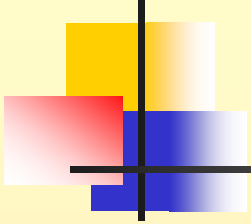
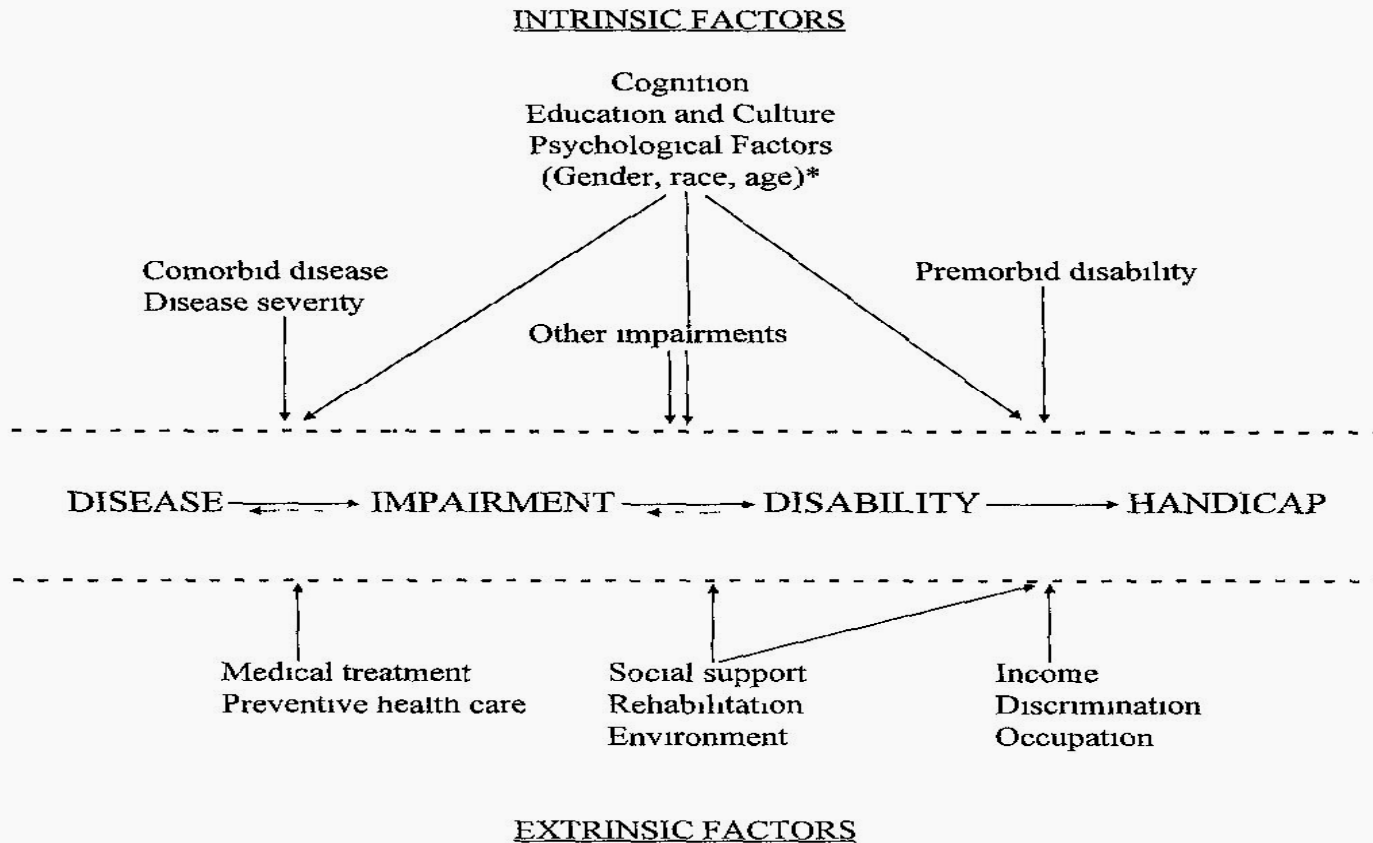


