

Part IV: Nursing Assistant Roles in Observing and Relieving Pain

Objectives:

- **Describe the roles of the NA in EOL care and pain management**
- **Define pain**
- **Describe acute and chronic pain**
- **Describe some common side effects of medications used to treat pain**
- **Describe elements of pain observation**

Nursing Assistant Roles in End-of-life Care

- **Providing personal care & assisting in ADLs**
- **Observation and reporting of EOL symptoms**
- **Providing emotional & physical comfort to patients and families**
- **Providing care at the time of death**

Nursing Assistant Roles in Pain Management

- **Observe and report the presence and characteristics of pain**
- **Observe for and report effectiveness of therapies**
- **Observe for and report side effects of medications**
- **Deliver some nondrug treatments**
- **Support and get help for patients in pain**

What is Pain?



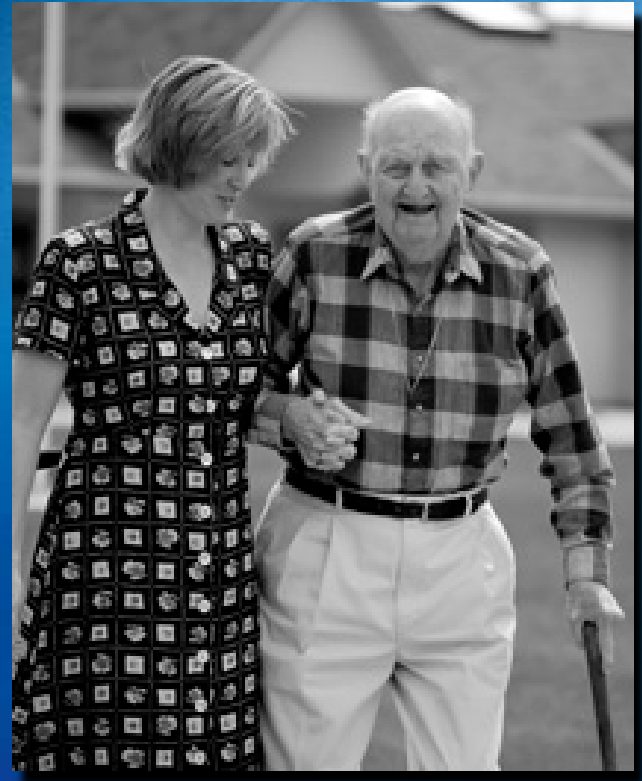
An unpleasant sensory & emotional experience...

IASP, 1979

PAIN:

“Anything the patient says it is”

Pasero & McCaffery , 2011



How Common is Pain in the Nursing Home?

- Many studies have found that older adults in nursing homes have pain
- 45% to 80% of older adults have pain that leads to poor quality of life

Derby et al., 2010

Most Common Types of Chronic (Persistent) Pain in Older Adults

- **Musculoskeletal (e.g., low back pain, osteoarthritis, degenerative joint disease)**
- **Neuropathies (e.g., diabetic neuropathy, post-herpetic neuralgia)**
- **Cancer**
- **Constipation**
- **Spinal stenosis**
- **Osteoporosis/compression fractures**
- **Pressure ulcers/wounds**

AGS, 2009

Acute and Chronic Pain

ACUTE

- Sudden onset symptom
- Occurs in response to illness or injury
- Usually decreases or goes away over time as healing occurs
- Goal - pain goes away when cause is treated

CHRONIC

- Slow onset, or follows acute
- Lasts > 3 months
- Cause sometimes is unknown
- Sometimes divided into cancer and noncancer
- Goal - maintain functioning and quality of life

Myths About Pain in Older Adults

- Pain is a natural part of growing old.
- Older people are less sensitive to pain.
- If an older person doesn't report pain, that person doesn't have pain.
- If a person can sleep or be distracted from pain, that person doesn't really have pain.



Myths About Pain in the Older Adult (cont.)

