

Pain Management

F309

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1. Pain Assessment/Recognition

A) Diagnosis and condition

- Degenerative joint disease
- Rheumatoid Arthritis
- Osteoporosis
- Diabetic Neuropathy
- Resident Stroke Syndrome

B) Treatments Related to pain

- Pharmacologic
- Non pharmacologic



When to assess pain?

- Admission to Facility
- Quarterly review
- Significant Change in condition
- Onset of new pain or existing pain



What to identify?



- Nature of pain:

Characteristics- Location,
Intensity, Frequency, Pattern,
Onset, Severity

- Situations that increases pain:

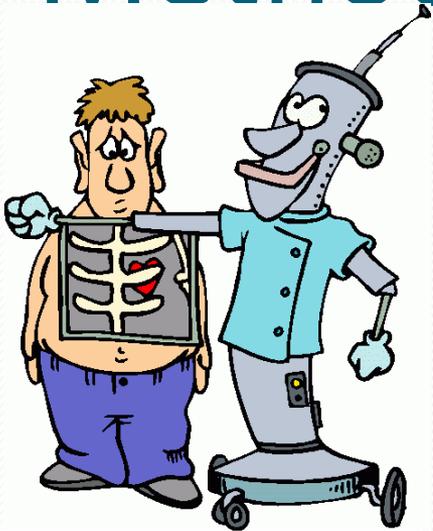
During care

Rehab

Ambulation



Methodology of assessments

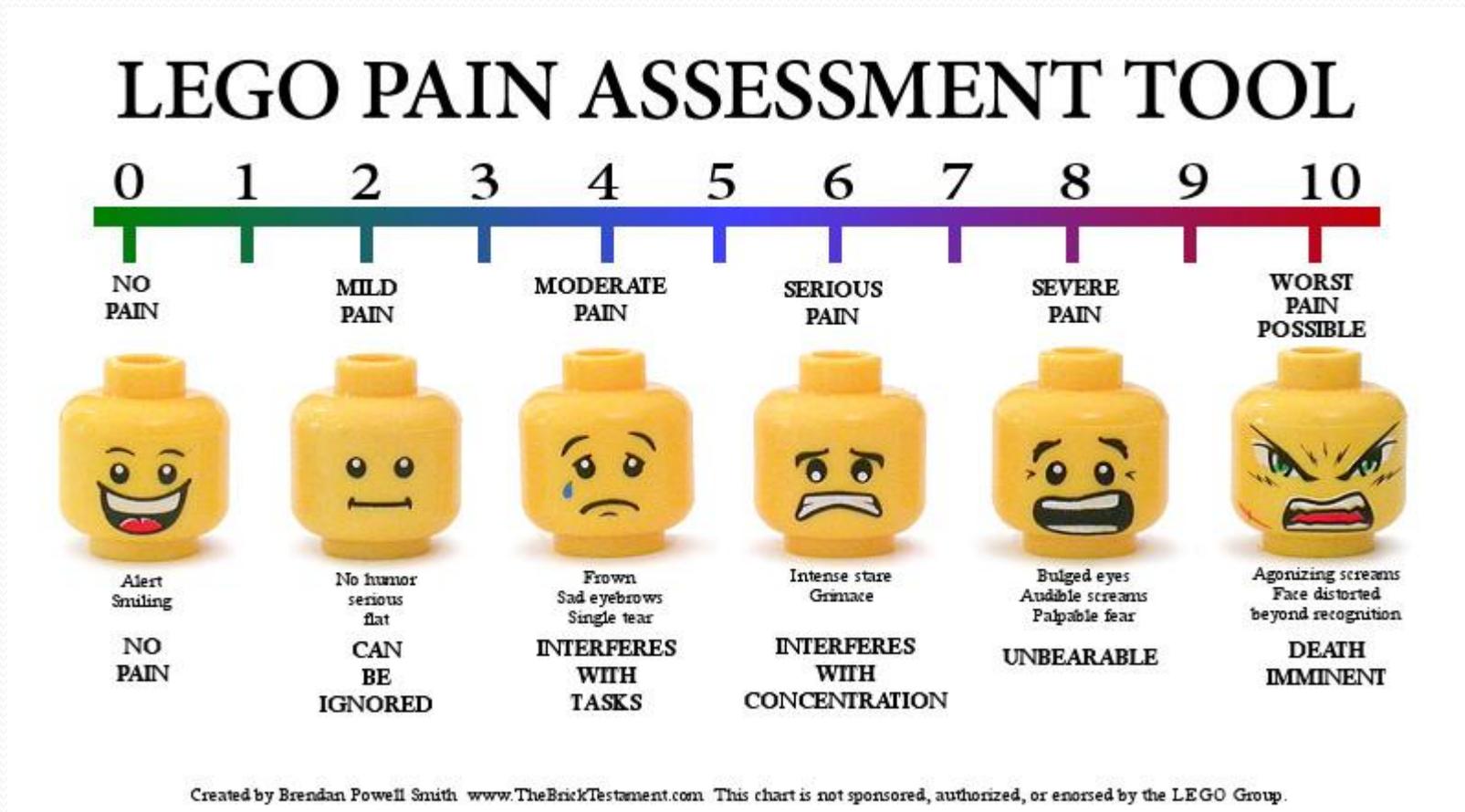


Pain assessment instruments
(Depending on patient's
cognitive level)



