A&VC Pain Management
Quality Improvement Initiative

DO YOU FEEL ANYTHING?

I FEEL LIKE I'D PREFER YOUR JOB

SHAKESPEARE
Myths of Pain

- Why do some patients not tell you they are having pain?
- Why do some caregivers not treat pain?
The Big Picture

The purpose of this quality improvement initiative:

1. Improve pain management
2. Optimize/standardize care processes
3. Provide staff with continuing education on pain
Objectives

At the end of this session, you will be able to describe:

• The purpose of this quality improvement initiative - **The Big Picture**
• Pain management principles & potential barriers (Myths)
• Pain management process - **AIRE Aware**
What is Pain?
Pain is:

• inherently subjective and emotional

• whatever the experiencing person says it is and exists whenever they say it does. (McCaffery 1968)

• defined as an individual's unpleasant sensory or emotional experience. (AMDA 2003)
For the purpose of MDS assessment:

PAIN refers to any type of physical pain or discomfort in any part of the body that may be:

- localized or generalized
- acute or chronic
- continuous or intermittent
- it may occur at rest or with movement.
Types of Pain

Classification of Pain

Clinical Presentation

Acute or **Chronic** (non-malignant)

Possible Causes

- Nociceptive
- Neuropathic
- Inflammatory
- Functional

- Cancer (malignant) - multiple mechanisms
Why is Pain Management So Important?
Pain Management is Important because it:

- Reduced stress on the body
- Improved sleep
- Improved ability to participate in activities
- Increases the enjoyment of life
- Improves the overall quality of life
IMPACT OF PAIN ON THE ELDERLY

**PHYSIOLOGICAL**
- Increased heart rate and respiratory rate
- Increased skeletal muscle tone leading to spasms
- Decreased intestinal motility
- Increased risk of infection
- Increased urinary retention

**FUNCTIONAL**
- Decreased quality of life
- Decline in ability to perform activities of daily living

**PSYCHOLOGICAL**
- Anxiety
- Fear
- Depression
- Emotional distress
- Interpersonal relationships
- Effect on pain threshold

**ADVERSE DRUG REACTIONS**
- Constipation
- Nausea
- Dry mouth
- Anorexia

**DRUG HANDLING**
- Increased concentration in body fluids
- Decreased elimination by kidneys
- Decreased metabolism by liver

**COGNITIVE**
- Confusion
- Disorientation
- Delirium
- Cognitive decline

**MYTHS**
- Chronic pain is “all in your head”
- Narcotic drugs are never appropriate in the treatment of chronic pain
- Chronic pain is usually a somatic expression of a major depression
- Chronic pain patients who have been taking narcotics are no different than alcoholics or drug addicts
- Patients that are sleeping do not experience pain
- Patients describe pain as being worse than it actually is

**ENHANCED DRUG ACTION**
- Exaggerated physiological responses to usual doses
- Exaggerated effects on the CNS

**SPIRITUAL**
- Unfairness
- Guilt
- Hopelessness
- Demoralization
- Isolation
- Punishment
- Painful memories

Created by John Papastergiou, BScPhm and Lawrence Jackson, BScPhm and K3W Pain Collaborative, 2003
What is the Nurse’s role?

Nurses are critical to the provision of optimal pain management.
The Nurse’s Role

- identify pain and assess its severity
- document and report pain
- administer analgesics
- monitor the degree of relief obtained and
- monitor side effects from therapy
Pain Management Principles: AIRE Aware

A = Assessment
I = Interventions
R = Response
E = Evaluation
Pain Management Principles

- **Assessment** - identify pain, its severity and level of distress
- **Interventions** - provide adequate & timely analgesic therapy, fully utilize non-pharmacological methods by using a multidisciplinary approach
- **Response** - measure response, distress, side effects
- **Evaluation** - evaluate therapy and modify as needed
A = Assessment Steps:

• Assess for possible presence of pain
• Assess severity/quality of pain
• Assess level of distress/discomfort
Possible Responses

- Mild, moderate or severe, impact on function
- Verbal - word list (sharp, dull, burning)
- Pattern - continuous, rhythmic, brief, radiating
- Abbey pain scale
- Rating scale 0-10 or 0-3
I= Interventions

Pharmacological Interventions

The WHO three-step analgesic ladder

- Freedom from cancer pain
- Opioid for moderate to severe pain
  - Non-opioid
  - Adjuvant
- Pain persisting or increasing
  - Opioid for moderate pain
    - Non-opioid
    - Adjuvant
- Pain persisting or increasing
  - Non-opioid
  - Adjuvant

I = Interventions

- Assess the degree of relief obtained from pain treatment
- Assess the adequacy of the dose and frequency
Non-Pharmacological Interventions

• Used in conjunction with pharmacological Interventions
• With an inter-professional approach

• Physiotherapy: physical exercise, immobilization, mobilization
• Recreation Therapy/ Massage Therapy: distraction relaxation /meditation
• Occupational Therapy: positioning
R = Response
Case Study
What is the nurse’s responsibility if pain is evaluated as not being managed adequately?
Nurse’s Responsibility

• Obtain the residents perspective on their pain
• How many breakthrough medications has the resident received in the past 24 hours?
• If the pain is uncontrolled, call the MD or on-call physician. Do not wait until the MD is next on the unit.
• Document interventions and residents’ responses
Questions? Concerns? Evaluation...
Myths of Pain