

PARTICIPANT HANDBOOK

The Direct Care Worker's Role in Identifying and Addressing Pain in Older Adults

**This teaching package was developed through a
grant from the SCAN Foundation.**

The content was developed by Linda Redford, R.N., Ph.D. in collaboration with Aging Services of California and the LeadingAge Center for Applied Research. The staff of four nursing homes in California graciously offered their time for focus groups to assist in shaping the content of these modules. Three of the nursing homes also participated in pilot tests of the curriculum and offered insights to make the curriculum most relevant to their needs.

INTRODUCTION

This Handbook contains information to supplement the presentations on Pain. It contains notes pages for the presentation slides and additional readings and videos that you can access on the Internet. The Modules to be presented will provide you information on identifying and addressing pain in your residents. These modules will help you to understand the different types of pain, how to assess for pain whether the resident can or cannot tell you about their pain and how you can best care for residents who are experiencing pain.

Module 1 – “Identifying Pain in Your Residents” provides you with an overview of what pain is and how to recognize it in older adults. Since some older adults in nursing facilities are unable to verbally communicate their pain and discomfort, this module covers both the verbal and nonverbal indicators of pain. The module also provides information about what needs to be known about pain to effectively manage it.

Module 2 – “What You Can Do to Help a Resident Who is Experiencing Pain” discusses the non-drug approaches to pain that can be administered by direct care staff. In some cases, these strategies can be effective alone, but often they are used in conjunction with medication to increase its effectiveness in the relief of pain. This module covers when and how to apply the different strategies, as well as the precautions needing to be taken with specific therapies.

Module 1

Identifying and Assessing Pain in Your Residents

Learning Outcomes:

By the end of this activity, participants will be able to:

- Define pain.
- List at least three common causes of pain in older adults.
- Identify how common pain is in nursing home residents.
- Describe at least four consequences of poorly managed pain for the older person.
- State six questions you should ask when conducting a pain assessment on residents who can tell you how they feel.
- Describe at least five signs of pain in older adults.

Key Content:

- I) Definition of Pain
- II) Common Causes of Pain in the Older Adult
- III) Consequences of Poorly Managed Pain
- IV) Signs and Symptoms That a Resident is Experiencing Pain
 - a) The verbal resident
 - b) The nonverbal resident

Resources- Some of the following tools and videos may be presented in class, but it may be helpful to review them occasionally.

ONLINE READING

The ***How to Try This*** series from the **AJN, American Journal of Nursing** are available on the Web and can be copied with permission. You can request permission on the Website. These are excellent resources and should be copied and distributed before showing the videos on pain assessment from <http://www.nursingcenter.com>.

How to Try This: Using Pain-Rating Scales with Older Adults

<http://www.nursingcenter.com/pdf.asp?AID=798127>

How to Try This: Pain Assessment in People with Dementia

<http://www.nursingcenter.com/pdf.asp?AID=800535>

End of Life/Palliative Education Resource Center (EPERC) – offers many educational resources without a charge. <http://www.eperc.mcw.edu/>

Jablonski, A & Ersek, M (2009). Nursing home staff adherence to evidence-based pain management practices. *Journal of Gerontological Nursing*, 35(7):28-37.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2834947/pdf/nihms-181296.pdf>

Long, C. et.al. (2010). Improving pain management in long-term care: The campaign against pain. *Journal of Hospice and Palliative Nursing*, 12(3):148-155.
<http://www.medscape.com/viewarticle/727728>

VIDEOS

How to Try This Series

INSTRUCTIONS- You will need to enter your E-mail address to enter the site (there is no charge). You will then click on the “Please click [here](#) to view the video” link shown. A survey will open (ignore) and then the video should open in the upper left corner of the screen. It may take a few seconds for the video to load. Click on the icon in the right-hand corner of the video to enlarge the video screen. All videos are free and in a downloadable format (not streaming video) that requires **Windows Media Player**.

Before viewing these videos copy and distribute the articles for the **How to Try This** series shown in the **Resources on the Web** section.