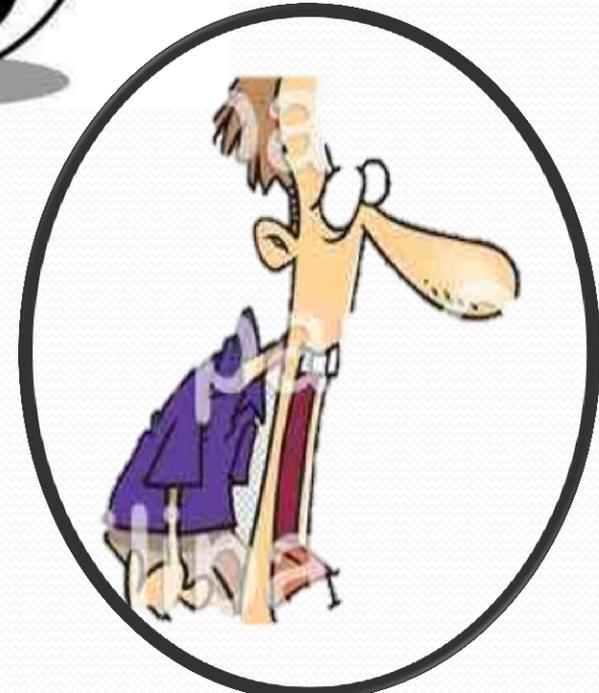
Tests to help clarify sources of
pain: ex. X-ray.

Methodology of assessments



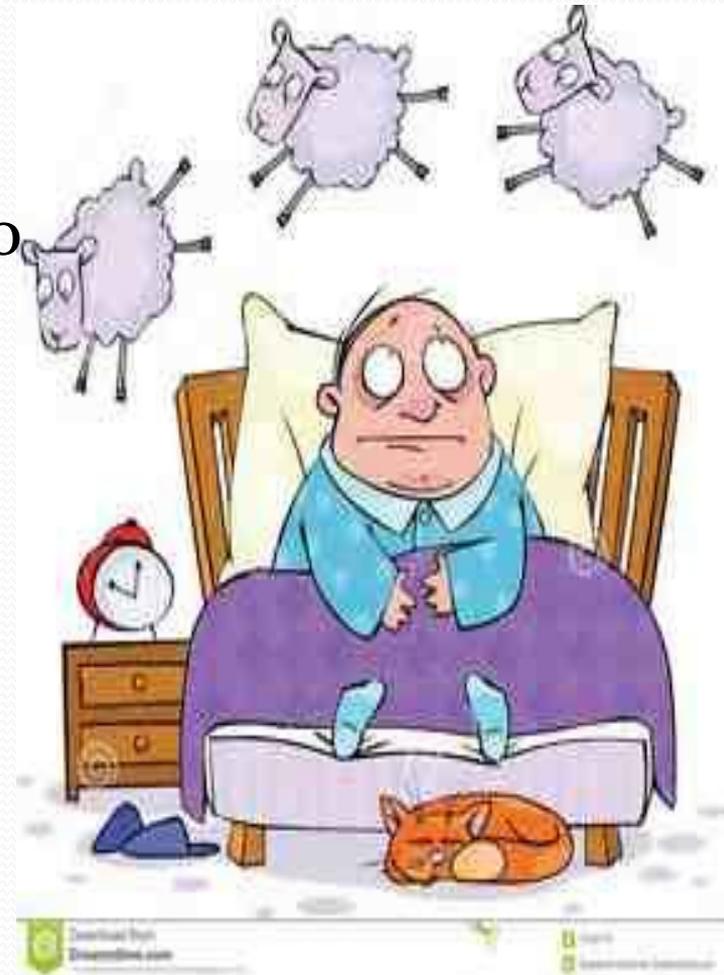
A) Familiarity with the psychologic and behavioral signs of pain

1. Verbal expressions such as groaning, crying, screaming
2. Facial expressions such as grimacing, frowning, clenching of the jaw
3. Changes in gait, skin color vital organs or increased perspiration
4. Behavior such as resisting care.



A) Familiarity with the psychologic and behavioral signs of pain

5. Limitation of level of activity due to presence of pain
6. Guarding, rubbing or favoring a particular part of the body.
7. Difficulty of eating or loss of appetite.
8. Insomnia



B) Recognition of cognitive, cultural, familial, gender, specific influences on the residents' ability or willingness to verbalize pain





C) Acute pain –
assessed

30 – 60 minutes after the
onset



Monitoring

- A) •Acute pain = Least each shift
•Chronic
- B) Levels of comfort
- C) Effects of pain- ADL, Sleep pattern, mood,
behavior and participation in activities
- D) Response to main needs
•referral to pain clinic



Determination of compliance



- Recognize and evaluate the resident who experiences pain to determine causes, characteristics of pain, factors influencing pain.
- Recognize and provide measures to minimize pain
- Communicate with other health care professionals.

OTHER CONCERNS

1. F155 – Assess reason for refusal offered alternative treatment
2. F15 – notification of changes
3. F242- offered choices
4. F246- accommodation of needs
5. F272- comprehensive assessments
6. F279- Care plans
7. F280- Review and revision of care plans
8. Accuracy of assessments
9. F329- unnecessary drugs monitoring of pain medications
10. F425- pharmacy services availability of needs
11. F514- clinical records
 - Documentation of care and services to manage pain

References:



Nursing Services Policy
and Procedure Manual
2010

State Operation Manual



Thank you!