joint Commission introduced standards in 2000 that hold healthcare organizations accountable for the assessment and management of pain in all patients upon admission through discharge.

Competency 19: Articulate accreditation and regulatory requirements pertinent to long-term-care settings related to pain management.

Reference: Brown, M., Bennett, P. (2010). Social, political, and ethical forces influencing nursing practice. In B. St Marie (Ed.), *Core curriculum for pain management* nursing, (2nd ed.), p. 187.

Please rate the test item on the following table and provide comments as appropriate

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CASE STUDY 3: Persistent pain in an older adult with cognitive impairment and limited or nonexistent verbal abilities

Mr. Smith is a 76 year male with moderate dementia who has resided in your facility for 2 years. His ability to understand others is limited, but generally he responds to short questions, recognizes his wife, and follows brief directions. He has a long history of arthritis in his hips for which he receives steroid injections every 3 months.

23. You want to monitor Mr. Smith's pain in between steroid injections. What would be your first step?

    a) Attempt to obtain a self-report of pain from Mr. Smith.
    b) Observe Mr. Smith for behaviors that might indicate pain.
    c) Ask family members about Mr. Smith's history of pain.
    d) Attempt an analgesic trial and observe changes in Mr. Smith's behavior.

Correct Response: (A) Self-report is considered the "gold standard" in pain assessment and should be attempted whenever possible. Because Mr. Smith still has some verbal ability, it is important to ask for a self-report. A self-report can be combined with a behavioral assessment scale, especially if self-report is inconsistent or unreliable.

Competency 5: Describe approach to identifying and evaluating pain in cognitively impaired older adults, including selecting and using valid and reliable pain assessment tools.

Reference: American Geriatrics Society (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society, 57*, 1331-1346, pg. 1333.

Kelly, A. M. (2010). *Gerontology pain management.* In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), pg. 578.
Pasero, C, & McCaffery, M. (2011). *Pain Assessment and Pharmacologic Management*, St. Louis, Mosby, pg.123.

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24. Which of the following statements about assessment of pain in older adults with dementia is false?

a) People with dementia need extra time to process information in a pain rating scale.
b) A large percentage of people with moderate dementia are able to use at least one pain rating scale.
c) Pain in people with dementia is lower, because cognitive impairment reduces the ability to feel painful stimuli.
d) Facial grimacing is one of the most common behaviors indicating pain.

Correct Response: (C) It is a myth that people with cognitive impairment do not experience as much pain as those who are cognitively intact. Several research studies examining mechanisms and differences in pain transmission and perception in older adults with dementia document that the pain transmission process is unaltered, although cognitive processing and interpretation of the pain stimulus may be impaired, resulting in different presentations or responses to painful stimuli. Many people with dementia are able to use a pain rating scale, but need time to process the information. Facial grimacing is one of the most common pain behaviors for both cognitively intact and cognitively impaired people.

Competency 1, 5:
Explain and apply information to clarify common misconceptions about pain in older adults and the barriers to effective treatment. (1)

Describe approach to identifying and evaluating pain in cognitively impaired older adults, including selecting and using valid and reliable pain assessment tools. (5)

Reference: Pasero & McCaffery, *Pain assessment and pharmacologic management*, 2011, pgs. 123-124.

Please rate the test item on the following table and provide comments as appropriate

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After trying several times to use a pain tool with Mr. Smith, you have determined that Mr. Smith is unable to use it. You continue to ask Mr. Smith if he has pain at each assessment but also look for behaviors that might indicate pain.

25. Which of the following behaviors are most likely to indicate that Mr. Smith is experiencing pain? Select all that apply.

    a) Rigid, tense body posture
    b) Taking food from other residents' plates
    c) Moaning and resisting when you get him out of bed
    d) Appetite change and rapid eye blinking
    e) Staring out the window for long periods of time
    f) a, c, and d
    g) a, c, d, and e
    h) All of the above

Correct Response: (C) It is good practice to always ask an older adult with dementia whether he/she has pain and assess their response. When the individual's response is either lacking or inconsistent, it is important to assess for behaviors that might indicate pain. In addition to typical behavioral expression of pain, such as grimacing, people with dementia may exhibit atypical behaviors as well. Six major categories of behavior that indicate pain have been outlined by the American Geriatrics Society. They are facial expression, verbalizations/vocalizations, body movements, changes in interpersonal interactions, changes in activity, patterns or routines, and changes in mental status. Behaviors in this question that most likely are NOT indicative of pain include taking food from other residents' plates and staring out the window for long periods of time.

Competency 5, 6:
Describe approach to identifying and evaluating pain in cognitively impaired older adults, including selecting and using valid and reliable pain assessment tools. (5)

Recognize verbal and nonverbal behaviors which can be indicative of pain in a cognitively impaired person. (6)

Reference: Pasero, C, & McCaffery, M. (2011). *Pain assessment and pharmacologic management*, St. Louis, Mosby, pgs. 124-125.