Video #1- “How to Try This: Pain Assessment in the Older Adult” is on assessing pain in older adults who can report their pain symptoms. Click on this link-
<http://www.nursingcenter.com/TryThis/Survey.asp?Ep=14&Ch=0> and follow the instructions

Video #2- “Using the Pain-AD: How to Assess Pain in Older Adults with Limited Verbal Capacity” is on assessing pain in older adults who may not be able to verbally express their pain. Click on this link-
<http://www.nursingcenter.com/TryThis/Survey.asp?Ep=14&Ch=2> and follow the instructions

Video #3- “Pain and the Brain” is a video of a public lecture about pain at the University of California-San Francisco. The speaker, Dr. Alan Basbaum, is a nationally known expert on pain. The video is an hour and a half in length, but provides excellent information on pain and some interesting teaching strategies. If you are interested in more detailed knowledge about pain, this video is recommended. <http://www.youtube.com/watch?v=gQS0tdIbJ0w>

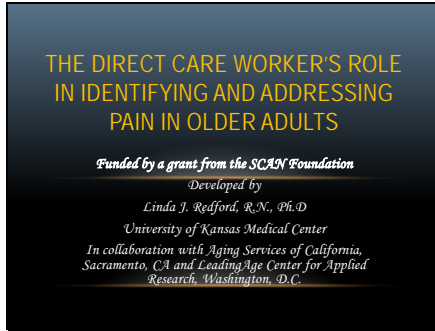
Video #4- “Interviewing Vulnerable Elders (VIVE) MDS 3.0” demonstrates how to administer sections of the MDS 3.0 to residents. It highlights some important considerations in interviewing older residents. It will be helpful to listen to the Introduction and then move the video to the pain assessment section.

http://www.youtube.com/watch?v=Ereawm4_F7k.

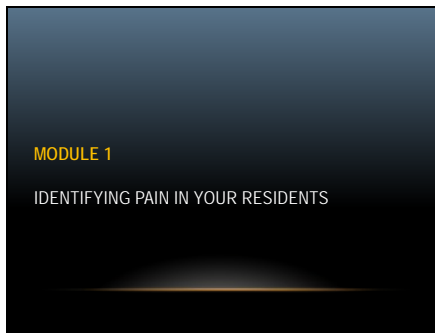
Power Point Module 1

Identifying and Assessing Pain in Your Residents

Slide 1



Slide 2



Slide 3

AT THE END OF THIS MODULE, YOU WILL BE ABLE TO--

- Define pain.
- List at least three common causes of pain in older adults.
- Identify how common pain is in nursing home residents.
- Describe at least four consequences of poorly managed pain for the older person.

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AT THE END OF THIS MODULE, YOU WILL BE ABLE TO--

- State six questions you should ask when conducting a pain assessment on residents who can tell you how they feel.
- Describe at least five signs of pain in older adults.

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HOW COMMON IS PAIN

- 45% to 83% of people >65 experience pain
- 60% to 70% of nursing home residents have significant pain, one third in constant pain
- 32% to 36% of older people in the community have pain

Slide 6

WHAT IS PAIN?

Pain is whatever and wherever the sufferer says it is.

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PAIN DEFINED

- A sensation that hurts- causing discomfort, distress, or even agony.
- The pain may be from physical causes or from mental anguish.
- Pain is difficult to define because it is a sensation that is different for each individual.
 - Perception of pain is influenced by memory, emotions, and expectations.

Slide 8

GOALS OF PAIN MANAGEMENT

- Improve the person's ability to do the things (s)he wants to do.
- Make the person more comfortable.
- Improve the person's quality of life.
- Possibly reduce health care costs.

Slide 9

COMMON CAUSES OF PAIN IN OLDER ADULTS



- Arthritis & Osteoporosis
 - Pain and swelling in joints
 - Back pain
 - Leg Pain



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COMMON CAUSES OF PAIN IN OLDER ADULTS



- Decreased blood circulation or damage to the nerves in the feet, legs, hands and arms. (Peripheral vascular disease and diabetic neuropathy)

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COMMON CAUSES OF PAIN IN OLDER ADULTS

- Shingles 
- Headaches 

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CONSEQUENCES OF POORLY CONTROLLED PAIN

- Depression
- Anger
- Poor quality of life
- Loss of ability to do daily activities
- Impaired relationships with family/friends
- Social isolation
- Loss of self-esteem

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ASSESSING PAIN IN A RESIDENT WHO CAN TELL YOU HOW THEY FEEL

“Are you having pain or discomfort?
or
“Are you hurting anywhere?”
If the resident says “No”, but you suspect something is wrong, say-
“Tell me about how you are feeling.”