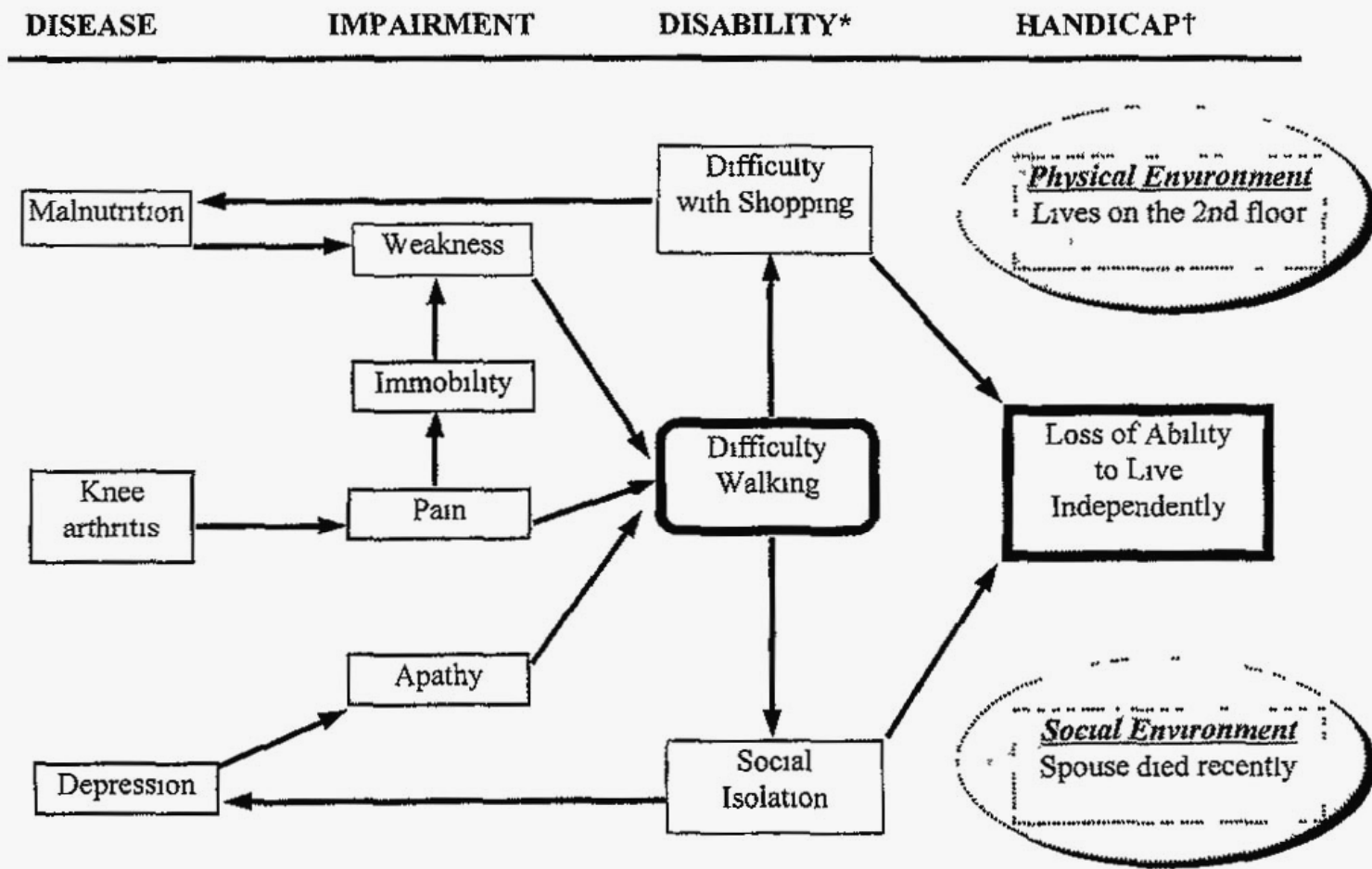


Pain: Trigger #19



Causes and Consequences





INTERVENTIONS

- | | | | |
|--------------------------------|------------------------|---------------------------|-------------------------------|
| <i>Nutritional supplements</i> | <i>Knee exercise</i> | <i>Cane</i> | <i>Move to 1st floor</i> |
| <i>Antidepressants</i> | <i>Pain Medication</i> | <i>Meals on Wheels</i> | <i>Church volunteers</i> |
| <i>(Knee replacement) ±</i> | | <i>Handicap transport</i> | <i>Bereavement counseling</i> |