American Geriatrics Society (2002). The management of persistent pain in older adults. *Journal of the American Geriatrics Society, 50*, pgs. S204-S224.

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After his steroid injection, Mr. Smith's pain behaviors decrease for a few weeks, but as time goes on, he becomes aggressive, resists care, holds his arms rigidly to his chest, and stays in bed more. Based on his known arthritis and increasing behaviors you think he may have unrelieved pain. His responses to your attempts at a self-report continue to be inconsistent and unclear.

26. Before starting an analgesic medication, what additional information do you need to consider in order to rule out other causes of his behaviors?

    a) Whether there are procedures that are likely to cause pain. (For example, physical therapy or a dressing change)
    b) Whether or not behaviors continue after attention to basic needs and comfort measures are provided
    c) Whether ADLs are performed in a manner that could exacerbate pain
    d) Whether vital signs are elevated
    e) a, b, c
    f) All of the above

Correct Response: (E) A hierarchical approach to identifying the presence of pain in nonverbal older adults has been recommended. This approach includes getting a report from family members, evaluating potentially painful procedures or activities, and determining whether behaviors continue after attention to basic needs and comfort measures. In addition to this approach, the way care is given and the manner in which assistance with ADLs is provided (for example, moving painful joints during dressing) can be common sources of pain and should be evaluated to find ways of minimizing pain. Vital signs are not usually affected by persistent pain.

Competency 5, 6, 7:
Describe approach to identifying and evaluating pain in cognitively impaired older adults, including selecting and using valid and reliable pain assessment tools. (5)

Recognize verbal and nonverbal behaviors which can be indicative of pain in a cognitively impaired person. (6)

Apply information about specific physiological age-related factors that influence the assessment and management of pain in older adult. (7)

Reference: Pasero & McCaffery, *Pain assessment and pharmacologic management*, 2011, p. 126.

Herr, K, Coyne, P, Key, T, et al. (2006). Pain assessment in the nonverbal patient: Position statement with clinical practice recommendations. *Pain Management Nursing, 7*(2), 44-52.

Talerico, KA, Miller, LL, Swafford, K, Rader, J, Sloane, PD, & Hiatt, SO. (2006). Psychosocial approaches to prevent and minimize pain in people with dementia during morning care. *Alzheimer's Care Quarterly, 7*(3), 1-12.

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27. A pain behavior score obtained from an observational pain tool is not equivalent to a pain intensity score.

    a) True
    b) False

Correct Response: (A) An intensity score can only be determined by self-report. However, a pain behavior score is only one piece of broader assessment picture, and decisions should be made based on the assessment hierarchy.

Competency 5, 6:
Describe approach to identifying and evaluating pain in cognitively impaired older adults, including selecting and using valid and reliable pain assessment tools. (5)

Recognize verbal and nonverbal behaviors which can be indicative of pain in a cognitively impaired person. (6)

Reference: Pasero & McCaffery, *pain assessment and pharmacologic management*, 2011, pg. 127.

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You want to use an observational pain assessment tool to monitor Mr. Smith's pain.

28. Which of the following observational pain assessment tools are recommended for assessment of persistent pain in older nursing home residents? Select all that apply.

    a) CNPI (Checklist of Nonverbal Pain Indicators)
    b) FLACC (face, legs, activity, crying and consolability)
    c) PAIN-AD (Pain Assessment in Advanced Dementia)
    d) PACSLAC (Pain Assessment Checklist for Seniors with Limited Ability to Communicate)
    e) a, b, d
    f) a, c, d
    g) All of the above

Correct Response: (F) Many tools for assessment of pain in nonverbal older adults have been developed in recent years and are in various stages of development. However, important differences exist in scope and application, and there is no universally accepted tool for this population with good reliability, validity, and clinical utility. Three tools for the assessment of pain in nonverbal older adults for use in nursing homes are currently recommended because there is at least minimum evidence supporting their use: 1) the CNPI; 2) the PAINAD; & 2) the PACLSAC. The CNPI is a brief clinically useful observational list of 6 common pain behaviors. The PAINAD also focuses on the more common pain behaviors and contains 5 categories of behavior. The PACSLAC, on the other hand, provides a listing of 60 behaviors (many atypical) that may be exhibited in this population as an expression of pain or discomfort. It is important to understand that the particular behaviors exhibited are unique to each individual. The same tool(s) should be used with an older adult once it has been selected, in order to provide consistent assessment information. These 3 tools continue to be tested & new tools continue to be developed. Clinicians are encouraged to keep abreast of changes in recommendations & understand that there should be evidence to support the use of the pain assessment tool(s) they choose. A detailed critique of existing pain tools, is available at http://prc.coh.org/PAIN-NOA.HTM. The FLACC is designed for children, ages 2-7, and some of the behaviors in the FLACC are not typically seen in older adults.