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ASSESSING PAIN

If a resident says he/she is having pain/discomfort, you need to ask a series of questions and report the answers to the nurse.




Slide 15

WHAT TO ASK ABOUT PAIN

- The word **WILDA** may help you remember what to ask about pain.
 - **Words** (How does it feel? This should be the type/quality of pain as stated in the words of the resident)
 - **Intensity** (How much does it hurt? Use pain scales to illicit the degree of pain.)
 - **Location**
 - **Duration** (When did it start? How long does it last?)
 - **Aggravating/Alleviating factors** (What makes the pain better or worse?)



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HOW DOES THE PAIN FEEL?

- Aching 
- Burning 
- Stabbing 

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HOW DOES THE PAIN FEEL?

- Tingling (like pins and needles) 
- Shoots through a part of the body 

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HOW MUCH DOES IT HURT?

- Ask the resident to rate their pain by pointing to the face or responding to the description.




No pain Very much pain

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HOW MUCH DOES IT HURT?

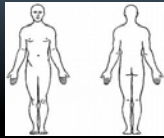
- Another approach to determining how badly the person hurts is the numeric scale shown below.



PAIN SCORE 0-10 NUMERICAL RATING
0-10 Numerical Rating Scale

Slide 20


WHERE IS THE PAIN?



- Ask the resident to tell you or point to where they hurt.
- If they say they hurt all over, ask if it is worse in one place.
- Ask if the pain is deep in the body or near the outside.

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DURATION OF THE PAIN



- How long has the person been in pain?
- Does it come and go or is it constant?
- How long does the pain usually last?

Slide 22

WHAT MAKES THE PAIN WORSE?



- Movement
- Walking
- Standing
- Reaching
- Heat
- Cold

Slide 23

WHAT (IF ANYTHING) MAKES THE PAIN BETTER?

- Change in position 
- Heat, cold, vibration, massage
- Certain medication(s) 

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ASSESSING PAIN IN RESIDENTS WHO CANNOT
TELL YOU HOW THEY FEEL
(OR WILL NOT ADMIT TO HAVING PAIN)

Slide 25

NON-VERBAL SIGNS OF PAIN



- Confusion
- Agitation
- Restlessness

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NON-VERBAL SIGNS OF PAIN



- Guarding
- Grimacing
- Moaning/crying/yelling
- Irritability/swearing

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NON-VERBAL SIGNS OF PAIN



- Appetite and activity changes
- Unusually quiet
- Not participating in usual activities

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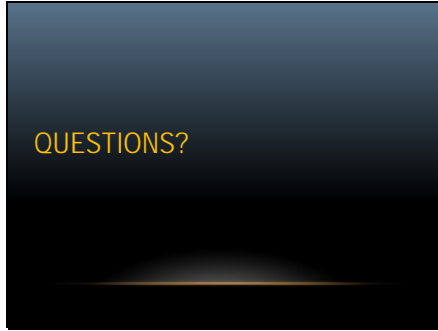
HOW YOU CAN HELP WITH PAIN MANAGEMENT

Slide 29

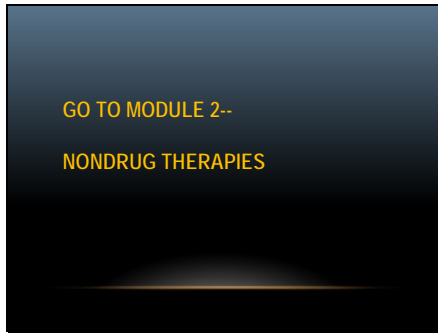
WHAT TO DO IF YOU THINK A RESIDENT IS HAVING PAIN-

- Gather as much information as possible.
- Report specific signs of pain to the nurse.
- Try simple and safe nondrug strategies- divert attention with conversation, singing, repositioning, touch.
- Document what you see.
- Document what helps.

Slide 30



Slide 31



MODULE 2

What You Can Do to Help a Resident Who is Experiencing Pain

Learning Outcomes

By the end of this activity, participants will be able to:

- List two misconceptions about nondrug approaches to pain.
- Describe at least four nondrug approaches to relieving pain.
- Discuss when and when not to use specific nondrug approaches.
- Discuss barriers to use of nondrug approaches in managing pain.

