INSTRUCTOR'S MANUAL

THE DIRECT CARE WORKER'S ROLE IN IDENTIFYING AND ADDRESSING PAIN IN OLDER ADULTS

Module 1
Identifying and Assessing Pain in Your Residents

This teaching package was developed through a grant from the SCAN Foundation.

The content was developed by Linda Redford, R.N., Ph.D. in collaboration with Aging Services of California and the LeadingAge Center for Applied Research. The staff of four nursing homes in California graciously offered their time for focus groups to assist in shaping the content of these modules. Three of the nursing homes also participated in pilot tests of the curriculum and offered insights to make the curriculum most relevant to their needs.

Module 1
Identifying and Assessing Pain in Your Residents

Learning Outcomes:

By the end of this activity, participants will be able to:

- Define pain.
- List at least three common causes of pain in older adults.
- Identify how common pain is in nursing home residents.
- Describe at least four consequences of poorly managed pain for the older person.
- State six questions you should ask when conducting a pain assessment on residents who can tell you how they feel.
- Describe at least five signs of pain in older adults.

Key Content:

I) Definition of Pain
II) Common Causes of Pain in the Older Adult
III) Consequences of Poorly Managed Pain
IV) Signs and Symptoms That a Resident is Experiencing Pain
    a) The verbal resident
    b) The nonverbal resident

Materials Needed:

1) A computer
2) A projector to use with the computer
3) Speaker to use with the computer
4) An Internet connection
5) Flip chart
6) Markers

7) Easily removable tape that will not damage walls (if flip chart pages are not self-adhering)
8) Copies of the following articles for each participant (also shown under Resources Section)-
    a. Assessment of Pain in Older Adults- http://www.nursingcenter.com/pdf.asp?AID=798127
    b. Assessment of Pain in Dementia Residents- http://www.nursingcenter.com/pdf.asp?AID=800535

Activities

I. Welcome everyone and ask them to give their name and a brief statement about what they hope to learn from the session. (5 minutes)

II. Describe the purpose of the Pre-Assessment of Knowledge and ask them to complete it. (15 minutes) Explain that it is important to understand what participants know about a topic before an educational session. This helps instructors know if the content they are presenting is new and useful for the audience and effective in helping them learn and apply new information.

III. Present the first set of Power Point slides "How to Know that a Resident is in Pain?"

IV. Remind participants to complete the Post-Assessment of Knowledge and the Program Evaluation.

Resources

ONLINE READING

The ***How to Try This*** series from the **AJN, American Journal of Nursing** are available on the Web and can be copied with permission. You can request permission on the Website. These are excellent resources and should be copied and distributed before showing the videos on pain assessment from http://www.nursingcenter.com.

How to Try This: Using Pain-Rating Scales with Older Adults
http://www.nursingcenter.com/pdf.asp?AID=798127

How to Try This: Pain Assessment in People with Dementia
http://www.nursingcenter.com/pdf.asp?AID=800535

End of Life/Palliative Education Resource Center (EPERC) – offers many educational resources without a charge. http://www.eperc.mcw.edu/

Jablonski, A & Ersek, M (2009). Nursing home staff adherence to evidence-based pain management practices. Journal of Gerontological Nursing, 35(7):28-37. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2834947/pdf/nihms-181296.pdf

Long, C. et.al. (2010). Improving pain management in long-term care: The campaign against pain. Journal of Hospice and Palliative Nursing, 12(3):148-155. http://www.medscape.com/viewarticle/727728

VIDEOS

How to Try This Series

INSTRUCTIONS- You will need to enter your E-mail address to enter the site (there is no charge). You will then click on the "Please click here to view the video" link shown. A survey will open (ignore) and then the video should open in the upper left corner of the screen. It may take a few seconds for the video to load. Click on the icon in the right-hand corner of the video to enlarge the video screen. All videos are free and in a downloadable format (not streaming video) that requires ***Windows Media Player***.

Before viewing these videos copy and distribute the articles for the ***How to Try This*** series shown in the **Resources on the Web** section.

Video #1- "How to Try This: Pain Assessment in the Older Adult" is on assessing pain in older adults who can report their pain symptoms. Click on this link- http://www.nursingcenter.com/TryThis/Survey.asp?Ep=14&Ch=0 and follow the instructions

Video #2- "Using the Pain-AD: How to Assess Pain in Older Adults with Limited Verbal Capacity" is on assessing pain in older adults who may not be able to verbally express their pain. Click on this link- http://www.nursingcenter.com/TryThis/Survey.asp?Ep=14&Ch=2 and follow the instructions

