



Geriatric Curriculum

MODULE 2

Pain Assessment & Management Part I: Pain Assessment



Pain Assessment & Management

- Part I: Pain Assessment
- Part II: Pharmacological therapies
- Part III: Nonpharmacologic interventions for pain

Learning Objectives

At the completion of this module, the participant will be able to:

1. Identify barriers to adequate pain relief at the end of life for the older adult.
2. List components of a thorough pain assessment geared towards older adults.
3. Describe pharmacologic management of pain in older adults including nonopioids, opioids, and adjuvant therapies.
4. Describe nonpharmacologic therapies used to relieve pain.
5. Discuss the roles of the nurse involved with pain assessment and management for older adults receiving palliative care.

NCP Guidelines

Domain 2: Physical Aspects of Care



- IDT assesses and manages symptoms and effects as defined by patients and family
- The IDT assess symptoms and impact on patient's well-being and quality of life
- IDT conducts ongoing management of symptoms and side effects of treatment
- IDT provides written and verbal recommendations for managing symptoms

NCP, 2018

Part I: Pain Assessment

Pain is...

- “An unpleasant sensory and emotional experience associated with, or resembling that associated with actual or potential tissue damage” IASP, 2021a
- “...whatever the experiencing person says it is, existing whenever he says it does.” Pasero & McCaffery, 2011
- Pain affects quality of life
- Older adults who cannot self-report are at risk

Pain in Older Adults

Epidemiology/prevalence:

- Common in older adults: 25-50%
- Arthritis is most common
- Common symptom at end of life
- Co-morbidities may add to the burden of pain

Pain in Older Adults (cont'd)

- Age-related changes relative to pain not understood
- Underlying neuro, chemical and physiologic changes occur
- Age-specific changes can affect response to analgesics
- Mechanisms of pain perception not understood
- Analgesics and pharmacokinetics are altered
- Pain is not a normal consequence of aging

Categories of Pain

Acute

- Sudden onset/response to illness or injury
- Decreases over time as healing occurs; self-limiting
- Goal: eliminate pain by treating cause
- Physical signs: “fight or flight”
- Can lead to chronic pain

Persistent

- Insidious onset, or follows acute
- Lasts beyond expected healing period or associated with a chronic condition
- Goal: maintain function & quality of life
- Behavioral signs: withdrawal, irritability, depression

Common Sources of Persistent Pain in Older Adults

Sources of pain and co-morbid conditions:

- Musculoskeletal
- Compression fractures from osteoporosis
- Neuropathies
- Cancer
- Contractures
- Pressure ulcers/wounds

Galicia-Castillo & Weiner, 2021

Barriers to Pain Relief

- Identify and address barriers
 - Professionals
 - Health care systems
 - Patients/families



Fink et al., 2019; Paice, 2019

Challenges to Pain Assessment in Older Adults

- Cultural factors
- Stoicism, not wanting to be a “complainer”
- Use of different words to describe pain, like my hip is “sore”.
- Don’t report pain due to fears and fatalism
- Fears: procedures, side effects, addiction
- Depression
- Multiple causes of pain
- Co-morbid conditions
- Cognitive or sensory impairments



Pain Assessment Overview

- Etiology:
 - History
 - Physical exam
 - Lab/diagnostic
- Location
- Intensity
- Character/quality
- Duration and pattern
- Aggravating/alleviating factors
- Effects of pain
- Goals of care
 - Function
 - Quality of life
 - Comfort

Multidimensional Pain Assessment Tools

- Brief Pain Inventory (BPI)
 - How pain affects functions
 - Anatomical pain location chart
- Short Form McGill Pain questionnaire (SF-MPQ)
 - 15 pain descriptors
 - Summary scores for sensory, affective, and total pain

Pain Etiology



- History
- Physical examination
- Laboratory/diagnostic evaluation

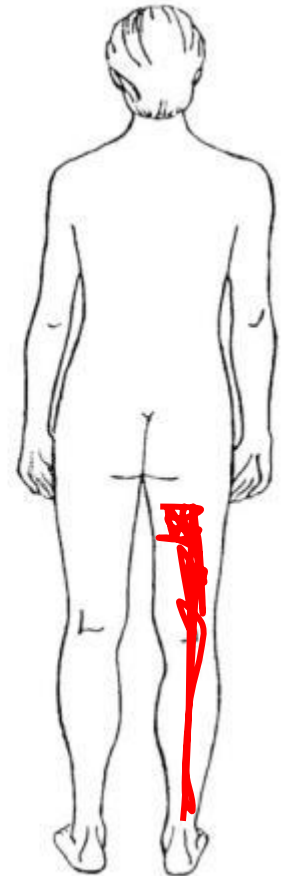
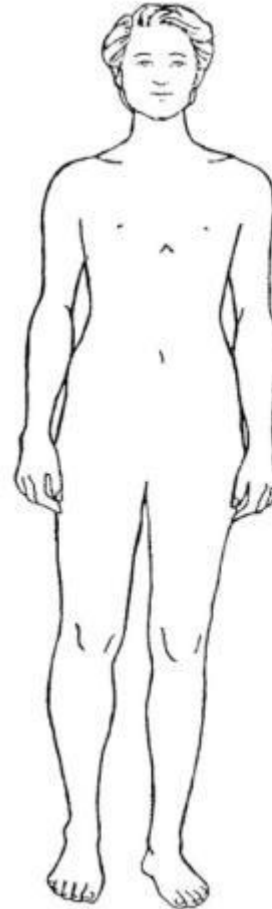
Fink et al., 2019