Competency 5, 6:
Describe approach to identifying and evaluating pain in cognitively impaired older adults, including selecting and using valid and reliable pain assessment tools. (5)

Recognize verbal and nonverbal behaviors which can be indicative of pain in a cognitively impaired person. (6)

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Reference: D'Arcy, Y. (2010). Pain assessment. In B. St Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), p. 229.

Pasero, C, & McCaffery, M. (2011). *Pain assessment and pharmacologic management*, St. Louis, Mosby. pgs. 128-135.

Herr, K, Bursch, H, Ersek, M, Miller, LL, & Swafford. (2010). Use of pain –behavioral assessment tools

29. In addition to consistently asking the person with dementia whether he/she has pain, which of the following statements about pain assessment in this population is accurate?

    a) Family members' report on the presence and intensity of pain should be obtained.
    b) Observational assessments for pain should be conducted both at rest and during movement or activity.
    c) Greater severity of pain behaviors indicates greater pain intensity.
    d) Pain intensity should be determined and recorded as it is with cognitively intact people.

Correct Response: (B) Pain behaviors may be present either at rest or during movement and activity, and observational assessment should occur during both rest and movement. Some studies have illustrated that observation for pain-related behaviors at rest can be misleading and can lead to incorrect judgment about the presence of pain, therefore it is necessary to observe during both rest and movement. Although family members can often give reliable information about whether or not pain is present in the older person with dementia, their reports of how severe or intense they think the pain is for the person are often inaccurate and should not be obtained. Finally, a pain behavior score is not equivalent to a pain intensity score.

Competency 1, 5, 6:
Explain and apply information to clarify common misconceptions about pain in older adults and the barriers to effective treatment. (1)

Describe approach to identifying and evaluating pain in cognitively impaired older adults, including selecting and using valid and reliable pain assessment tools. (5)

Recognize verbal and nonverbal behaviors which can be indicative of pain in a cognitively impaired person. (6)

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Reference: Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), pg. 578.

Pasero & McCaffery, *Pain Assessment and Pharmacologic Management*, 2011 Pasero, C, & McCaffery, M. (2011). St. Louis, Mosby, pg. 127.

You determine that the analgesic medication that Mr. Smith is currently receiving, 500mg of acetaminophen QID, is not adequate because his behaviors increase over time after his steroid injection.

30. What would your next step be in changing his analgesic medication?

    a) Stop the scheduled acetaminophen and start Vicodin 5/325 QID for 2 days and then reassess.
    b) Increase his acetaminophen to 1000mg QID for 2 days and then reassess.
    c) Stop the acetaminophen and start Ibuprofen 400 mg TID for 2 days and then reassess.
    d) Increase his acetaminophen to 1000mg and schedule it Q6H around-the-clock for 2 days and then reassess.

Correct Response: (D) Owing to its relative safety, acetaminophen is recommended as first-line therapy for persistent pain, and an increase to the maximum recommended dose of 4000mg/24 hours may provide a pain relief effect so that stronger medications are not required. Around the clock dosing is recommended for persistent pain. Because older adults are at higher risk of adverse events from NSAIDs, they should be used with caution in older adults and reserved for short-term use.

Competency 9, 10, 11:
Evaluate the effectiveness of an individualized treatment plan for pain and adapt the plan based on changing pain assessment data. (9)

Identify appropriate analgesic drugs and doses, taking into account the physiologic changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications. (10)

Identify medications that should be avoided or used with caution in older adults and explain their adverse effects. (11)

Reference: American Geriatrics Society (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society, 57*, pg. 1334.

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31. Which of the following factors in Mr. Smith would lead you to avoid increasing his dose of acetaminophen?

a) Renal insufficiency
b) Hepatic insufficiency
c) History of alcohol abuse
d) Medications such as warfarin, methotrexate, Cymbalta
e) All of the above
f) b, c, and d

Correct Response: (F) Renal insufficiency does not have an impact on the excretion of acetaminophen. However, because acetaminophen is metabolized in the liver, the dose of acetaminophen should be reduced to 50-75% in people with either hepatic insufficiency, a history of alcohol abuse, or taking high risk medications such as warfarin, methotrexate, Cymbalta.

Competency 10, 12:
Identify appropriate analgesic drugs and doses, taking into account the physiologic changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications. (10)

Identify and implement treatment strategies to avoid the adverse effects of analgesic drugs in older adults with renal and hepatic impairment. (12)

Reference: American Geriatrics Society (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society, 57*, pg. 1335.