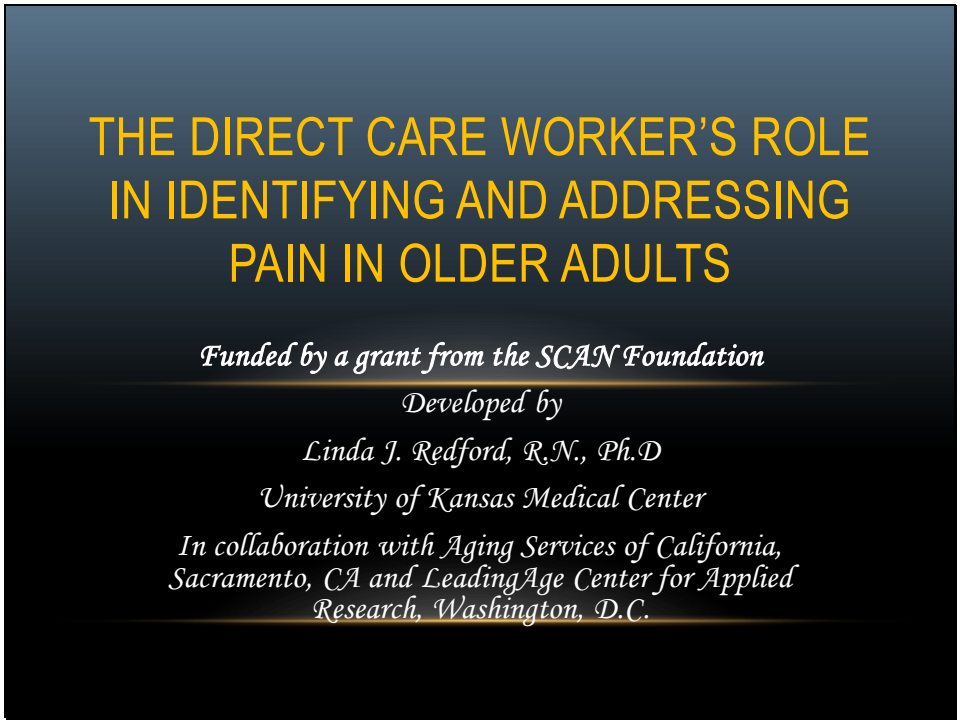
Video #3- "Pain and the Brain" is a video of a public lecture about pain at the University of California-San Francisco. The speaker, Dr. Alan Basbaum, is a nationally known expert on pain. The video is an hour and a half in length, but provides excellent information on pain and some interesting teaching strategies. If you are interested in more detailed knowledge about pain, this video is recommended. http://www.youtube.com/watch?v=gQS0tdIbJ0w

Video #4- "Interviewing Vulnerable Elders (VIVE) MDS 3.0" demonstrates how to administer sections of the MDS 3.0 to residents. It highlights some important considerations in interviewing older residents. It will be helpful to listen to the Introduction and then move the video to the pain assessment section.
http://www.youtube.com/watch?v=Ereawm4_F7k .

Power Point
Module 1

Identifying and Assessing Pain in Your Residents

Slide 1



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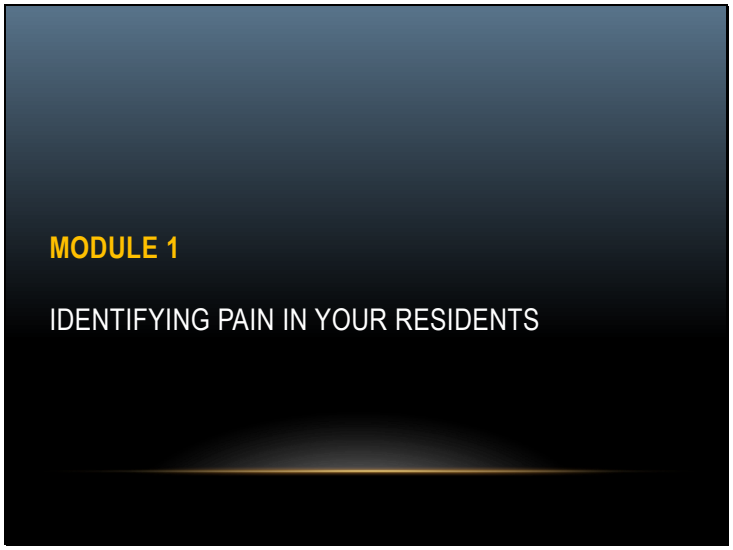

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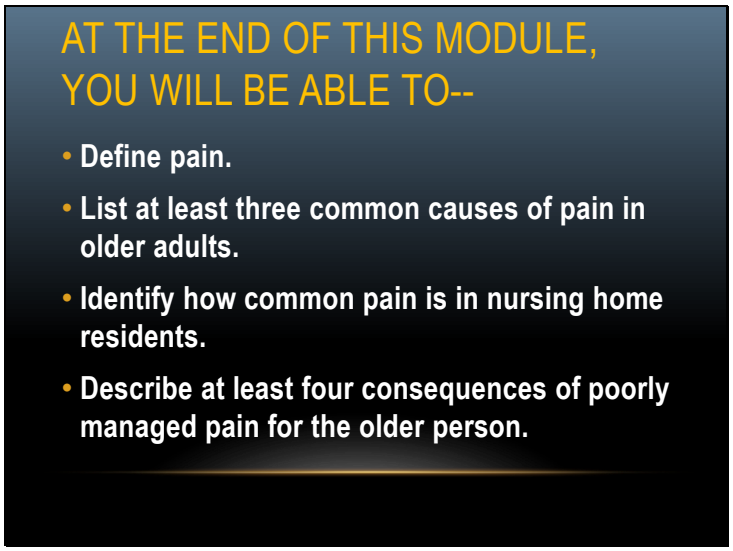

