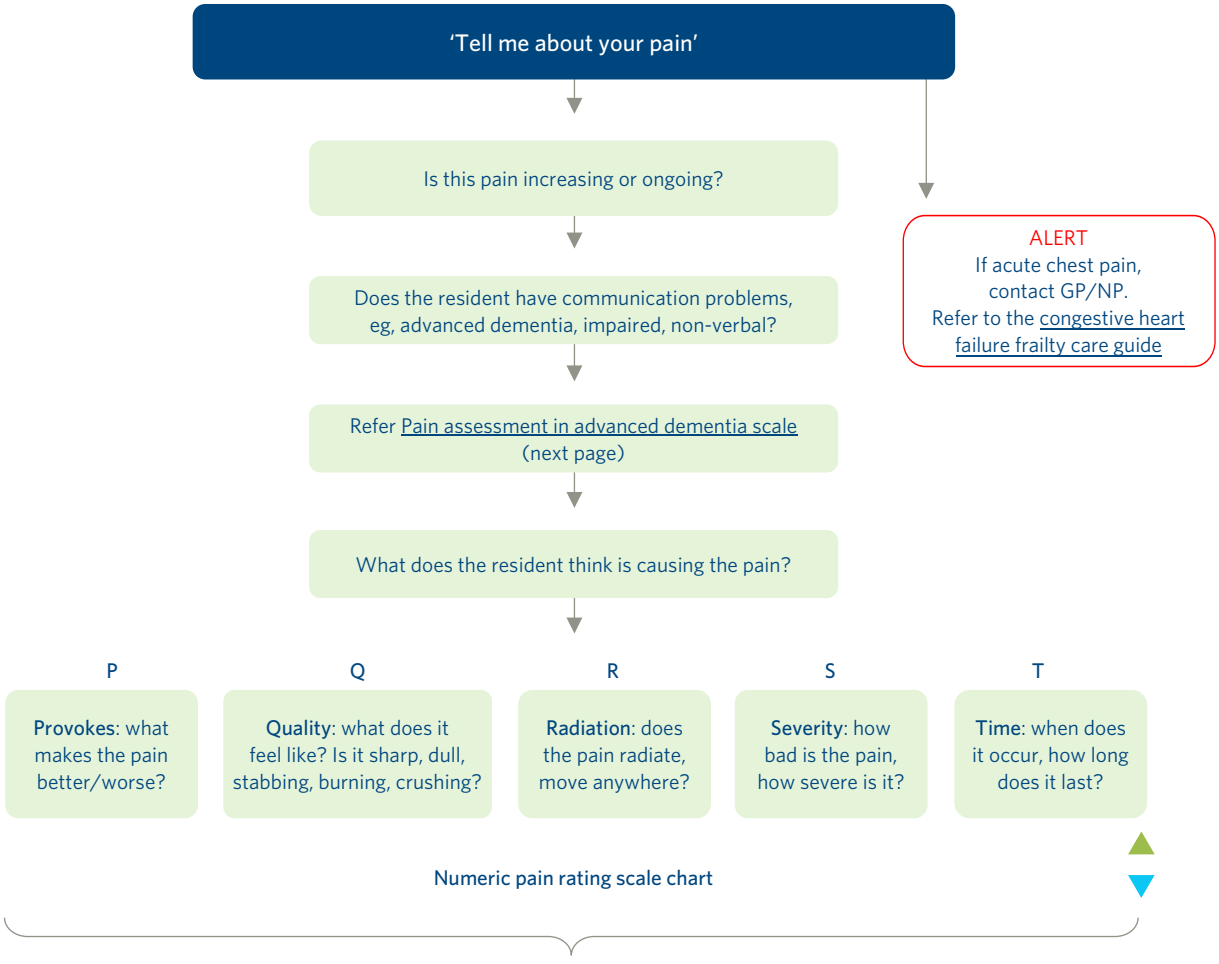
Pain assessment and management | Te aromatawai me te whakahaere mamae

Definition

Pain is an individual, multifactorial experience influenced by culture, previous pain events and ability to cope. Pain is what the person says it is.