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32. You and Mr. Smith's nurse practitioner decide to try using a low-dose opioid analgesic medication with Mr. Smith. Opioids are associated with a number of adverse effects. Which of the following important adverse effects would be your highest priority when starting Mr. Smith on a low-dose opioid?

a) Increased sedation
b) Risk of falling
c) Respiratory depression
d) Constipation
e) a, b, and d
f) All of the above

Correct Response: (E) Respiratory depression would not be a priority because it usually results from rapid dosing increases and not from low-dose medications, even in opioid-naïve individuals. However, increased sedation, increased risk of falling and constipation are common adverse effects of opioid medications in this population.

Competency 13: Recognize common side effects of opioids and apply treatment strategies to prevent, minimize and/or treat side effects.

References: American Geriatrics Society (2002). The management of persistent pain in older adults. *Journal of the American Geriatrics Society, 50*, pgs. S204-S224.

American Geriatrics Society (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society, 57*, pg. 1339.

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Comments	

33. Of the following statements about using opioids to treat pain in cognitively impaired older adults, which one(s) is/are accurate?

    a) Opioids can be given to cognitively impaired older adults using the "start low, go slow" guideline.
    b) Using opioids in cognitively impaired older adults should be avoided because of increased risk of sedation and falls.
    c) Because cognitively impaired older adults are less sensitive to pain, they should not require strong opioids to relieve pain.
    d) Increased sedation should be assessed carefully if the cognitively impaired older adult is also taking other sedating medications.
    e) a and d
    f) b and d

Correct Response (E) As with cognitively intact older adults, the "start low, go slow" guideline is appropriate for cognitively impaired individuals as well. An opioid analgesic trial can be used if pain is assumed to be present based on 1) pathology or procedures likely to stimulate pain, 2) continuation of pain behaviors after attention to known causes of pain, basic needs, and comfort measures, and 3) surrogate (family members, caregivers) report of previous pain or behaviors indicative of pain. Acetaminophen can be given as an initial dose if mild to moderate pain is suspected, and a low-dose opioid, such as hydocodone (5mg) or oral morphine (1-2mg), can be given as an initial dose when you suspect moderate to severe pain. Where to start is really a 'best guess' based on your assessment skills using the pain assessment hierarchy. This hierarchy includes getting a report from family members, evaluating potentially painful procedures or activities, and determining whether behaviors continue after attention to basic needs and comfort measures. In addition to this approach, the way care is given & the manner in which assistance with ADLs is provided (e.g. moving painful joints during dressing) can be common sources of pain & should be evaluated to find ways of minimizing pain.

Reference: Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), pg. 581.

Pasero, C, & McCaffery, M. (2011). *Pain assessment and pharmacologic management*, St. Louis, Mosby, p. 125-126.

Competency 1, 10, 13:
Explain and apply information to clarify common misconceptions about pain in older adults and the barriers to effective treatment. (1)

Identify appropriate analgesic drugs and doses, taking into account the physiologic changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications. (10)

Recognize common side effects of opioids and apply treatment strategies to prevent, minimize and/or treat side effects. (13)

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34. What might you include in your plan for managing adverse effects associated with opioid medications?

a) An evaluation for an assistive device during the titration phase.
b) Titration of doses slowly and steadily to reduce likelihood of nausea or vomiting.
c) Monitoring for constipation during the titration phase.
d) Titration of doses based on the individual's response and increasing nurse monitoring of sedation.
e) Elimination of all non-essential CNS-acting medications (e.g., steroids) to reduce risks of increasing confusion and delirium .
f) a b, d, and e
g) b, c, and d
h) All of the above

Correct Response: (F) Except for 'c', all of these responses would be prudent before initiating long-term opioid therapy. Additionally, during the titration phase, using scales that are reliable and valid is important for monitoring sedation and delirium. It is recommended to initiate a bowel regimen that includes a stimulant laxative and a stool softener when ATC opioids are started, NOT simply to monitor for constipation.

Competency 8, 13:
Develop and implement an individualized treatment plan for managing pain based on assessment, functional and cognitive abilities, and the older person's pain treatment goals.(8)

Recognize common side effects of opioids and apply treatment strategies to prevent, minimize and/or treat side effects. (13)

Reference: Pasero, C, & McCaffery, M. (2011). Pain assessment and pharmacologic management, St. Louis, Mosby, p.484-488

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35. As you initiate these changes in Mr. Smith's medications, what are some other things you need to do to ensure that the interdisciplinary team knows their role in Mr. Smith's pain management?

a) Let the direct care staff know of the recommendations made by occupational therapy staff and make sure that they have any devices necessary to follow through.
b) Communicate with the other nurses and aides working with Mr. Smith about the changes and the plan for monitoring of side effects.
c) Discuss the comprehensive plan, including the importance of monitoring for overall effect of the plan during the next several days, with the interdisciplinary team, including direct care staff and Mr. Smith's wife.
d) Solicit input from all members of the care team about observed changes in response to the new medications.
e) All of the above

Correct Response: (E). An interdisciplinary approach is vital to a successful pain management program. The nurse's role in pain management is to act as the coordinator of the plan, involving all the key people in a collaborative manner to optimize the treatment plan.

