

STOP THE PAIN

More than half of the nation's nursing home residents experience substantial pain that interferes with activities of daily living and diminishes quality of life. The key is to assess pain routinely for every nursing home resident and respond to it appropriately.

Barriers to Pain Recognition

The American Geriatrics Society has estimated that as many as 80 percent of nursing home residents experience substantial pain that remains under-treated. Chronic pain is often left untreated among the elderly, because it is either unreported by residents or undetected by nursing home staff.

The consequences of pain – such as depression, impaired mobility, and decreased socialization – are numerous and severe; yet, elderly residents tend to be disinclined to report pain or pain-related symptoms. This reluctance may be due to the belief that pain is a necessary part of getting older or that pain is an indication of death or a serious illness. Some residents do not report pain because they fear they will become “addicted” to the medication.

Illnesses that co-exist with pain experiences may reduce a resident's or a facility's ability to report or interpret pain. For instance, because depression and pain tend to overlap, pain is sometimes diagnosed as depression.

Cognitive impairment and communication barriers (language or speech) can hinder a resident's ability to report pain or respond to questions regarding pain. In fact, elderly residents may not show typical signs and symptoms of pain through facial expressions, physical movements, or vocalization. Some residents will have fatigue and tell you they just don't feel well and the issue is pain.

Assessment

High staff turnover and a lack of an organizational commitment to pain management are some barriers that prevent nursing home staff from recognizing pain. To begin to understand the signs of pain and how to best control it, an assessment of every resident must be done upon admission.

It is not always cut and dry, as far as residents communicating to staff that what they are experiencing is pain. Therefore, assessment is necessary to identify and guide accurate pain treatment.

Assessment should be ongoing, especially in cases where a resident is receiving physical or occupational therapy and pain medication. Reassessment is especially important during rehab and beyond. Pain assessment should occur at



an appropriate interval for each resident and depends on what the therapist is trying to accomplish.

To ensure an assessment is done upon admission and readmission, facilities can design admission/readmission tools to include questions of whether or not the resident has any pain. Because cognitive or speech impairment can be a barrier to residents' communicating pain, facilities should institute pain screening tools designed for impaired residents. Facilities could also designate responsibility to specific staff for assessing pain as part of their routine interaction with the resident.

Treatment

There are pharmacological and non-pharmacological methods for treating pain available at our website (www.kfmc.org) or for a direct link to pain tools, [click here](#). For residents who are being treated for pain with medication, administering the medication right before physical therapy will alleviate the resident's pain, resulting in better performance during therapy.

Pain relief could come from non-pharmacological approaches such as range-of-motion exercises (such as yoga, stretching, and Tai Chi), nutrition, and other alternatives.

Emotional, spiritual, and social activity can help alleviate pain, as well. Interacting with people, having purpose, and having a reason to get up in the morning greatly contribute to pain treatment. The ability of a resident to participate in physical therapy, occupational therapy, and activities of daily living should be treatment goals.

The key to quality of life is participation in what's going on. Free resources for pain assessment and documentation are available on our website at www.kfmc.org or MedQIC at www.medqic.org. Two valuable resources on KFMC's website include the [Pain the 5th Vital sign poster](#) and a [Pain Chart Audit tool](#).