Analgesic History

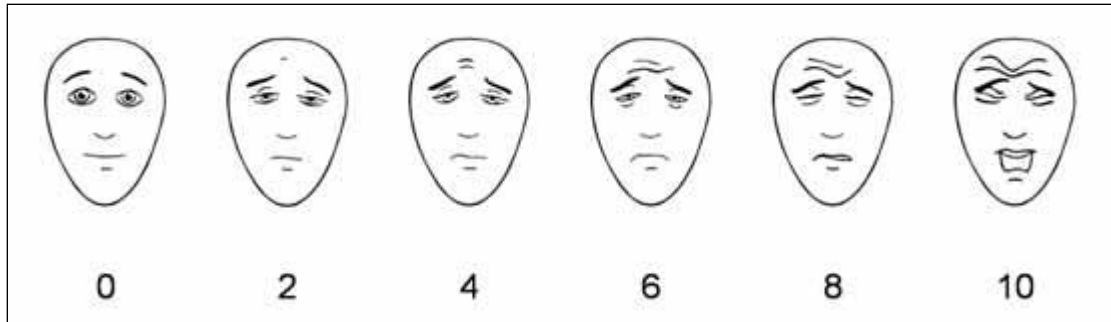
- Current and previous experience with pain medication
- What medications?
- What doses?
- Efficacy?
- Adverse effects?
- Attitudes?

Location

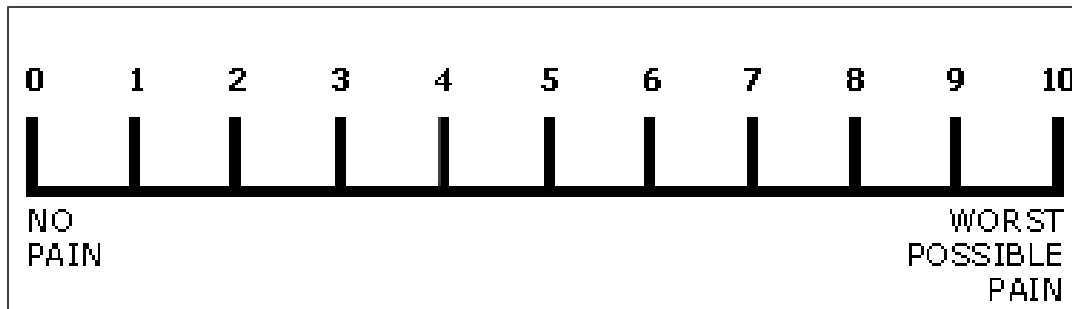
- Pain location and quality
- Document all locations; radiating or referred



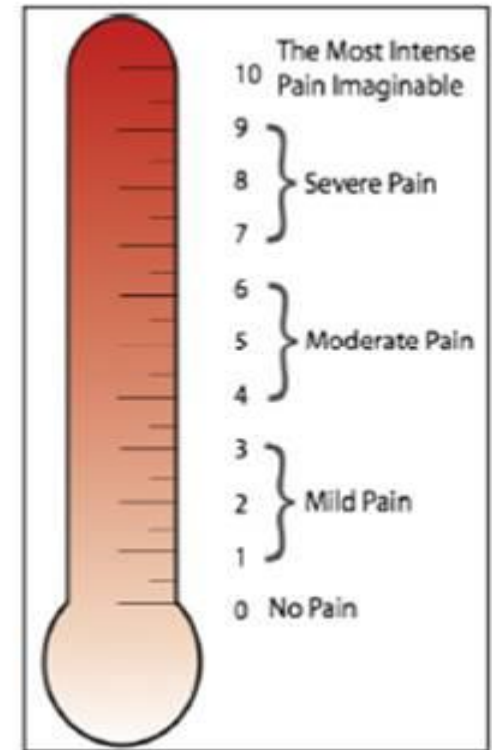
Pain Intensity Tools



FACES-R



Numeric Rating Scale (NRS)



