

Assessment and Diagnosis	Treatment	Management and Monitoring
<p>"Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does" (McCaffery, 1999)</p> <p>History: Assess</p> <ul style="list-style-type: none"> Onset, location, quality, intensity, aggravating and alleviating factors, associated symptoms Characteristics of pain* Previous methods of treatment Substance use General medical condition Impact of concurrent medical & surgical diagnoses <p>Psychosocial History: Assess</p> <ul style="list-style-type: none"> Depression, anxiety, sleep pattern** Impact on quality of life, ADL's & performance status*** Patient, family, and caregiver's cultural and spiritual beliefs <p>Assessment:</p> <ul style="list-style-type: none"> Evaluate pain on all patients using the 0-10 scale: <ul style="list-style-type: none"> A. mild pain: 1-3 B. moderate: 4-7 (interferes with sleep**) C. severe: 8-10 (interferes with all activities***) <div data-bbox="100 836 781 1149" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">FACES PAIN SCALE-REVISED</p> <p style="text-align: center;">CHOOSE THE FACE THAT BEST DESCRIBES HOW YOU FEEL</p> <p style="font-size: small;">From Hicks CL, von Baeyer CL, Spafford P, van Korlaar I, Goodenough B. Faces Pain Scale-Revised: Toward a Common Metric in Pediatric Pain Measurement. PAIN 2001; 93:173-183. This figure has been reproduced with permission of the International Association for the Study of Pain* (IASP*). The figure may not be reproduced for any other purpose without permission.</p> </div>	<p>Goals:</p> <ul style="list-style-type: none"> Rx acute pain aggressively to avoid chronic pain Rx chronic pain thoughtfully and systematically Identify and address the cause of pain Maintain alertness and function Allow emergence of emotions associated with pain Intervene as noninvasively as possible Support target pain level set by patient <p>Non-Pharmacological Therapy:</p> <ul style="list-style-type: none"> Patient/Family Education Cognitive Behavioral Therapy/Distraction Passive Range of Motion Massage Relaxation Techniques: Deep Breathing, Music, Hydrobath Meditation, Prayer, Spiritual & Pastoral Support Cutaneous Stimulation: Ice, Heat Splinting Humor Visualization <p>Pharmacological Therapy:</p> <ul style="list-style-type: none"> Dispense medication as ordered using the 5 Rights: <ul style="list-style-type: none"> → dose → patient → time → medication → route Assess effectiveness of pain medication Addiction is rare in patients without abuse history when opioids are prescribed for pain <p>Pain Types:</p> <p>Acute pain: often associated with tachycardia, hypertension, diaphoresis, pallor, fear & anxiety</p> <p>Chronic pain: often associated with sleep difficulties, loss of appetite, irritability, psychomotor retardation, depression, career/relationship change</p> <p>Cancer pain: associated with cancer, HIV</p> <p>Non-cancer pain: e.g. arthritis or musculoskeletal disorders; may be acute or chronic</p>	<p>General</p> <ul style="list-style-type: none"> Reassess regularly for pain and pain relief Measure "5th vital sign" using tools (i.e. numeric scale, face scale); respond urgently to pain 8 or more Clearly document time medication is given and response to pain medication Assess ADL's status Partner with patient/family in setting goals of care Balance function versus complete absence of pain <p>SPECIAL SITUATIONS:</p> <p>Anxiety and depression</p> <ul style="list-style-type: none"> Provide emotional support Advocate for psychosocial consultation prn <p>Verbally Noncommunicative Patients</p> <ul style="list-style-type: none"> Infants, children & cognitively impaired patients may not be able to express level of pain Evaluate patient's non-specific signs of discomfort such as noisy breathing, grinding teeth, bracing, rubbing, guarding, crying, frightened facial expression, tense, fidgeting, reoccurring agitation (see pg. 8) <p>Elderly/ renal or hepatic disease</p> <ul style="list-style-type: none"> Meds start at ½ usual dose Watch carefully for toxicity from accumulation <p>Anticipate side effects:</p> <ul style="list-style-type: none"> Prevent constipation: senna, sorbitol Mental impairment: may occur; monitor for safety during home & work activities. Consider risk to self & others as treatment & condition progresses Nausea: antiemetics may be used ; may need new med Pruritus: antihistamines may be used; may need new med
<p>Diagnostic Terms:</p> <p>*Somatic pain: localized; aching, throbbing, or gnawing</p> <p>*Visceral pain: often referred; cramping, pressure, deep aching, or squeezing</p> <p>*Neuropathic pain: burning, electric shock, hot, stabbing, shooting, numbing, itching, or tingling</p> <p><i>**interferes with work or sleep, *** interferes with all activities</i></p>		

Pain Assessment IN Advanced Dementia- PAINAD (Warden, Hurley, Volicer, 2003)

ITEMS	0	1	2	SCORE
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations.	
Negative vocalization	None	Occasional moan or groan. Low- level of speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial expression	Smiling or inexpressive	Sad, frightened, frown	Facial grimacing	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
TOTAL*				

* Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").

Instructions: Observe the older person both at rest and during activity/with movement. For each of the items included in the PAINAD, select the score (0, 1, or 2) that reflects the current state of the person's behavior. Add the score for each item to achieve a total score. Monitor changes in the total score over time and in response to treatment to determine changes in pain. Higher scores suggest greater pain severity.

Note: Behavior observation scores should be considered in conjunction with knowledge of existing painful conditions and surrogate report from an individual knowledgeable of the person and their pain behaviors.

Remember that some patients may not demonstrate obvious pain behaviors or cues.

Reference: Warden, V, Hurley AC, Volicer, V. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) Scale. *J Am Med Dir Assoc*, 4:9-15. Developed at the New England Geriatric Research Education & Clinical Center, Bedford VAMC, MA.

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