

Pain Management for Residents

Pain is physical suffering or discomfort caused by illness or injury. A high percentage of nursing home residents experience pain that impairs mobility, diminishes quality of life and often unrecognized and not treated by healthcare providers. **Pain is not a part of normal aging** and unrelieved pain can have enormous physiological and psychological effects on residents. Pain management is a major challenge in nursing homes because **many residents do not or cannot report the pain** they are experiencing.

Pain management is everyone's responsibility on the care team, which includes the certified nursing assistants (CNAs), social workers and dietitians. The Nursing Home Quality Measures for Pain are for both short and long stay residents in the – ***Percent of Residents who Self-Report Moderate to Severe Pain.***

Adverse effects of pain include the following.

Depression/Anxiety	Weight loss	Agitation/Aggression
Sleep disturbance	Decrease mobility/functional impairment	

Consideration to non-pharmacologic interventions should be considered first. It is critical for nursing homes to implement strategies that **do not consider medications, such as opioids, to be the answer to all pain**. In fact, non-pharmacologic therapy (including non-opioid pharmacologic therapy) are preferred for chronic pain.

Steps to Take to Provide Safer Pain Management and Decrease Opioid Use

Have standardized assessment tools for residents who can communicate (numeric rating or verbal descriptor) and for residents who cannot communicate (non-verbal indicators, such as fidgeting, jaw clenching, resistance to moving).

Assess for pain at the following points in care:

1. Upon resident admission to the facility and at each quarterly and annual review;
2. Whenever a resident has an acute illness or injury or experiences a decline in function or a change in mood or cognition
3. Whenever a resident exhibits unexpected social withdrawal or signs of depression
4. At least daily for patients with a known painful condition
5. Before and after administration of as-needed analgesic medication

If pain is expressed by the resident, **first consider non-pharmacologic interventions**, or at least in combination with a pharmacologic intervention which might allow for a lower potency/dosing. The [National Nursing Home Quality Improvement Campaign](#) website has a list of [evidenced-based non-pharmacologic](#) interventions for pain to share with your staff and educate on these alternatives to medication therapy.

0-10 SCALE OF PAIN SEVERITY

Severity	Description of Experience
10 Unable to Move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9 Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
8 Intense	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
7 Unmanageable	I am in pain all the time. It keeps me from doing most activities.
6 Distressing	I think about my pain all of the time. I give up many activities because of my pain.
5 Distracting	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
4 Moderate	I am constantly aware of my pain but I can continue most activities.
3 Uncomfortable	My pain bothers me but I can ignore it most of the time.
2 Mild	I have a low level of pain. I am aware of my pain only when I pay attention to it.
1 Minimal	My pain is hardly noticeable.
0 No Pain	I have no pain.

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The [Center for Disease Control and Prevention \(CDC\)](#) provides clinical guidelines for [prescribing opioids for chronic pain](#), should pharmacologic management be recommended for an expected duration of time. In terms of duration, please keep in mind that for acute pain three days or less will often be sufficient and more than seven days will rarely be needed. Evaluation of the risk factors for opioid-related harms should be considered before starting and periodically during continuation of opioid therapy.

Pain management should be focused on “*mindful care*” and demonstrate the following.



The nursing home’s overall organizational behavior and psychology must be geared toward ***organizational commitment!*** The following strategies will assist in reinforcing commitment.

- ✓ Develop interdisciplinary workgroup
- ✓ Analyze current pain management practices
- ✓ Analyze and implement pain management practice consistent with guidelines
- ✓ Establish accountability for pain management
- ✓ Provide information about pharmacologic and **non-pharmacologic** interventions to clinicians
- ✓ Promise quick response to report of pain
- ✓ Provide education for staff
- ✓ Continuous evaluation and improvement of pain management process

Reach out to us!

We understand the challenges associated with pain management and can assist with best practices for pain management and decreasing opioid use. For more guidance, contact the Qsource Quality Improvement Advisor for Kentucky, Scott Gibson at scott.gibson@area-G.hcqis.org or by phone at 502-680-2669. All our services are offered at no charge, and we have several educational tools available.

More on atom Alliance

Formed as a partnership between three leading healthcare consultancies (Qsource, AQA and IQH), atom Alliance is working under contract to CMS throughout Alabama, Indiana, **Kentucky**, Mississippi and Tennessee to improve quality and achieve better outcomes in health and healthcare and at lower costs for the patients and communities. Learn more at www.atomAlliance.org.

Resources:

1. <https://telligentinqio.com/resource/complementary-integrative-pain-strategies/>
2. <https://telligentinqio.com/resource/education/>
3. <https://paindoctor.com/pain-scales/>