- Strong pain medicine, like morphine, can't be used safely for the older adult because they are too sensitive to dangerous side effects.
- People who use morphine-like drugs become addicted to them.



More Myths About Pain in Older Adults (cont.)



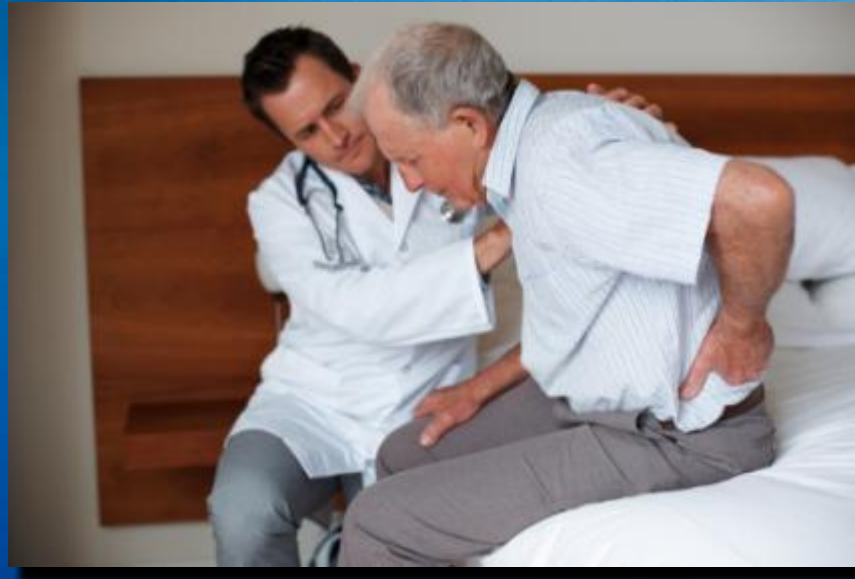
- People with dementia and other brain conditions don't feel pain.
- People with dementia and other brain conditions can't reliably report their pain.

Observing and Reporting Pain



Common Words for Pain

- Ache
- Discomfort
- Sore
- Heavy
- Burning
- Stiff



No complaints \neq no pain

Nonverbal Patients

- Advanced dementia
- Progressive neurological disease
- Post stroke (CVA)
- Imminently dying
- Developmentally disabled



Behavioral/Observational Cues

Obvious:

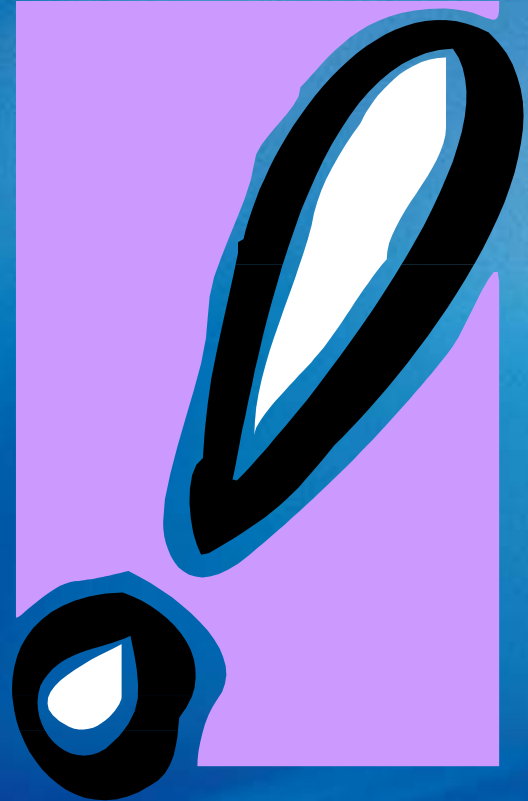
- Grimacing or wincing
- Bracing/guarding
- Rubbing
- Calling out, moaning, groaning

Less Obvious:

- Changes in activity level
- Sleeplessness, restlessness
- Resistance to movement
- Decreased participation in activities
- Increased agitation, anger, etc.
- Decreased appetite



Pay particular
attention to
changes from
normal
behaviors



How Does the Older Adult Describe the Pain?

