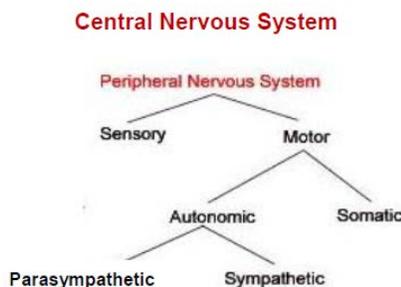


Geriatric Pain Management Guide: Neuropathic Pain

Definition: Pain that arises from actual or threatened damage to non-neural tissue and is due to the activation or damage in the nervous system. This can be a disturbance in the function of one or more nerves and is often associated with end organ damage. This pain is often described as burning, numbness, tingling, electric shock-like and possibly associated with deep aching.

Potential	Conditions	Key Signs and Symptoms	Management
Postherpetic Neuralgia	<ul style="list-style-type: none"> • Complication of Shingles that last longer than a few weeks • Increased risk with age 	<ul style="list-style-type: none"> • Burning pain at shingles site • Sensitivity to touch • Muscle weakness 	<ul style="list-style-type: none"> • Drug – Lidocaine patches, Tricyclic anti-depressants, Anticonvulsants, Opioids, Capsaicin
Diabetic Neuropathy	<ul style="list-style-type: none"> • Injury to nerve fibers from high blood sugars • Most frequently in hands and feet 	<ul style="list-style-type: none"> • Same as other neuropathies 	<ul style="list-style-type: none"> • Control of blood sugar
Multiple Sclerosis	<ul style="list-style-type: none"> • Autoimmune disease that destroys the protective sheath (myelin) on nerves • Cause is unknown • Women between 20 & 40 at higher risk 	<ul style="list-style-type: none"> • Painful muscle spasms • Numbness, weakness of limb on one side/unsteady gait • Blurriness, loss of vision • Tingling/electric – shock sensations 	<ul style="list-style-type: none"> • If neuropathic pain – same as other condition • Muscle relaxants for painful muscle spasms
Spinal Cord Injuries, Hemiparesis	<ul style="list-style-type: none"> • Trauma/fall • Arthritis • Cancer • Inflammation or infection • Disk degeneration • Strokes 	<ul style="list-style-type: none"> • Loss of sensation/movement • Loss of bowel/bladder control • Pain • Exaggerated reflexes 	<ul style="list-style-type: none"> • Drug – Lidocaine patches, Tricyclic anti-depressants, anticonvulsants, Opioids, Capsaicin • TENS units/massage
Peripheral Neuropathy	<ul style="list-style-type: none"> • Trauma & Infections • Toxins such as alcohol or poisons • Disease: Lupus, Guillain-Barre, Lyme • B vitamin deficiency • Hypothyroid or kidney disease 	<ul style="list-style-type: none"> • Numbness & tingling in hands, feet, or many sites 	<ul style="list-style-type: none"> • Drug – Lidocaine patches, Tricyclic anti-depressants, anticonvulsants, Opioids, Capsaicin • TENS units/massage

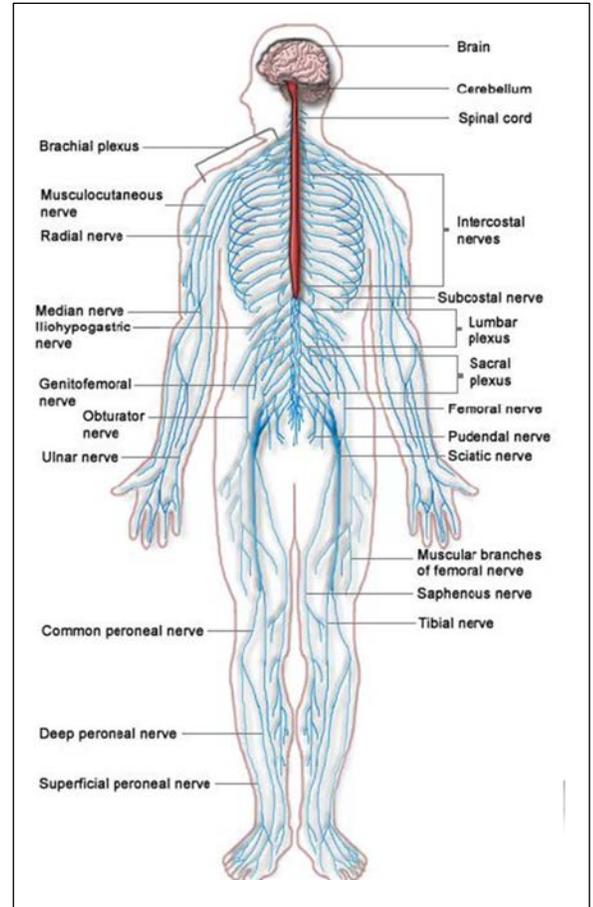


Physical Exam: Nurses have limited ability to perform a complete neurological exam in nursing homes. At minimum, nurses should examine the specific site for visible abnormalities; ask patients whether they can feel light touch, temperature (such as a warm washcloth or ice pack), pain and muscle strength. More sophisticated exams can be performed by specialists.

Initial Nursing Care: Initial nursing care starts with a good assessment. The patient's description of the pain, the onset of the pain, and any associated symptoms are extremely important in the diagnosis neuropathic pain. The patient's history and symptoms may be more important than the actual diagnostic tests for many of these conditions. While traditional pain medications are not always effective, it is important to give a trial of pain medication while in the process of contacting the primary care provider. Repositioning, avoiding pressure, massage may be helpful to relieve pain temporarily.

Communication: (SBAR)

- **Situation:** When did pain start and what seemed to be the cause? How does the patient describe the pain (in their own words)? Are there any other symptoms such as change in the color or temperature of the skin, vital signs? Know the advance directive for patient.
- **Background:** What led up to this pain? Has there been any history of infection, trauma, change in function? Is the patient diabetic and if so, how long and what meds are being given? Has the blood sugar been uncontrolled? Any signs of acute stroke?
- **Assessment or Appearance:** Report physical exam results, vitals. Describe results of physical exam if able to do one, can the patient feel touch, does the site look and feel normal? If Diabetic, provide information on current and recent blood sugars.
- **Request:** Some conditions will require transfer to the hospital. Provider may order lab work or other diagnostics. Pain interventions should be requested.



Discussion: Older adults with neuropathy can suffer due to inadequate control of pain. Neuropathies may not respond to typical pain medications, therefore, adjuvant pain medications may be indicated. Be sure to provide current pain meds to provider and their effectiveness. Certain co-morbidities may confuse or hide the appearance of symptoms. Accurate and timely assessment and communication from the nurse is essential to help the physician determine the appropriate action.

References

Arnstein, P. *Assessment of Nociceptive versus Neuropathic Pain in Older Adults*. Try This Series, Specialty Practice, Issue – SP1. The Hartford Institute for Geriatric Nursing and The American Society for Pain Management Nursing. <https://consultgeri.org/try-this/specialty-practice/issue-sp1>.
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