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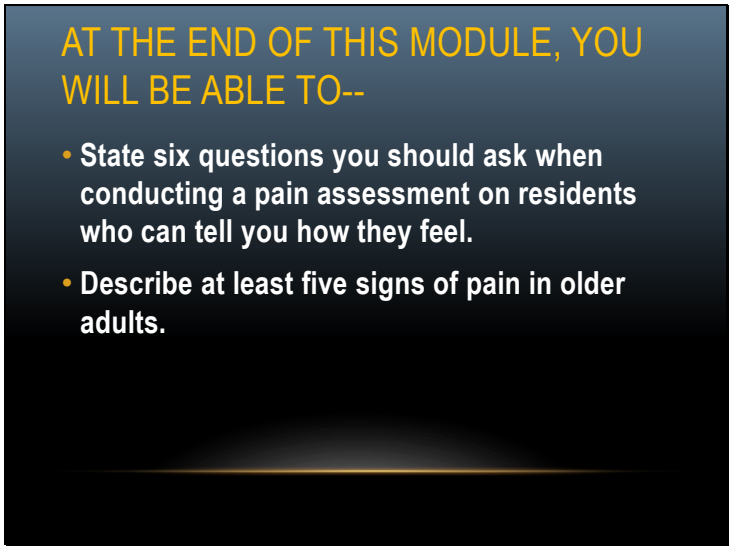
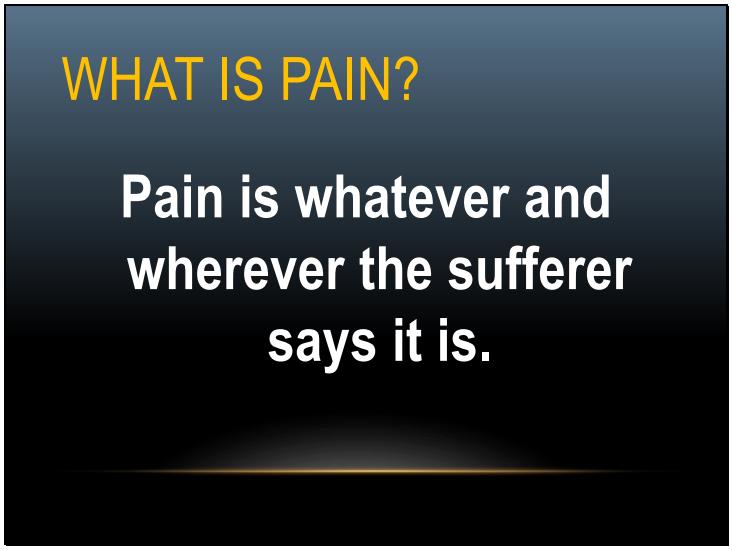


Slide 5

Often residents of nursing homes are unable or unwilling to admit they are having pain or discomfort. Some residents are too confused or have communication problems that keep them from being able to tell you they are in pain. Others may feel it is just a part of growing old and that nothing can be done, while others may not want to admit pain because they fear becoming "addicted" to pain medications. The direct care worker must always be alert to the signs of pain and discomfort that are discussed in this module.

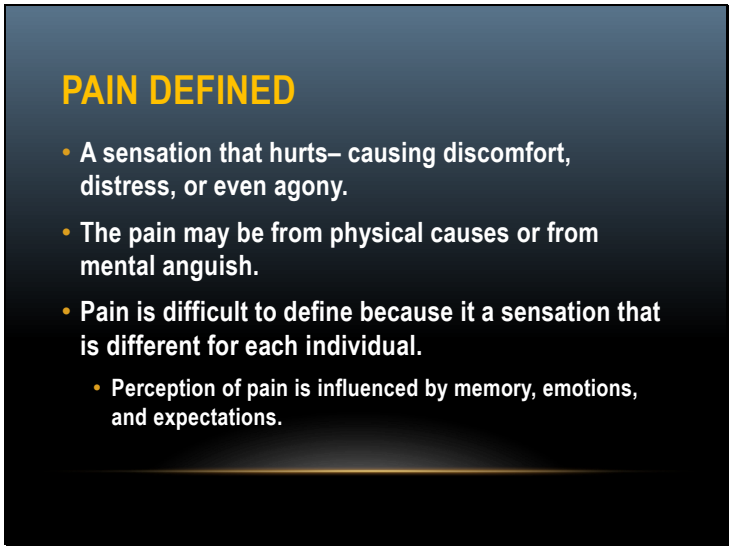
Slide 6



People experience pain in many ways. Each person's perception and expression of pain is shaped by such factors as their biological makeup, their previous experiences with pain, and their culture. The rule to remember is that pain is whatever the sufferer says it is.

Ask participants to think about the worst pain they have ever had? Ask some of them to describe the pain. Next ask them to reproduce that feeling of pain in their bodies. Even if we have searing memories of having pain, it is very rare that one can reproduce the feeling after it is gone.