Pain assessment overview



None	Mild	Moderate	Severe
0	1–3	4–6	7–10

Indications: Adults and children > 9 years old, in all patient care settings, who are able to use numbers to rate the intensity of their pain

Pain assessment in advanced dementia (PAINAD)

Instructions: observe patient for 5 minutes before scoring their behaviour. Score behaviour according to the above chart. The patient can be observed under different conditions, eg, at rest, during a pleasant activity, during caregiving, after administration of pain medication.

Behaviour	0	1	2	Score
Breathing independent of vocalisation	Normal	Occasional laboured breathing, short period of hyperventilation	Noisy laboured breathing, long period of hyperventilation, Cheyne Stokes respiration	
Negative vocalisation	None	Occasional moan or groan, low level speech with a negative or disapproving quality	Repeated, troubled calling out, loud moaning or groaning, crying	
Facial expression	Smiling or inexpressive	Sad, frightened, frowning	Facial grimacing	
Body language	Relaxed	Tense, distressed pacing, sighing	Rigid, fists clenched, knees pulled up, pulling or pushing away, striking out	
Consolable	No need to console	Distracted or reassured by voice	Unable to console, distract or reassure	
Total score ranges 0–10 points				
Possible interpretation is:		**1–3 = mild**	**4–6 = moderate**	**7–10 = severe pain**	**Total**

- Emotional: anger, anxiety, sadness, loss, fear, loss of body image
- Spiritual: meaning of life, culture, religion/beliefs, helplessness
- Social: relationships, roles, cultural, attitude
- Physical: illness, side effects, eg, medication, fatigue, lack of sleep.

Remember

- People may have more than one pain over multiple sites.
- People use different words to describe pain.
- Identify and treat reversible causes of pain, eg, UTI, constipation, trauma.
- Listen to caregivers and family/whānau.
- Document in progress notes.
- Make and then follow an individual care plan after discussion with resident/family/whānau.
- Reassess regularly.
- Discuss with GP/NP, particularly if pain is not being managed.
- Be guided by function.

Successful pain management

- Is resident- and family-centred and realistic
- Is built on accurate pain assessment
- Uses a holistic approach
- Maintains function.

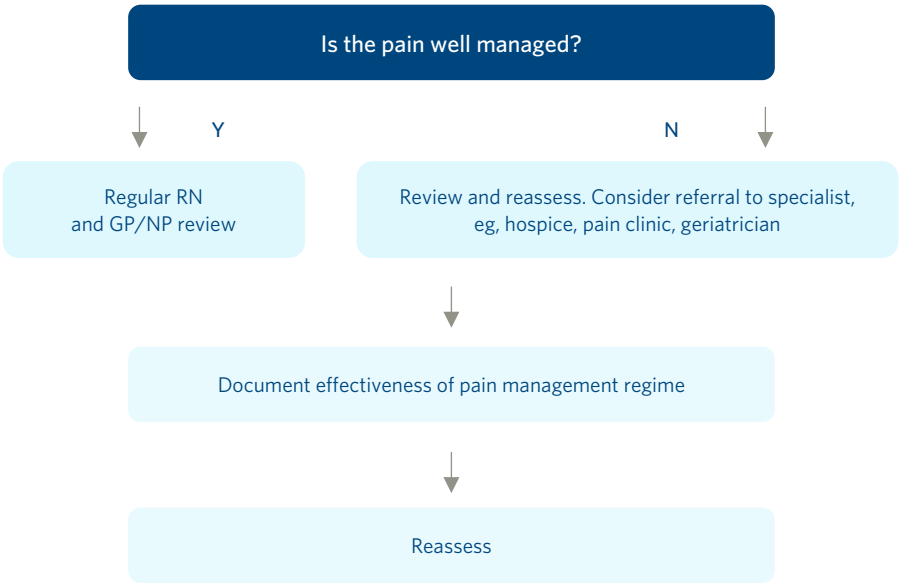
Pharmacological approaches

- 'Right drug for pain type'
- Review previous pain management
- Start low and go slow
- Review effect
- Consider and treat side effects, eg, constipation, nausea, vomiting.