Muscle or Bone Pain

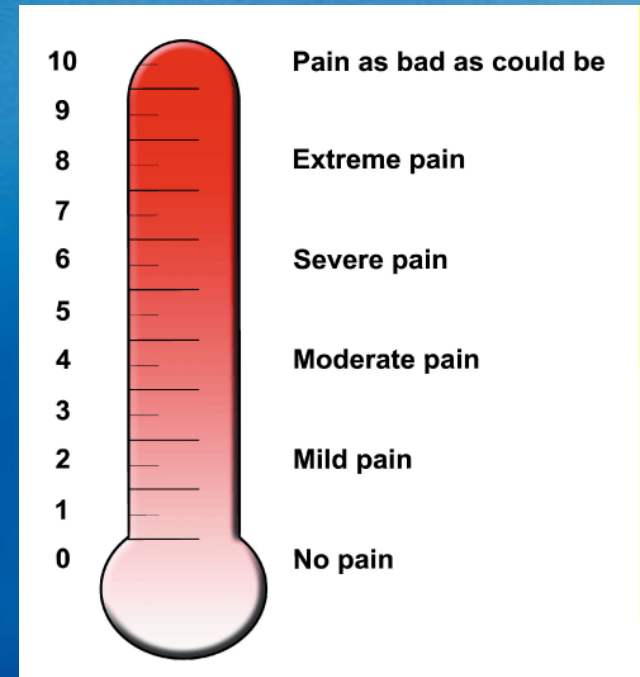
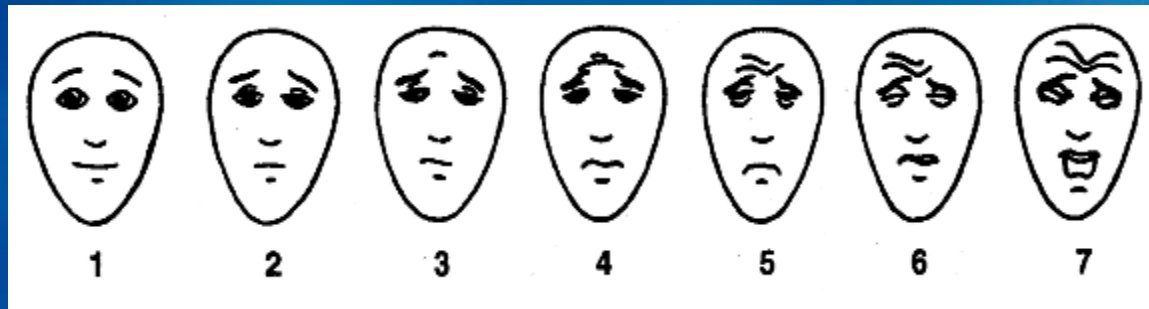
- Aching
- Dull
- Sore
- Throbbing/cramping
- Deep