Key Content:

- I) Misconceptions about non-drug approaches to managing pain.
- II) Approaches to non-drug management.
 - a) Positioning
 - i) Uses
 - ii) Precautions
 - b) Exercise
 - i) Uses
 - ii) Precautions
 - c) Heat & Cold
 - i) Uses
 - ii) How to apply
 - iii) Precautions
 - d) Massage
 - i) Types
 - ii) How to apply
 - iii) Precautions
 - e) Distraction
 - i) Imagery
 - ii) Deep breathing

- iii) Progressive muscle relaxation

 - f) Music
 - g) Pet therapy
 - h) Other forms of non-drug therapy
- III) Advantages of non-drug approaches to managing pain
- IV) Disadvantages of non-drug approaches to managing pain
- V) Reporting and documenting

Resources:

ONLINE READING

End of Life/Palliative Education Resource Center (EPERC) – offers many educational resources without a charge. <http://www.eperc.mcw.edu/>

National Consensus Project for Quality Palliative Care (2004). Clinical Practice Guidelines for Quality Palliative Care (Adobe Acrobat Reader is required to view these files). Although this reference is on end-of-life pain and many of your residents will not be experiencing pain from conditions that are likely to cause them to die, this is still helpful in reinforcing the need for management of all types of pain.

<http://www.nationalconsensusproject.org/guideline.pdf>

VIDEOS

Video #1- “Elderly Adults with Chronic Pain Fall More” discusses a study on pain and falling. It reinforces the role of pain in falls. <http://www.youtube.com/watch?v=toD4mZVVnj4>

Video #2- “Chronic Pain Management Guided Meditation” illustrates an approach to guided meditation that you might use for yourself or with your residents when they are experiencing pain. It illustrates the importance of the mind in how we experience pain.

<http://www.youtube.com/watch?v=XwiiWrt3Ld8>

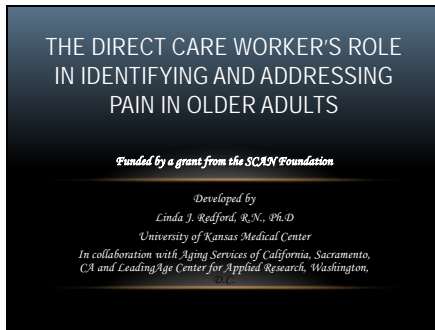
Video #3- “Music Therapy for Chronic Pain” talks about a study showing the power of music in relieving chronic pain. It may be something you can try with your residents who suffer chronic pain. Remember to select music that they like and ask them what music helps the most in relaxing them and getting their mind off the pain.

<http://video.about.com/pain/Music-and-Pain.htm>

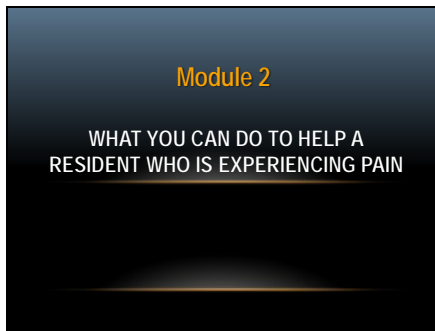
Power Point Module 2

What You Can Do to Help a Resident Who is Experiencing Pain

Slide 1



Slide 2



Slide 3

AT THE END OF THIS SESSION, YOU WILL BE ABLE TO--

- List two misconceptions about nondrug approaches to pain.
- Describe at least four nondrug approaches to relieving pain.
- Discuss when and when not to use specific nondrug approaches.
- Discuss barriers to use of nondrug approaches in managing pain.

Slide 4

NONDRUG THERAPIES FOR PAIN

• Physical	• Psychosocial
• Positioning	• Distraction
• Exercise	• Music
• Heat	• Relaxation
• Cold	• Imagery
• Massage	• Comfort food
• Vibration	• Controlled breathing

Slide 5

MISCONCEPTIONS ABOUT NONDRUG THERAPY

- **Wrong**
 - Nondrug therapies are substitutes for drug therapies.
- **Right**
 - Nondrug therapies are used alone only if they are effective in relieving the pain. Usually it is necessary to use appropriate pain drugs along with nondrug therapies.

Slide 6

MISCONCEPTIONS ABOUT NONDRUG THERAPY

- **Wrong**
 - If distraction relieves pain, the pain isn't "real".
- **Right**
 - Distraction is a very effective strategy for relieving some types of pain.
 - Distraction helps pain medication work more effectively by helping the person relax.