Iowa Pain Thermometer-Revised and Verbal Descriptor Scale

Fink et al., 2019; IASP, 2021b;
Ware et al., 2015

Character/Quality of Pain

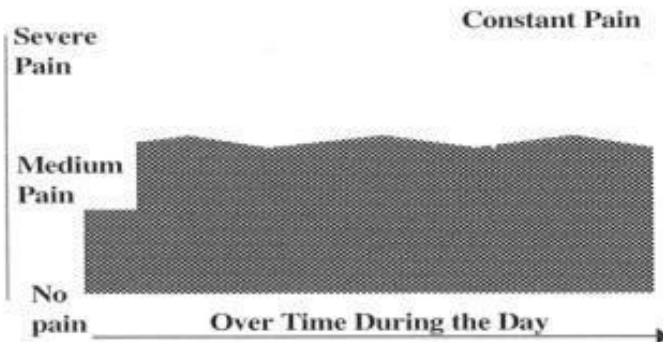
Nociceptive

- Somatic pain source:
 - musculoskeletal tissues and skin, bony metastasis (e.g., arthritis, muscle strain, cancer pain)
- Visceral pain source:
 - obstructions, organs, with pain that is dull, aching, pressure, tender (e.g., tumors)
- Responds to traditional pain medicines & therapies

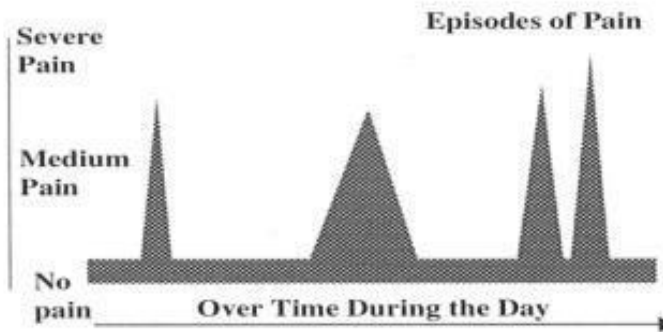
Neuropathic

- Source:
 - nerve damage, e.g., peripheral nerve or CNS pathology (e.g., postherpetic neuralgia, diabetic neuropathy, spinal stenosis, chemotherapy)
- Requires different types of medications than nociceptive pain

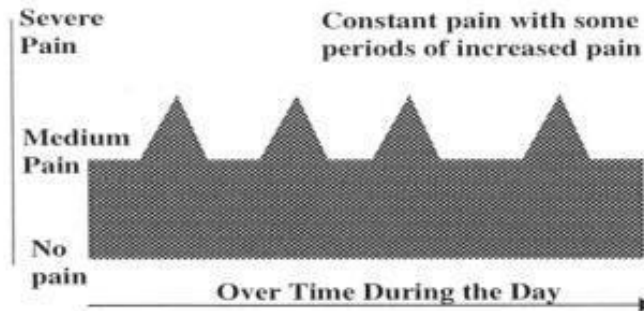
Duration and Pattern



Do you have pain that is with you most of the time?



Do you have pain that comes and goes with very little or no pain in between?



Do you have some pain that is with you all the time but also some pain that comes and goes?

Aggravating and Alleviating Factors



What makes the pain better?
Or worse?



Effects of Pain

Assess impact of pain on function, quality of life and ADLs

- Mobility or transfers
- Social activities
- Mood, sleep, energy



Comfort - Function Goals

- Identify and set realistic comfort-function goals:
 - “What do you want to do that pain keeps you from doing?”
 - “What pain rating would allow you to do what you want to do?”
- Appropriate for all types of pain

Pain at the End of Life

- Existential distress, fear of dying, and grief may alter expressions of pain
- Complex; affects QOL
- Reminder: organ failure at end of life impacts medication clearance
- Requires interdisciplinary approach



Pain Assessment in Nonverbal Older Adults

- Advanced dementia
- Progressive neurological disease
- Post-CVA
- Imminently dying
- Developmentally disabled
- Delirium



Pain in Persons with Dementia

- Evidence exists that people with dementia do experience acute or persistent pain
 - May have decreased analgesic effectiveness
 - Absence of VS changes with acute pain
 - Pain negatively affects cognitive function
 - Response to pain therapies may be altered
 - Cognitive impairment may hinder the ability to report, however: Always ask if there is pain!