Competency 17: Explain the role of the interdisciplinary team in pain management.

Reference: Gordon, D. B. (2010). Quality Evaluation and Improvement. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.), p.653.

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Comments	

After 4 days, the interdisciplinary team members are in agreement that the medication change has been helpful to Mr. Smith's pain. This conclusion is further supported by a reduction in pain-related behaviors documented during regular observational assessments. However, Mr. Smith has experienced two non-injury falls and an increase in confusion since the new opioid medication was started. His wife and the team are expressing concern, and suggest that he be taken off the opiate.

36. After ruling out other causes, you conclude that the changes in level of confusion and associated falls are related to opioid use. What will your next steps be?

    a) Taper the opiate slowly and discontinue, then reinstate the ATC acetaminophen.
    b) Administer naloxone to reverse the opiate's effects and reduce the daily opiate dose by 25%
    c) Reduce the daily opiate dose by 25%.
    d) Reassess the fall risk reduction plan with occupational therapy and educate the team and family about the likelihood that opiate-related confusion resolves within a couple of weeks at most.
    e) b and c
    f) c and d

Correct Response: (F) In this case, it is concluded that the analgesia received from the opiate is satisfactory, but with apparent side effects. When this is the situation, it is best to reduce the dose by 25% and reassess in 2-3 days. Additionally, because the course of action has Mr. Smith remaining on the opiate, it would be important to ensure that the fall risk management plan is adequate. Until these steps are taken and reassessment can occur, it would be premature to discontinue what appears to be a successful medication. Further, naloxone should not be administered, even if changes in cognition are significant, as doing so can precipitate severe pain that is very difficult to control.

Competency 9, 13, 17, 18:
Evaluate the effectiveness of an individualized treatment plan for pain and adapt the plan based on changing pain assessment data. (9)

Recognize common side effects of opioids and apply treatment strategies to prevent, minimize and/or treat side effects. (13)

Explain the role of the interdisciplinary team in pain management. (17)

Advocate for timely and appropriate treatment of pain for all older adults in the long-term care setting. (18)

Reference: Pasero, C, & McCaffery, M. (2011). Pain assessment and pharmacologic management, St. Louis, Mosby, p.487,& 520).

Please rate the test item on the following table and provide comments as appropriate

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Clarity of Question	☐Strongly disagree ☐Disagree ☐Neither agree or disagree ☐Agree ☐Strongly agree
Accuracy of Correct Response	☐Strongly disagree ☐Disagree ☐Neither agree or disagree ☐Agree ☐Strongly agree
Comments	

Case Study 4: Post-herpetic Neuralgia

For the first time, you're caring for a cognitively intact 79-year-old woman, Mrs. Lee, who was recently treated for the acute phase of shingles. However, she is continuing to experience ongoing pain. She describes a burning sensation with a shooting component around her chest. The pain is present 80% of the day but varies in intensity on a numerical rating scale from 3-7/10. It does keep her awake on occasion. Pain related medications include ibuprofen, 600mg q6h, and Tylenol #3, one tablet q4h.

37. Her type of pain would be classified as _____ and occurs because of _____.

    a) nociceptive; abnormal processing of sensory input by the peripheral or central nervous system damage
    b) neuropathic; normal physiological response to tissue damage
    c) neuropathic; abnormal processing of sensory input by the peripheral or central nervous system damage
    d) nociceptive; normal physiological response to tissue damage

Correct Response: (C) This is a case of post-herpetic neuralgia, which occurs in approximately 20% of people who experience an acute case of shingles. Neuropathic pain, such as in this case study, is caused by a primary lesion or dysfunction in the either the central or peripheral nervous system, or both.

Competency 2: Explain the etiologies and characteristics of, and differences in treatment for, nociceptive and neuropathic pain.

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management*. St. Louis: Mosby. (p. 7)

Please rate the test item on the following table and provide comments as appropriate

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Clarity of Question	☐Strongly disagree ☐Disagree ☐Neither agree or disagree ☐Agree ☐Strongly agree
Accuracy of Correct Response	☐Strongly disagree ☐Disagree ☐Neither agree or disagree ☐Agree ☐Strongly agree
Comments	

38. What would be your first priority in addressing Mrs. Lee's pain?

a) Call or fax her prescriber to request adjustments in her current treatment plan.
b) Identify the patient's goals for pain relief, determine her level of knowledge about the disease, and establish a plan for her involvement in documenting her pain experience.
c) Initiate 2 non-pharmacological interventions to offer pain relief: cold (ice) compresses to the painful area followed by a gentle massage with peppermint oil.
d) Contact family members to gather additional information about her pain history and disease process.

