

Comfort Care and End of Life

Pain Management

In the past, **pain** was usually viewed as a symptom of a condition or disease affecting the body. Health care professionals often ignored the pain and focused only on treating the underlying cause. Today, we know that pain should never be ignored. Research is being done to find new ways to help manage pain and bring relief.

Pain affects socialization, ambulation, and overall well-being. Pain can create problems with the immune system and affect how the body fights infection. This can cause further deterioration in the resident's health.

Pain cannot be measured like temperature or pulse. Pain is what the resident feels. You must accept what a resident says about the pain they feel and its severity. Believe what the resident says, and report their pain as they describe it. You cannot interpret another person's level of pain.

Pain management is a key part of caring for residents. What you report can determine whether residents are treated properly. Sometimes residents need pain medications around the clock. That means they must receive the medication on schedule. Your role in pain management is to report information about the resident accurately and in a timely manner and to perform other strategies as directed.

Understanding Pain

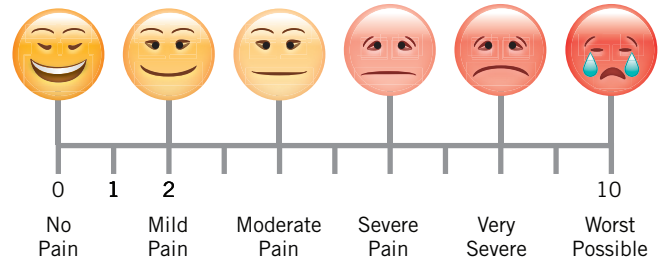
In health care, pain used to be defined as one of three types: acute pain (as caused by a sprain, strain, infection, inflammation, or surgical procedure), chronic pain (as caused by arthritis), and malignant pain (as in cancer). More recent research defines pain in relation to various forms of nervous system damage. This approach helps the interdisciplinary team more effectively treat residents' pain. Certain medications or alternative therapies work better with one kind of pain than with another. The goal is always to use the best pain management strategies for the resident's specific kind of pain.

Level of Pain

Most facilities have pain assessment tools that are used to rate the level of a person's pain. A numerical scale is often used for adults. You ask, "If zero is no pain and 10 is the worst pain possible, what is your pain right now?"

It may be easier for some residents, especially those who speak little or no English, to use a visual pain scale (Figure 8-1). Other scales may be used for residents with impaired cognitive ability. A resident's pain should be assessed regularly and whenever their condition changes.

Let the charge nurse know how much pain the resident is experiencing so that a more detailed pain assessment can be performed.



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Figure 8-1 Example of a visual pain scale used to help residents rate their level of pain.

The charge nurse, along with other members of the interdisciplinary team, may assess the resident's pain in more detail. Residents are asked about the following pain qualities:

- The location of the pain
- What the pain feels like, such as discomfort, pressure, achy, throbbing, sore, burning, sharp, shooting, crampy, or feeling like "pins and needles"
- When the pain started
- Whether the pain is always there or if it comes and goes
- What makes the pain worse or better
- How the pain affects their walking, eating, sleeping, and mood

The interdisciplinary team uses all this information

to create a plan to help relieve the resident's pain. The charge nurse may ask you to report when the resident complains of pain or to observe how the resident responds after being given a pain medication. The physician may prescribe complementary or alternative therapies for pain relief. These may include the application of heat or cold. The charge nurse will explain your responsibilities with these therapies.

You play a key role helping the team assess a resident's pain. Listen carefully to how the resident describes their pain. You should also report any other signs or nonverbal cues to pain that you observe. Encourage residents to talk openly about their pain. They need to understand that pain is not a normal part of aging. Residents should never be made to feel that they should hide their pain. Pain can be managed, and they have the right to pain treatment.

In some situations, a resident may try to hide their pain due to cultural or religious beliefs that discourage showing pain. Always respect the resident's views while you work with the team to address the pain. Remember that it is crucial to report their pain so it can be treated appropriately.

Reporting Pain Accurately

Pain is very subjective. *Subjective information* is what the resident tells you. You must report this subjective information exactly as the resident stated it. Each resident feels pain differently and responds in his or her own way. Researchers believe that cultural influences, the brain's release of **endorphins**, and previous experiences with pain may play a role in pain sensation, along with other individual factors.

It is important that you observe residents carefully and report both the person's description of the pain and your own observations. Table 8-1 lists common signs of pain that can be observed in the resident's movements, facial expressions, sounds, and speech.

Table 8-1 Signs of Pain

Observation	Signs of Pain
The resident's facial expression	<ul style="list-style-type: none"> ■ Frown, wrinkled forehead ■ Furrowed brow ■ Grimace ■ Expression of fear ■ Expression of sadness ■ Tense muscles around the mouth and eyes
The resident's physical movements	<ul style="list-style-type: none"> ■ Restlessness, fidgeting, agitation ■ Absence of movement, slow movements ■ Cautious movements, guarding, or bracing ■ Rigidity, generalized tension ■ Rubbing a body part
What you might hear	<ul style="list-style-type: none"> ■ Groaning, moaning ■ Crying ■ Noisy breathing ■ Saying things like "Ouch!" or "Don't touch me"

Regardless of individual differences, unrelieved pain can lead to additional problems, such as a compromised immune system. Pain also affects other body systems. Because of the constant effect of pain on the nervous system, even the lightest touch can cause a resident more pain.

It is difficult for a resident to feel happy when they are in pain. They cannot get comfortable and relax. They do not sleep well. They may feel that the quality of their life is poor. If a resident's pain is not managed, the resident may experience some or all of the following:

- Fear
- Depression
- Anxiety
- Distress
- Helplessness
- Hopelessness
- Decreased will to live

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