Slide 7

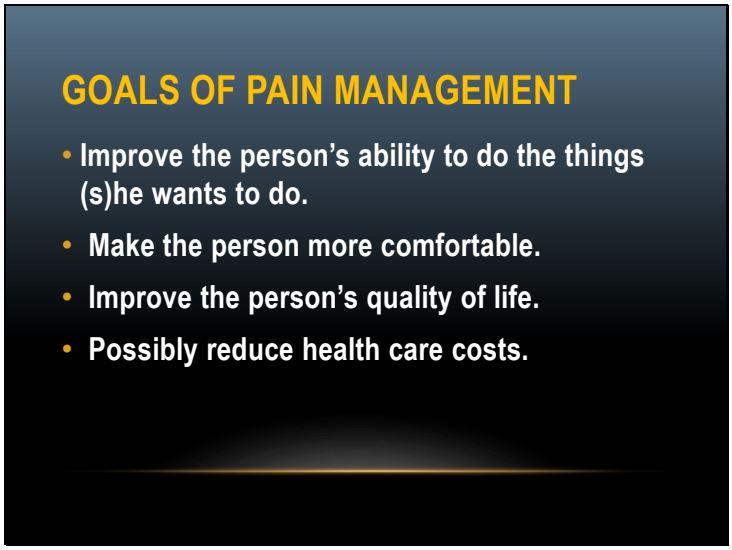


Pain is a very individual event. How people perceive, experience, and respond to pain is influenced by characteristics of their nervous system, their past experience with pain, and cultural expectations about pain.

If people have had long periods of severe pain, we know that the nerves become sensitized. When this happens, movement or activities that would normally not cause pain can be very painful. Pain tolerance is also very individual. Conditions that cause annoying discomfort for some people can cause debilitating pain for others.

How people express pain also varies across individuals and can be culturally influenced. In some cultures, it is considered appropriate to freely express pain, while more stoic cultures discourage outward expressions of pain. This “suck it up and get on with it” attitude means that people can be in severe pain and refuse to acknowledge it. In these cases, it is important that health care providers be alert to nonverbal signs of pain– stiffening and guarding with movement, wincing, being unusually quiet or immobile.

Slide 8



It may not be possible to eliminate all pain, but it is usually possible to make it tolerable. The goal is to improve the individual's quality of life and ability to conduct desired activities. We know that when pain is controlled, people are likely to heal faster and better. This, in turn, can lower health care costs.

Slide 9

Arthritis is a common cause of pain as people age. Half of all adults over age 65 have arthritis. Arthritis causes pain in the joints and back making it difficult for people to do daily activities and putting them at risk of falling.

Osteoporosis is a disease that can affect both men and women, but women are particularly prone to it. Osteoporosis results in a loss of bone. The vertebra in the back and bones throughout the body become more brittle and susceptible to fracture. This condition often results in back pain and increased likelihood of undetected fractures.

Slide 10

Changes in circulation and sensation in the legs and arms can result from diabetes or vascular disease (disease of the blood vessels). Vascular disease causes pain due to a lack of blood supply to the feet, legs, and/or hands. Diabetic neuropathy results from direct damage to the nerves in the extremities and causes numbness, tingling or a burning or throbbing pain. These conditions not only cause disabling pain, but also put the individual at greater risk of a fall.

Slide 11

Shingles are caused by a virus that attacks the nerves and often causes a rash and skin blisters, usually on one side of the body. The virus is the same virus that causes chickenpox. It "sleeps" in the nerve endings in the body forever after someone has chickenpox and can activate to cause shingles. This usually occurs when the person is older and has a weakened immune system due to stress, illness, or medications. The virus cannot cause chickenpox again, just shingles. This condition usually resolves in a few weeks, but can be very painful and sometimes causes pain long after the rash subsides.

Almost everyone has a headache at sometime in their life. Migraines tend to decrease as people age into their 50s and beyond, but headaches can still be debilitating for some older adults and are more likely to be associated with certain diseases/conditions or medications. Sudden severe headaches in a resident should be reported to the nurse immediately. This can be a sign there is bleeding inside the head.

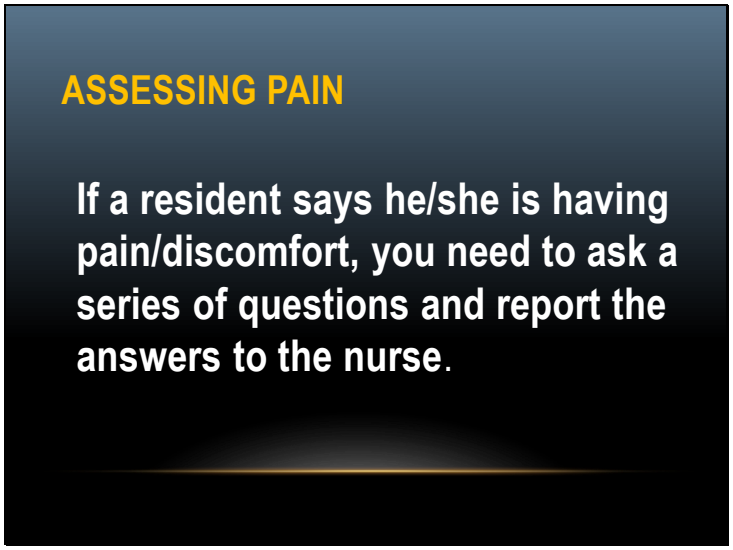
Slide 12

Poorly controlled pain has many adverse consequences as are shown on this slide. Pain can generally be controlled or at least kept at a level that does not severely impair the individual's ability to rest and do usual daily activities. It is important to utilize all means available in our attempts to keep people comfortable and able to function.