Slide 7

MISCONCEPTIONS ABOUT NONDRUG THERAPY

- **Wrong**
 - Nondrug therapies don't work for serious pain.
- **Right**
 - Nondrug therapies do work for serious pain, especially when combined with appropriate medications.


Slide 8

APPROACHES TO NONDRUG THERAPIES

Slide 9

POSITIONING


- Make certain --
 - not lying on a wrinkle in the bed or seat,
 - not lying against a sore extremity,
 - body aligned properly,
 - not left too long in the same position



Slide 10

EXERCISE

- Movement can relieve pain.
- Keeps joints moving.
- If it causes worsening of the pain, **DON'T DO IT.**



Slide 11

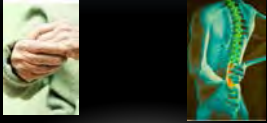
CAUTIONS WITH EXERCISE

- Get approval of the medical provider to do exercises.
- Work with a physical therapist in identifying appropriate exercises.
- **STOP** if pain increases.

Slide 12

HEAT


- Heat is best used for chronic pain. It helps to relax muscles, ease discomfort in sore joints, increase blood flow to muscles, and increase flexibility.



Slide 13

HEAT

- Can use warm towels, hot water bottle, or heating pad as a source of heat.
- Heat should be between 104 and 113 degrees Fahrenheit. USE A THERMOMETER TO CHECK TEMPERATURE BEFORE APPLYING.



Slide 14


CAUTIONS WHEN USING HEAT

- **DO NOT** APPLY HEAT DIRECTLY ON SKIN.
- Place a towel or thick cloth between the heat source and the skin.
- **Do not** apply for more than 20 minutes at a time.

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CAUTIONS WHEN USING HEAT

- **DO NOT** use heat on a new injury or immediately after exercise.
- **DO NOT** use heat on a person with decreased blood flow to an area or decreased ability to feel heat or cold.



Slide 16

CAUTIONS WHEN USING HEAT

- **DO NOT** use heat on an area that is newly inflamed (red, swollen, warmer than the surrounding area)



Slide 17

CAUTIONS WHEN USING HEAT


- **DO NOT** use heat when a person is sleeping.
- **DO NOT** use heat with person lying on top of the pad (pressure increases heat).
- **DO NOT** use heat if has certain health conditions.

IF PAIN INCREASES, STOP USING

Slide 18

COLD


- Reduces pain by
 - Decreasing inflammation
 - Numbing nerve endings
 - Reducing muscle spasms
 - Reducing swelling



Slide 19

WHEN TO USE "COLD"


- New (acute) injuries— not if skin is broken.
- Chronic pain (like arthritis)- if it helps.
- To massage sore joints.
- To reduce desire to scratch areas that itch.



Slide 20

ADVANTAGES OF "COLD"

- It is more effective in relieving many kinds of pain, particularly pain from irritated nerve endings and pain from inflammation.
- It works more quickly in relieving pain.
- The effects last longer.



Slide 21

CAUTIONS WHEN USING COLD

- **DO NOT APPLY COLD DIRECTLY ON SKIN.**
- Place a towel or thick cloth between the ice pack and the skin.
- Do not apply for more than 20 minutes at a time.

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CAUTIONS WHEN USING COLD


- **DO NOT** use cold on an open wound.
- **DO NOT** use cold on severe injuries.



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CAUTIONS WHEN USING COLD

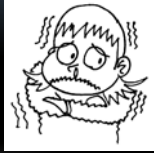
- **DO NOT** use cold on areas being treated with radiation.
- **DO NOT** use cold on areas with poor circulation.



Slide 24

CAUTIONS WHEN USING COLD

- **DO NOT** use cold with certain health conditions.
- **DO NOT** use cold if the individual is highly sensitive to cold.



Slide 25


MASSAGE

- Enhances relaxation.
- *Relieves* painful muscles.
- Is safe if used appropriately.
- Provides human touch.
- Is an inexpensive intervention– unless using a trained therapist for advanced techniques.

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TYPES OF MASSAGE


- Lightly massaging hands with warm lotion.
- Soaking feet in warm (not hot) water and lightly rub.



Slide 27

TYPES OF MASSAGE


- Lightly massaging shoulders to relax sore muscles.
- Massage back lightly with warm lotion at bedtime or when the person is becoming anxious.



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CAUTIONS WITH MASSAGE

- DO NOT massage over broken skin.
- DO NOT use vigorous strokes or hard pressure.