ASPMN & HPNA Position Statement: Pain Management at the End of Life

- Pain at end of life is great concern as it may be unrecognized, untreated
- All persons deserve prompt recognition and treatment of pain even when they cannot express their pain verbally
- Nurses must advocate for effective, efficient and safe pain & symptom management to alleviate suffering

<https://advancingexpertcare.org/position-statements>

Hierarchy of Pain Assessment Techniques



1. Obtain older adult's self-report (*if possible*)
2. Search for potential causes of pain history
3. Observe pain behaviors (use Behavior Observation Tool)
4. Obtain proxy reporting
5. Attempt an analgesic trial

Fink et al., 2019

Behavioral/Observational Cues

Obvious:

- Grimacing or wincing
- Bracing, guarding or rubbing a body part
- Resisting care
- Vocalizations or “calling out”

Less Obvious:

- Changes in activity level
- Sleeplessness, restlessness
- Resistance to movement
- Withdrawal/apathy
- Increased agitation, anger, etc.
- Decreased appetite

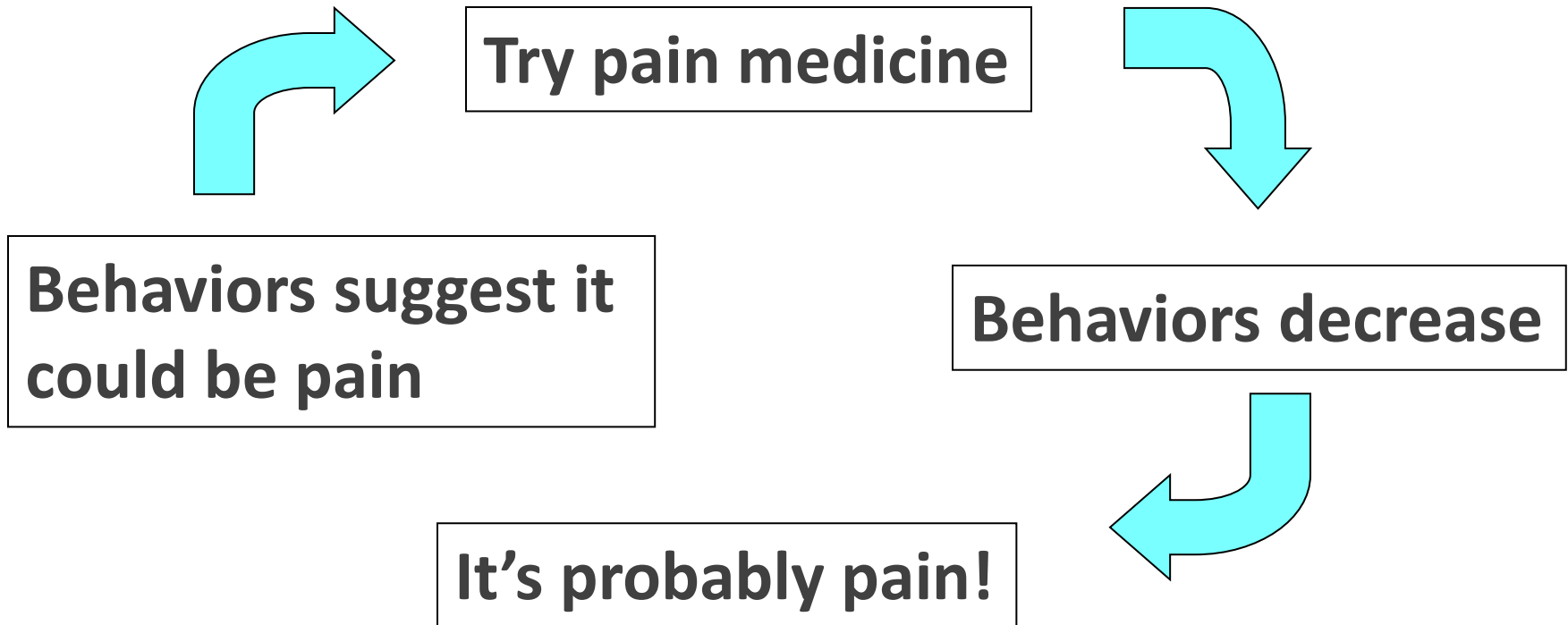


Behavioral Pain Assessment Tools

For older adults unable to self-report:

- CNPI -Checklist for Nonverbal Pain Indicators
- PAINAD – Pain Assessment in Advanced Dementia
- PACSLAC – Pain Assessment Checklist for Seniors with Limited Ability to Communicate

Analgesic/Empirical Trial in Nonverbal Older Adults



Schedule analgesics! Nonverbal adults cannot ask for p.r.n. medications.

When to Assess and Document

- Admission
- Regular intervals
- New pain
- Exacerbations
- Uncontrolled pain
- Continuing or new therapy (new meds, increased doses)
- Behaviors that suggest pain



Summary

- Assessing pain is everyone's responsibility
- Pain is the 5th vital sign, make it visible!
- Pain assessment for older adults must include self-report and behavioral observation tools
- We cannot address pain without assessing it first.