Correct Response: (B) Having an identified goal provides a necessary target for the treatment of pain for each individual. The nurse's role includes educating the older person about the pain and encouraging active participation in her/his care. The non-pharmacological interventions mentioned here would be appropriate in this case, but they would not be your first priority.

Competency 4, 8, 16:
Select and use valid and reliable pain assessment tools for assessing pain in cognitively intact individuals. (4)

Develop and implement an individualized treatment plan for managing pain based on assessment, functional and cognitive abilities, and the older person's pain treatment goals. (8)

Select appropriate non-pharmacological pain treatment strategies tailored to the unique needs, abilities and preferences of the older adult. (16)

Reference: Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.) (pp. 573-586). American Society for Pain Management Nursing. (p. 583)

Please rate the test item on the following table and provide comments as appropriate

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Accuracy of Correct Response	☐Strongly disagree ☐Disagree ☐Neither agree or disagree ☐Agree ☐Strongly agree
Comments	

39. Because you are familiar with several reliable and valid assessment tools for the cognitively intact older adult population, you are able to review these with Mrs. Lee, helping her select the one that she prefers. Which scales do you go over with her?

    a. The verbal descriptor scale (VDS)
    b. The numeric rating scale (NRS)
    c. The FACES pain scale (revised version)
    d. All of the above

Correct Response: (D). Each of the scales in the response options are recommended for use in the cognitively intact older adult population due to their reliability, validity and simplicity of use. If you are unfamiliar with any of these scales, see the Cognitively Intact Pain Assessment section of the Geriatricpain.org website.

Competency 4, 8:
Select and use valid and reliable pain assessment tools for assessing pain in cognitively intact individuals. (4)

Develop and implement an individualized treatment plan for managing pain based on assessment, functional and cognitive abilities, and the older person's pain treatment goals. (8)

Reference: American Geriatrics Society (2002). The management of persistent pain in older persons. Journal of the American Geriatrics Society, 50(6), S205-224, (p. 208-210).

Please rate the test item on the following table and provide comments as appropriate

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40. Your assessment reveals that Mrs. Lee's current medications are not effectively managing her pain. Knowing the potential consequences of untreated or poorly treated pain specific to older persons, what additional issues will you want to assess and address?

    a) cognitive changes
    b) nutritional intake
    c) decreased interest in social activities and relationships
    d) mood, including risk of depression and/or anxiety
    e) All of the above

Correct Response: (E) All of the listed issues may arise as a consequence of untreated pain. In addition to these, nurses will need to keep in mind that there are additional potential consequences. These include sleep disturbance, alteration in immune function, change in functional abilities, and an overall increase in health care utilization.

Competency 3, 9:
Explain potential consequences of untreated pain specific to older adults. (3)

Evaluate the effectiveness of an individualized treatment plan for pain and adapt the plan based on changing pain assessment data. (9)

Reference: American Geriatrics Society (2002). The management of persistent pain in older persons. *Journal of the American Geriatrics Society, 50*(6), S205-224, (p. 205).

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Comments	

41. Mrs. Lee's current pain treatment regimen is ineffective. She is currently taking ibuprofen, 600mg q6h, and Tylenol #3, one tablet q4h. In preparation for contacting her prescriber, you review her medical history and medications. You note the following: Which of these is/are important in considering recommendations about her NSAID use?

    a) Chronic constipation
    b) History of a peptic ulcer
    c) The fact that she's been on the ibuprofen regularly for 6 weeks
    d) Abnormal liver function labs
    e) b and c
    f) b and d

Correct Response: (E) Prolonged NSAID use is a considerable concern for older persons, who are four times more likely to experience a peptic ulcer, and five times more likely to die from a GI bleed associated with NSAID use. Prior history of a peptic ulcer or the use of any anti-ulcer therapy for any reason puts the older adult at a high, to very high risk for a serious GI event. Also, the beginning of therapy (first 3 months) holds the highest risk of serious complications, such as a GI bleed.

Competency 9, 10, 14:
Evaluate the effectiveness of an individualized treatment plan for pain and adapt the plan based on changing pain assessment data. (9)

Identify appropriate analgesic drugs and doses, taking into account the physiologic changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications. (10)

Identify characteristics of older adults at risk for adverse effects of prolonged use of NSAIDS. (14)

References: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management*. St. Louis: Mosby (p. 191)

Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.) (pp. 573-586). American Society for Pain Management Nursing (p. 580)

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42. In general, particular caution must be exercised when considering NSAID therapy for individuals with which of the following? Select all that apply.

    a) Gastropathy and cardiovascular disease
    b) Intravascularly depleted states such as congestive heart failure
    c) Hepatic insufficiency and low blood pressure
    d) Low creatinine clearance and anticoagulant therapy
    e) a and c
    f) a, b, d
    g) All of the above

Correct Response: (E) Patients with a history of gastropathy are considered at high or very high risk for an adverse GI event with NSAID use. With CV disease, individuals are most often taking low-dose aspirin, again increasing the risk of adverse GI events when taken with NSAIDs as well as increasing bleeding time. When individuals are taking anticoagulants, there is an increased risk in GI mucosal break and subsequent hemorrhage. INR should be monitored closely if acetaminophen or NSAIDs are taken at the same time as warfarin.