Slide 13

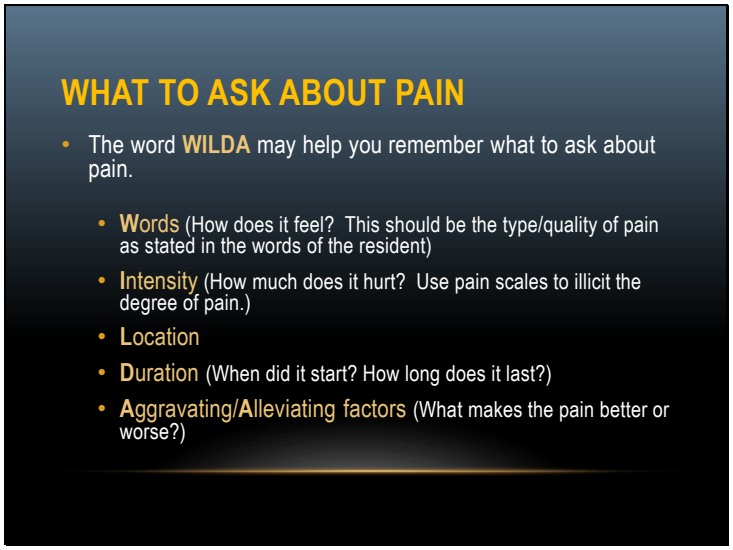
When asking residents about pain or discomfort, it is best to ask them to describe any pain or discomfort they are having. Just asking a person if they have "pain" will not always give you an accurate response. Many older persons deny pain, but will acknowledge that they have discomfort or that they hurt.

Slide 14

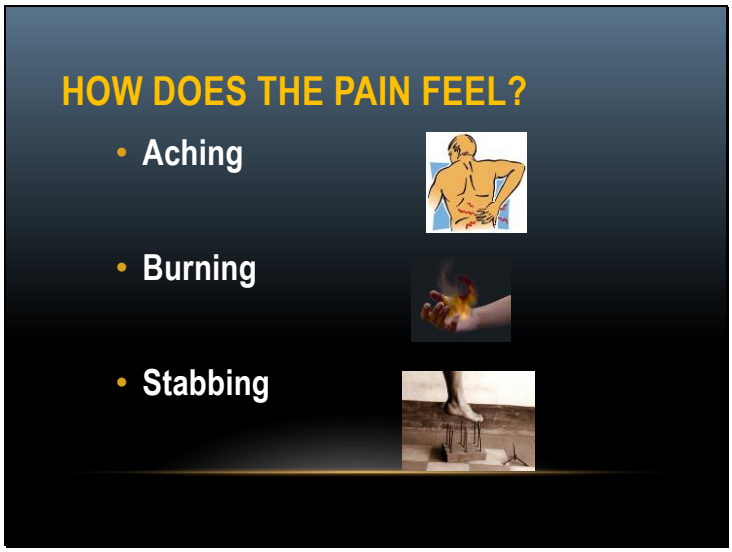


NEXT SLIDE

Slide 15

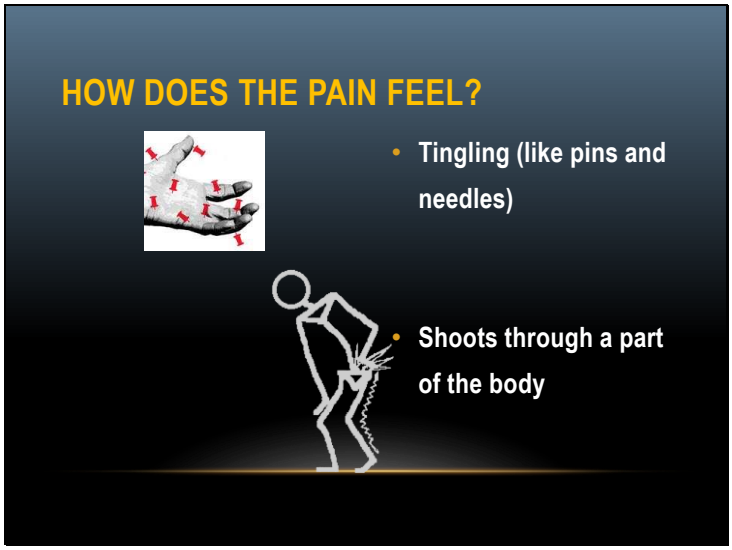


The term WILDA will help you remember what to ask of a resident who is experiencing pain.
Slide 16



There are hundreds of words to describe pain. It is best to let the resident use their own words, but if they are having difficulty describing it you may need to give them some examples. It is important to know the type of pain, because this offers clues on what is causing the pain and what might be the most effective treatment.