Nerve Pain

- Shooting
- Burning
- Sharp
- Electric shock/tingling

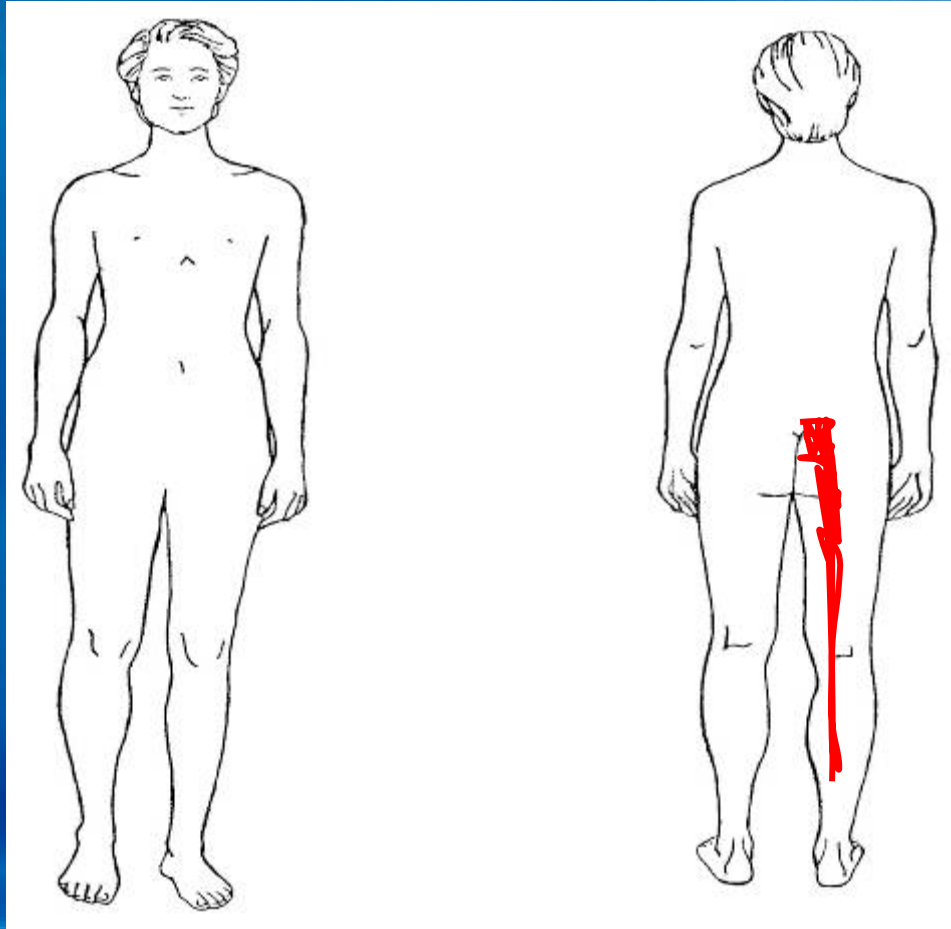


How Bad is the Pain (Intensity)?



Fink & Gates, 2010; Herr, 2006; Paice, 2010

Pain Location



Pain Patterns

- Is the pain constant?
- Does it come and go?
- What times of the day is it worst?



What Makes the Pain Worse?

Examples:

- Movement
- Feeling blue or depressed
- Fatigue
- Nausea



What Makes the Pain Better?

- Medications
- Moderating physical activity
- Distraction
- Heat and cold
- Home remedies
- Complementary therapies



Overview of Medications for Pain



Commonly Used Pain Medicines

- Nonopioids
- Opioids
- Adjuvants/co-analgesics



Nonopioids

- Acetaminophen/APAP (Tylenol®)
- Nonsteroidal anti-inflammatory drugs (NSAIDs):
 - Ibuprofen (eg, Advil®)
 - Naproxen (eg, Naprosyn®, Aleve®)
 - Celebrex®

Opioids

- Sometimes referred to as “narcotics”- but the correct term is “opioids”
- Examples: morphine, Percocet®, Vicodin®, Duragesic®, codeine
- Are effective for moderate to severe pain
- Common side effects:
 - Constipation
 - Sleepiness
 - Nausea, vomiting
 - Urinary retention
 - Itchiness



Adjuvants/Co-analgesics

- Antidepressants
- Anticonvulsants
- Topicals
- Others



Side Effects of Pain Medicines?

- **NSAIDs:**
 - Swelling
 - Stomach upset
 - Bleeding
- **Opioids:**
 - Constipation
 - Sleepiness
 - Nausea/vomiting



Finally, When to Observe for Pain



- During personal care
- During transfers and ambulation
- Following activities
- Following pain management interventions