The lowest effective NSAID dose, for the shortest period of time, is the best principle to follow when NSAID therapy is indicated. If acetaminophen has been tried and is insufficient to meet analgesic needs, an opiate trial or other centrally-acting analgesic should be considered, as the American Geriatrics Society suggests that opioids may be safer than NSAIDs in some patients.

Competency 10, 11, 14:
Identify appropriate analgesic drugs and doses, taking into account the physiologic changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications. (10)

Identify medications that should be avoided or used with caution in older adults and explain their adverse effects. (11)

Identify characteristics of older adults at risk for adverse effects of prolonged use of NSAIDS. (14)

References: Pasero, C. & McCaffery, M. (2011). Pain assessment and pharmacologic management. St. Louis: Mosby (p. 193)

American Geriatrics Society (2009). Pharmacological management of persistent pain in older persons. Journal of the American Geriatrics Society, 57, pg. 1335, 1337.

Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), Core curriculum for pain management nursing (2nd ed.), American Society for Pain Management Nursing p. 580.

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43. What will you recommend when you contact Mrs. Lee's prescriber?

a) Propose a plan to discontinue both the ibuprofen and the Tylenol #3 and switch to a different NSAID along with a stronger, long-acting opioid. Also recommend a prn opioid for breakthrough pain.
b) Increase the ibuprofen to 800mg q6hr in addition to increasing the Tylenol #3 to 2 tabs Q4hr. Also request a prn opioid for breakthrough pain.
c) Propose a plan to discontinue both the ibuprofen & Tylenol #3 & evaluate for initiation of a second-generation anticonvulsant, a tricyclic antidepressant or a SNRI along with a scheduled short acting opioid.
d) Discontinue NSAID use altogether and increase the strength of opiate to oxycodone, ensuring that it is administered around the clock.

Correct Response: (C) Post-herpetic neuralgia can be very painful, often requiring both an opioid & adjuvant med. It is also important to remember that NSAIDs are generally not effective for neuropathic pain. Based on the older person's profile, second generation anticonvulsants (e.g., gabapentin, pregabalin) should be considered first-line drugs for the treatment of neuropathic pain. If depression occurs at the same time as the neuropathic pain, an analgesic antidepressant (e.g., nortriptyline, duloxetine, venlafaxine) would be the preferred choice. Regarding the Tylenol #3, remember the codeine component is extremely constipating and, for some individuals, codeine is ineffective because of the inability to metabolize codeine to morphine, a necessary conversion step for the drug to be active. Finally, you would want to propose a plan to taper the Tylenol #3 rather than discontinue abruptly and risk unnecessary pain or withdrawal symptoms.

Competency 2, 9, 10, 15:
Explain the etiologies and characteristics of, and differences in treatment for, nociceptive and neuropathic pain. (2)

Evaluate the effectiveness of an individualized treatment plan for pain and adapt the plan based on changing pain assessment data. (9)

Identify appropriate analgesic drugs and doses, taking into account the physiologic changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications. (10)

Incorporate appropriate adjuvant drugs into the treatment plan for select painful conditions. (15)

Reference: Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management*. St. Louis: Mosby (pp. 330 & 657).

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44. As you discuss the pharmaceutical options with Mrs. Lee's prescriber, what general age-related changes do you need to be aware of that would influence the treatment plan?

    a) Decreases in gastric pH and motility can result in 1) increases in GI irritation, bleeding, and ulceration with NSAID use and 2) increased risk of constipation related to opiate use.
    b) Decreases in glomerular filtration rates result in decreased renal excretion, potentially requiring either a lower dose or longer dosing intervals.
    c) Age-related decreases in hepatic function can result in a prolonged drug half-life, causing an accumulation of drugs and metabolites, leading to an increased risk of toxicity.
    d) All of the above

Correct Response: (D) Nurses need to be aware of age-related changes that prolong the effect of medications and the risk of toxicity. With this awareness, nurses need to be vigilant in monitoring for toxic effects of all medications. Starting at lower doses and increasing the intervals between administering doses is a good general guideline.

Competency 7: Apply information about specific physiological age-related factors that influence the assessment and management of pain in older adult.