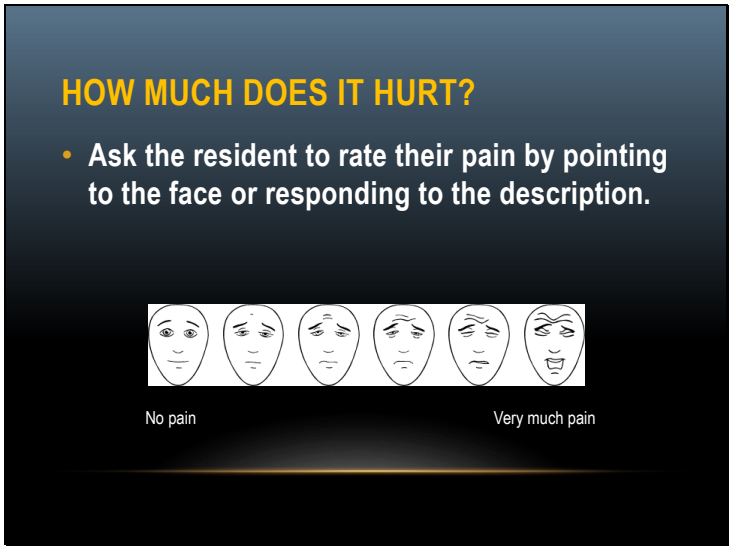
Slide 17



Pain from a headache or urinary tract infection may be throbbing or stabbing, while pain from nerve irritation is likely to be burning, shooting, or tingling. Pain from arthritis and joint problems is often aching.

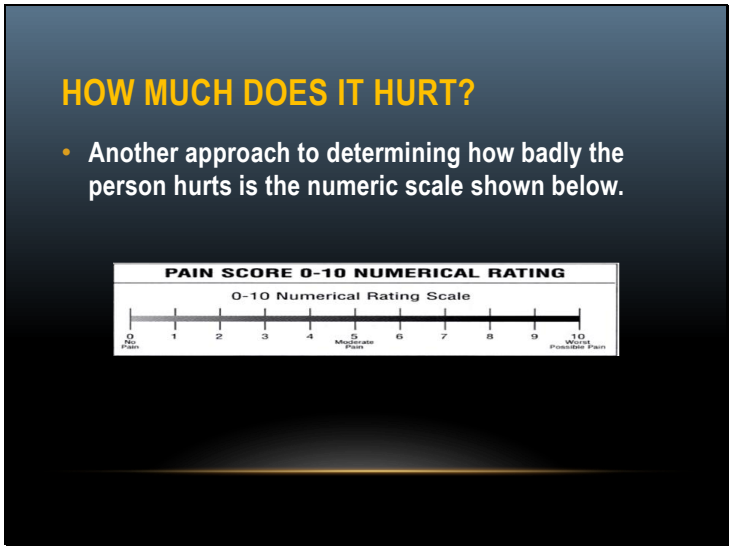
Examples of other terms to describe pain include– searing, knife-like, sharp, twisting, scorching, stretching, jabbing, etc.

Slide 18



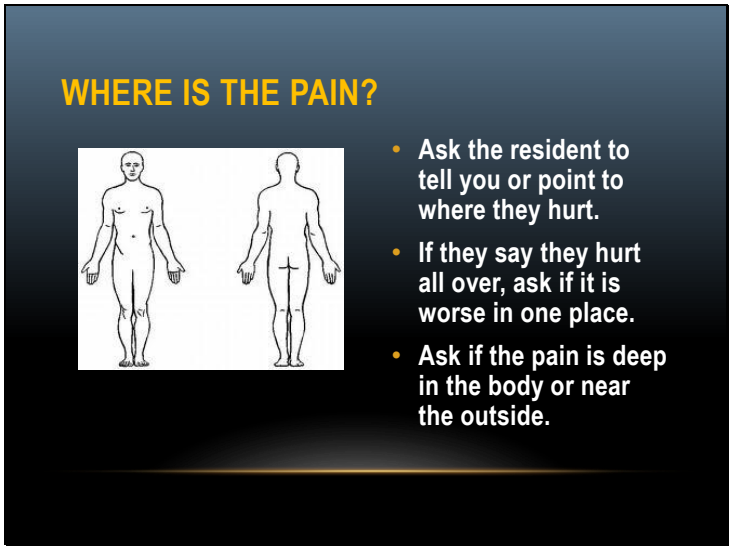
The Faces Pain Scale is one tool that can be used to have residents rate their pain. You can show them the picture of the faces and have them point to the one that most accurately illustrates the amount of pain they are experiencing. You can tell them that the first face is no pain and the last face is the worst pain imaginable. Sometimes persons with dementia or severe communication problems can rate their pain using this method.