Non-pharmacological approaches

- Supportive talks
- Gentle touch
- Distraction
- Repositioning
- Appropriate activities
- Rest
- Music
- Pressure relief
- Prayer and spiritual support
- Listening
- Reminiscing
- Heat/cold
- Encourage and enable family/whānau and cultural involvement and support
- Complementary therapies, eg, massage, aromatherapy, relaxation or rongoa
- Listen to concerns and provide reassurance to resident/family/whānau if they feel angry or frustrated because of the pain.

Pain management regime



Appropriate drug to pain guide

'Right drug for right pain'	Nociceptive Somatic	**Visceral**	**Neuropathic**
Type	Consider risk factors of treatment, eg, advanced age, renal and hepatic clearance, cardiovascular disease, gastro-oesophageal disease, glucocorticoid use		Establish diagnosis where possible – some specific causes have preferred therapy, eg, carbamazepine for trigeminal neuralgia
Examples	• Superficial: skin, mucous, • Deep: bone, organ capsules • Lymph nodes	Organs, deep tumour masses, deep lymph nodes	Shingles, painful peripheral neuropathy, phantom pain, sciatica
Descriptors	Ache, throbbing, dull	Dull deep cramping, colicky, pressure	Pins and needles, burning, shooting
Pain medication stepped approach	• Try non-pharmacological approach first • Topical agent, eg, capsaicin, diclofenac gel • Regular paracetamol, no more than 1 g QID: consider risk for hepatoxicity • Depression can worsen pain perception – consider antidepressant		• Topical agents, eg, capsaicin, diclofenac gel • Regular paracetamol • Tricyclic antidepressants, eg, amitriptyline or nortriptyline (multiple and cholinergic side effects, eg, dry mouth, orthostatic hypotension, constipation, urinary retention, sedation) • Gabapentin, pregabalin • Carbamazepine for patients with trigeminal neuralgia
Pain medication to avoid in older people	• Non-steroidal anti-inflammatories – avoid for those with heart failure, GI disease, asthma or renal impairment • Opioids are not recommended for chronic pain, only short term for acute pain (there is no evidence to support long-term use of opioids) • Codeine – metabolises to morphine and very constipating • Tramadol – increased risk of delirium		

Bibliography | Te rarangi pukapuka

Pain assessment and management

bpac^{NZ}. 2012. *The management of community acquired pneumonia*. URL: https://bpac.org.nz/BPJ/2012/august/docs/bpj_45_pneumonia_pages_25-29.pdf (accessed 16 June 2019).

bpac^{NZ}. 2016. *Managing patients with neuropathic pain*. URL: https://bpac.org.nz/BPJ/2016/May/docs/BPJ75-pain.pdf (accessed 16 June 2019).

bpac^{NZ}. 2018. *Understanding the role of opioids in chronic non-malignant pain*. URL: https://bpac.org.nz/2018/docs/opioids-chronic.pdf (accessed 16 June 2019).

Kaye AD, Baluch A, Scott JT. 2010. Pain management in the elderly population: a review. *Ochsner Journal* 10(3): 179–87.

McCaffery M, Beebe A. 1993. *Pain: clinical manual for nursing practice*. Baltimore, MD: Mosby Company.

Rosenquist EW, Aronson MD, Crowley M. 2018. Evaluation of chronic pain in adults. URL: https://www.uptodate.com/contents/evaluation-of-chronic-pain-in-adults?search=overview-of-the-treatment-of-chronic-pain.&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2 (accessed 16 June 2019).

Warden V, Hurley AC, Volicer L. 2003. Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. *Journal of the American Medical Directors Association* 4(1): 9–15. DOI: 10.1097/01.JAM.0000043422.31640.F7

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