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CAUTIONS WITH MASSAGE

- DO NOT massage lower extremities without a doctor's order.
- DO NOT massage over areas of tumors or bone metastases.
- DO NOT massage areas that are red and unusually warm to the touch.
- DO NOT use if it makes resident uncomfortable.

STOP if pain gets worse!

Slide 30

DISTRACTION

The purpose of distraction is to divert person's attention away from their pain.

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DISTRACTION

- Approaches to distracting a resident who is in pain.
 - Look at pictures with the resident.
 - Talk about events that interest the resident.
 - Play music.
 - Use various relaxation techniques.

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IMAGERY


- Approach to doing guided imagery.
 - Encourage the person to imagine a place or setting they love. If needed, show them pictures of scenes that are calming and peaceful. Have them imagine they are in the picture.
 - Ask them to describe the sounds, the sights, the smells...



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DEEP BREATHING

- Slow, deep breathes-relax the body, reduce stress, and serve as a distraction.
- Approach to deep breathing:
 - Breathe from the abdomen.
 - Take in a slow, deep breaths, hold breath to the count of 4, and let it out.
 - Breathe in through the nose and out through the mouth.
 - Do not use if deep breaths increase pain.



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PROGRESSIVE MUSCLE RELAXATION

- Helps relieve stress and promotes relaxation.
- Residents may need to be coached in conducting this exercise.
- Approach to progressive muscle relaxation-
 - Start with one part of the body, usually a foot.
 - Have the resident tighten the muscles in the foot and hold it to the count of 10.
 - Have them slowly relax the muscles in the foot and feel the tension melt away.
 - Continue this with the other foot, the leg, the buttocks, and other muscle groups working up to the face.

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DISTRACTION

- Considerations/precautions
 - Most effective for mild pain if used alone.
 - Most effective for moderate to severe pain if used **with** a pain medication.
 - Do not doubt that the person is in pain just because they can be distracted.
 - The effect is not likely to last for a long period.

Slide 36

MUSIC

- Music is used to—
 - encourage emotional expression
 - relieve pain
 - provide an overall sense of well-being
 - relieve stress



http://www.pexels.com/photo/2079487/

Slide 37

CAUTIONS IN THE USE OF MUSIC


- Taste in music is very individual.
- If the music is distasteful to a person, it can increase agitation and discomfort.



Slide 38

PET THERAPY

- Animals can both distract and calm persons in pain, helping them to relax.



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OTHER FORMS OF NONDRUG THERAPY

- Vibration
 - Can help with chronic muscle pain.
- Comfort foods
 - Bring back good memories.
 - Help relax and calm person.

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NONDRUG PAIN INTERVENTIONS

- Advantages
 - Gives resident feeling of more control and involvement.
 - Fewer potential side effects.
 - Improves response to pain medication.
 - Used with medications unless effective alone.
 - Generally lower cost than drugs.

Adapted from Eresek, M. (2003). Strategies to Enhance Pain Management in Nursing Homes. Swedish Medical Center.

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NONDRUG PAIN INTERVENTIONS

- Disadvantages
 - Sometimes time-consuming.
 - Some therapies require extensive training.
 - Staff or resident may be unwilling to try.
 - Think it won't help.
 - Think it will be done instead of giving medication.

Adapted from Eresek, M. (2003). Strategies to Enhance Pain Management in Nursing Homes. Swedish Medical Center.

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NONDRUG PAIN INTERVENTIONS

- Disadvantages (continued)
 - Some techniques do not work or should not be used with certain residents (e.g. cognitively impaired and those with certain medical conditions).

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NONDRUG PAIN MANAGEMENT STRATEGIES ARE A CRITICAL PART OF A GOOD PAIN MANAGEMENT PROGRAM.

Slide 44

Anytime a resident appears to be in severe pain, report it to the nurse **immediately**. Do not attempt any interventions.

Slide 45

If resident is in mild to moderate discomfort, check for and attempt to remedy the cause of the discomfort. If ineffective, report observations to the nurse.

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WHAT TO DO IF YOU THINK A RESIDENT IS HAVING PAIN-

- Gather as much information as possible.
- Report specific signs of pain to the nurse.
- Try simple and safe nondrug strategies- divert attention with conversation, singing, repositioning, touch.
- Document what you see.
- Document what helps.

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QUESTIONS?