Slide 19



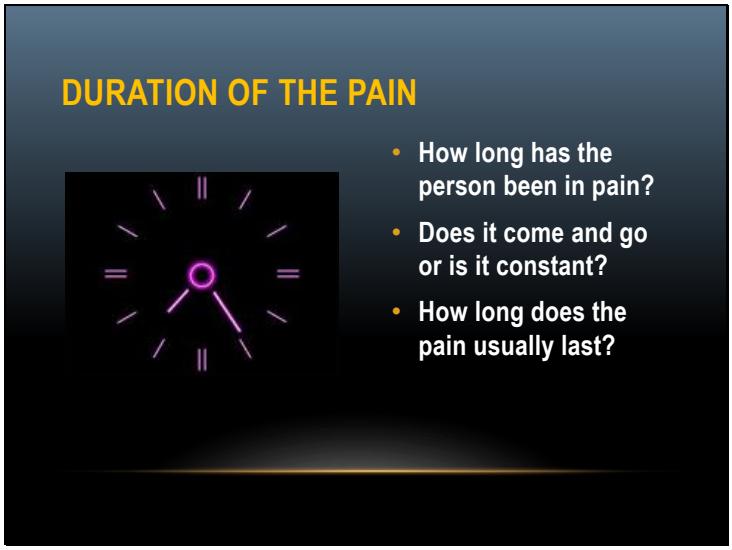
The Numeric Pain Distress Scale is another approach to having people rate their pain. People who are able to communicate verbally and are alert will do best with this test. Make certain to ask people what their pain is “right now”, what is it at its worst, and what level of pain is acceptable.

Slide 20



The diagram to use for assessing the area of the pain is in the handouts.

Slide 21



It is important to know how long the person has been in pain. This may give a clue about the cause or type of pain. It is important to catch pain early and treat it before it becomes severe. Medication and other approaches to managing pain are most effective before pain becomes severe.

Knowing whether the pain is constant or comes and goes provides a clue to the type of pain. Some types of pain, particularly nerve pain, may occur for only short periods and resolve without treatment. Other times it can be constant and unremitting. Joint pain can be constant and aching or may be present only with movement.

The length of time pain lasts is a clue to the cause. It is also important to know how long it takes for the pain to subside or be reduced after a pain treatment or medication is given. The person needs to be reassessed 30 to 45 minutes after medication or other treatment is given to assure it is effective.

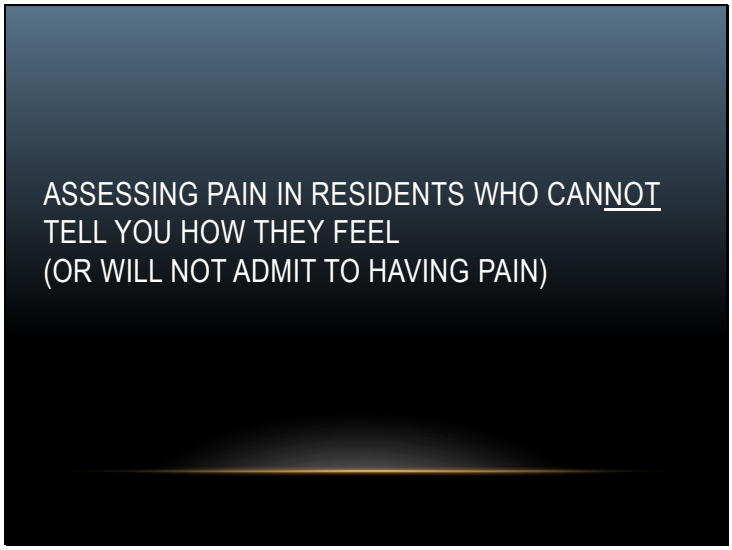
Slide 22

Pain can vary with movement, certain activities, temperature, humidity, and other things. Sometimes people will not be in pain if they are sitting quietly or lying down. However, they may have considerable pain if they do certain movements or stand up and walk. While heat and cold can help some kinds of pain, it can cause pain in certain conditions. For example if people have cold intolerance, going outside on a cold day can cause severe pain. Heat can exacerbate pain in certain neurological conditions, such as multiple sclerosis.

Slide 23

There are many nondrug approaches to managing pain. Occasionally they are effective alone in relieving pain or are helpful in increasing the speed and effectiveness of drug interventions for pain. Medications should be the first line of treatment for severe pain, but nondrug approaches may increase the effectiveness of medications regardless of the level of pain.

Slide 24



Have participants think about a resident that they have cared for that they knew was in pain, but the person could not tell them about the pain. Ask them to describe how they knew the person was having pain. What signs of pain did they observe? Write the responses on a flip chart and post each sheet for all to see. When all responses have been recorded, go to the next slide.

Slide 25

Many times people who are confused, have dementia, or experience language difficulties cannot tell you through language that they are in pain. The signs of pain that are important in these individuals are behaviors or changes in behaviors. Anytime an older adult suddenly becomes confused or has an increase in their confusion, you need to consider pain as a cause. The most common causes of confusion in older adults are infection, dehydration, and **pain.**

Agitation and restlessness may also be indicators of pain or discomfort. The individual may have discomfort from a urinary tract infection, pain from an undetected fracture or other conditions that are causing distress.