Reference: American Geriatrics Society (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society, 57*(8), 1331-1346 (see Table 2)

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Accuracy of Correct Response	☐Strongly disagree ☐Disagree ☐Neither agree or disagree ☐Agree ☐Strongly agree
Comments	

45. Which of the following analgesic medications are best avoided in older persons?

a) Oxycodone
b) Morphine
c) Amitriptyline (Elavil)
d) Ketorolac
e) b and c
f) c and d

Correct Response: (F) Amitriptyline and Ketorolac should be avoided in older persons. Amitriptyline, a tricyclic antidepressant, is frequently used as an adjuvant analgesic, but is best avoided in older persons because of the high risk of anticholinergic side effects (e.g., change in cognition, dry mouth, loss of coordination, vision changes, tachycardia). Ketorolac is not recommended in older persons because of its high potential for adverse gastrointestinal and renal toxicity, making it inappropriate for long-term use. Morphine and oxycodone, on the other hand, can be effective, safe analgesics for older persons.

Competency 11: Identify medications that should be avoided or used with caution in older adults and explain their adverse effects.

References: American Geriatrics Society (2009). Pharmacological management of persistent pain in older persons. Journal of the American Geriatrics Society, 57(8), 1331-1346 (see Table 2)

Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacologic management*. St. Louis: Mosby (p. 353)

Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.) (pp. 573-586). American Society for Pain Management Nursing (p. 581)

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46. Medication changes have been made, and you are caring for Mrs. Lee a week later. As you assess her pain at the beginning of your shift, she reports significant improvement in pain relief. She has needed her breakthrough pain medication three times in the week prior, but says she's feeling reluctant to ask for it, even though it has been helpful. When you express concern and ask why, you wouldn't be surprised to hear which of the following?

    a) "I haven't wanted to bother you or the other nurses."
    b) "I had to wait so long for someone to bring me the medicine, I just quit asking"
    c) "It's so much better than it was, I think I can handle it"
    d) "The constipation is so painful, I'd do anything to avoid that."
    e) "Sometimes I don't think the staff believe me"
    f) All of the above

Correct Response: (F) Many barriers to effective pain management exist. The perceptions, experiences and beliefs of each individual older person have significant bearing on the overall pain plan.

Competency 1, 4, 18:
Explain and apply information to clarify common misconceptions about pain in older adults and the barriers to effective treatment.(1)

Select and use valid and reliable pain assessment tools for assessing pain in cognitively intact individuals.(4)

Advocate for timely and appropriate treatment of pain for all older adults in the long-term care setting.(18)

Reference: Kelly, A. M. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.) (pp. 573-586). American Society for Pain Management Nursing (p. 574).

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Comments	

47. What is/are some action(s) you would want to take to successfully address a reluctance to report pain and request medication when needed?

    a) Tell the other staff who care for this woman that they've created a problem that's now affecting her pain treatment.
    b) Request that her prn opioid be made routine so that she no longer has to ask for the medication and request a routine stimulant laxative.
    c) Reflect on whether you may inadvertently communicate that you're too busy or do not believe reports of pain.
    d) Educate the older person about the critical importance of reporting their pain experience.
    e) b, c, and d
    f) c and d

Correct Response: (F) Self-reflection is essential to improve nursing practice and sensitivity to an older person's reports. Through self-reflection, you have the opportunity to address unrecognized misconceptions or beliefs that affect your ability to provide excellent pain management. Equally important is educating older people about how critical it is that they be actively involved in the treatment plan. One of the key ways for them to do this is through consistently reporting their experience of pain and response to interventions. Finally, in a collaborative manner, you would also want to educate the appropriate staff members about the problem in order to assure that the issue is resolved.

Competency 1, 4, 8, 18:
Explain and apply information to clarify common misconceptions about pain in older adults and the barriers to effective treatment. (1)

Select and use valid and reliable pain assessment tools for assessing pain in cognitively intact individuals. (4)

Develop and implement an individualized treatment plan for managing pain based on assessment, functional and cognitive abilities, and the older person's pain treatment goals. (8)

Advocate for timely and appropriate treatment of pain for all older adults in the long-term care setting. (18)

Reference: Grimes, T. (2010). Gerontology pain management. In B. St. Marie (Ed.), *Core curriculum for pain management nursing* (2nd ed.) (pp.633-644). American Society for Pain Management Nursing (p. 639-640)

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Please take a few minutes to answer these broad questions addressing the test bank:

1. Are there a sufficient number of questions to comprehensively address the competencies?

2. Overall, does the degree of difficulty of the test questions fit with the test taking population (likely to be primarily LPNs, some RNs in U.S. nursing homes)?

3. Do you have any other general feedback we should consider?

Again, thank you for your time and expertise in this valuable project. Please return your completed review to: Paula Jeffers, Administrative Coordinator, Sigma Theta Tau International, 550 W. North Street, Indianapolis, IN 46202 or via email at paula@stti.iupui.edu.