

Pain Recognition

Effective pain recognition and management requires a continuous facility-wide commitment to every resident's comfort, to identifying and addressing barriers to managing pain, and to addressing any misconceptions that residents, families, and staff may have about managing pain. As discussed previously, nursing home residents are at high risk for having pain that may affect function, impair mobility, impair mood, or disturb sleep, and diminish quality of life. The onset of acute pain may indicate a new injury or a potentially life-threatening condition or illness. It is important, therefore, that a resident's reports of pain, or nonverbal signs suggesting pain, be evaluated.

Care plans for pain should be developed and the resident's needs and goals as well as the cause, type, and severity of pain are needed to develop an adequate and appropriate plan of care for pain management. It is also important to consider treating the underlying cause, where possible in order to remove the cause of the pain. Understanding the underlying causes of pain is an important step in determining optimal approaches to prevent, minimize, or manage pain. Addressing those underlying causes may permit pain management with fewer analgesics, lower doses of analgesics and narcotics, or the use of medications with a lower risk of serious adverse consequences.

Certain factors may affect the recognition, assessment, and management of pain. For example, residents, staff, or practitioners may misunderstand the indications for, and benefits and risks of, opioids and other analgesics; or they may mistakenly believe that older individuals have a higher tolerance for pain than younger individuals, or that pain is an inevitable part of aging, a sign of weakness, or a way just to get attention. Other challenges to successfully evaluating and managing pain may include communication difficulties due to illness or language and cultural barriers, stoicism about pain, and cognitive impairment.

It is a challenge for the nursing staff to assess and manage pain in individuals who have cognitive impairment or communications difficulties. Some individuals with advanced cognitive impairment can accurately report pain and/or respond to questions regarding pain and others cannot. Those who cannot report pain may exhibit nonspecific signs such as grimacing, increase in confusion or restlessness or other distressed behavior. Effective pain management may decrease distressed behaviors that are related to pain. However, these nonspecific signs and symptoms may reflect other clinically significant conditions such as delirium, depression, or medication related adverse consequences, instead of, or in addition to, pain. To distinguish these various causes of similar signs and symptoms, and in order to manage pain effectively, it is important for facility nurses to evaluate the resident in detail, to confirm that the signs and symptoms are due to pain. Nursing assistants may be the first to notice a resident's symptoms; therefore, it is important that they too are able to recognize a change in the resident and the resident's functioning and to report the changes to a nurse for follow-up. Family members or friends may also

recognize and report when the resident experiences pain and may provide information about the resident's pain symptoms, pain history and previously attempted interventions. Other staff, e.g., dietary, activities, therapy, housekeeping, who have direct contact with the resident may also report changes in resident behavior or resident complaints of pain.

Nurses and other healthcare practitioners should look for interventions that are resident specific since the cause of pain is different for each person. Staff should try to prevent and minimize pain that is anticipated to occur due to a process or procedure. Non-pharmacological interventions should also be planned and implemented to complement the use of pharmacological interventions.