Slide 26

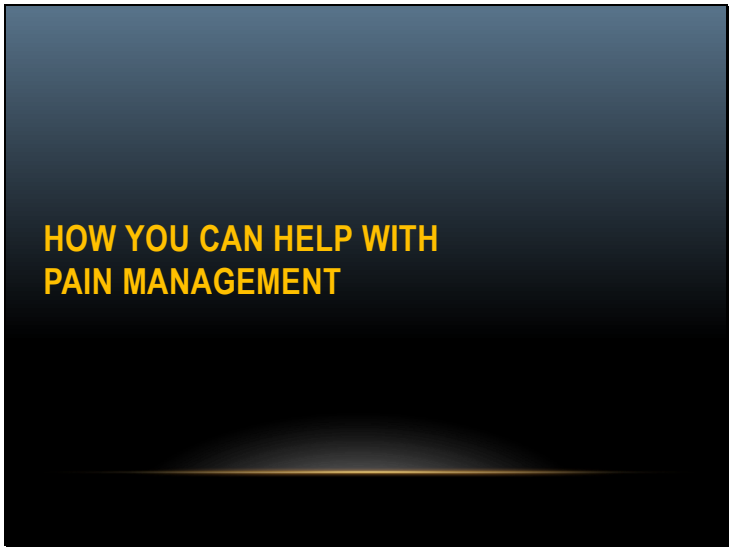
Anytime a resident grimaces or appears reluctant to move or guards a part of the body upon movement, suspect that pain may be the cause. Though there can be many reasons for moaning, crying and other verbalizations, pain or discomfort are common culprits. Attempt to determine if there are obvious causes for or areas of discomfort– poor positioning, swollen joints, too cold, too hot, etc.

Slide 27

Sometimes the signs of pain and discomfort are more subtle. Unwillingness to eat, refusal to participate in activities, being usually quiet, or physically striking out at caregivers can all signal pain.

Give participants copies of the PainAD scale and go over the indicators of pain in each category.

Slide 28



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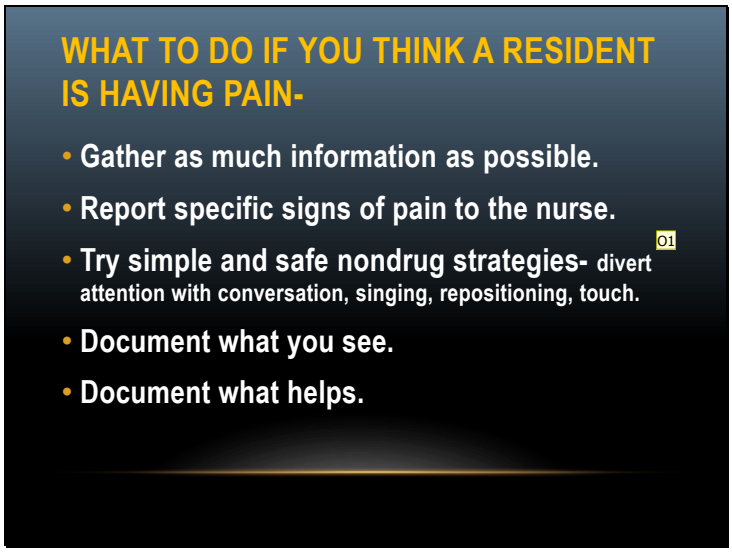
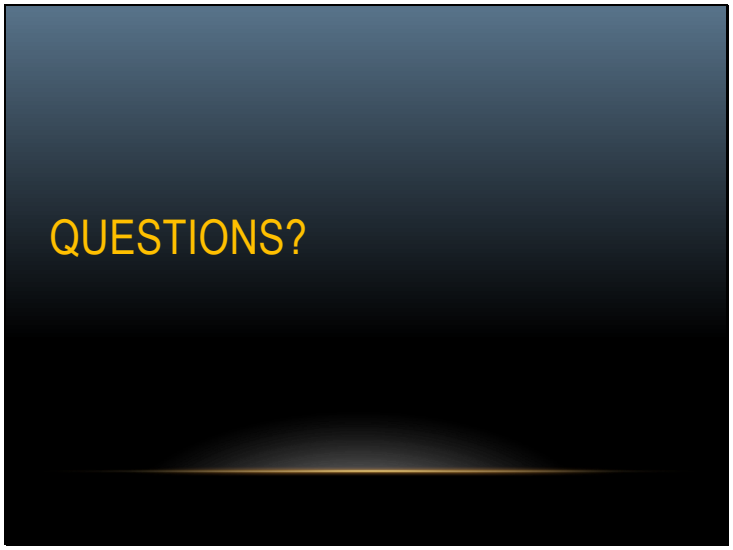


If a resident you are caring for has pain, gather as much information as possible and report it to the nurse. If the resident is able to answer, ask the questions shown earlier– the type of pain, intensity, location, duration, what helps and what makes it worse?

Slide 30



Slide 31