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 ≠ 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®
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