Identifying Pain or Pain Risk

- Impairment or disability identified as related to pain
- Patient reports pain
- Someone observes apparent pain
- History of pain
- Predisposing conditions
- Taking analgesics



Asking About Pain

- What questions should I ask?
 - Onset, characteristics, location (including radiation), duration, intensity, frequency, relieving and exacerbating factors
- How do I ask the questions?
 - Same as for any other symptom
- Every symptom is subjective
 - Gathering objective evidence is always important



QIS Critical Elements Pathway

- Surveyors instructed to ask
 - Do you have pain?
 - How long have you had pain?
 - How often do you have pain?
 - What factors or situations cause or aggravate pain?
 - Who have you told about having pain?



QIS Critical Elements Pathway

- Surveyors instructed to ask
 - What has been tried to relieve pain?
 - Including nonpharmacological approaches
 - What has been effective, and to what degree?
 - How long does the relief last?
 - Have you been involved in planning approaches to managing your pain?



Pain Assessment Tools

- What do I need to assess about pain?
- Do I have to use a pain tool?



General Assessment of Someone With Pain

- How do I assess someone for pain?
 - Inspection (look)
 - Palpation (touch)
 - Percussion (tap)
 - Auscultation (listen)
- Perform basic neurological evaluation
 - Sensory, motor, pain, position sense, touch



General Assessment of Someone With Pain

- Take vital signs
- Note progress of ongoing medical conditions
 - Identify painful conditions
 - Note conditions that can have remote effects

Medications Associated With Pain



- Calcium channel blockers
 - Nifedipine, others
- Statins (lipid lowering medications)
- Anti-Parkinson medications
 - Eldepryl, pergolide
- Osteoporosis medications
 - Alendronate, teriparatide

Medications Associated With Pain



- Alzheimer's medications
 - Aricept, Exelon, reminyl
- ACE inhibitors / Angiotensin receptor blockers
- Rheumatoid arthritis medications
 - Etanercept, Enbrel, infliximab, leflunomide, remicade
- Seizure medications
 - Keppra



Questions

- Less helpful to fill out assessment forms but
 - Not get enough symptom detail
 - Not know what to do with the information on it?
- Less helpful to keep asking someone about pain repeatedly but not include relevant details



Specific Situations: Headache

- Symptom details essential
- Tap over the sinuses
- Press over the temples
- Palpate scalp
- Feel the area of the temporal arteries



Specific Situations: Neck pain

- Symptom details essential
- History
 - Location, radiation, frequency, intensity, nature, all help distinguish causes



Specific Situations: Neck pain

- Causes
 - Neck sprain
 - Muscle strain
 - Infection or inflammation
 - Osteoarthritis
 - Nerve root impingement



Specific Situations: Neck pain

- Move shoulders and neck through range of motion
- Palpate neck
- Check hands, fingers for neurological function



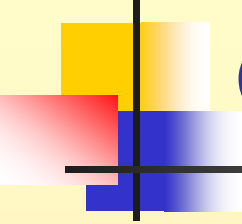
Specific Situations: Abdominal pain

- Symptom details essential
- Palpation to help specify location
 - Relates to underlying organs
 - Liver, gastritis, peptic ulcer, gallbladder disease, intestinal ischemia, partial intestinal obstruction, inflammatory bowel disease, abdominal malignancy

Specific Situations: Abdominal Pain



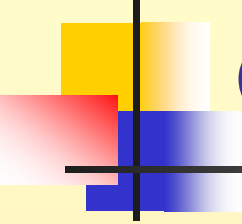
- Listen to bowel sounds: who cares how many quadrants?
- Voluntary vs. involuntary guarding
- Rectal exam



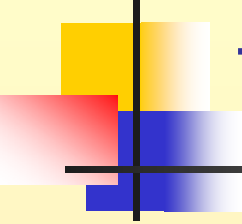
Specific Situations: Face and eye pain

- Symptom details essential
- Inspect and palpate face
- Percuss sinuses
- Shine a light in the eye

Specific Situations: Face and eye pain

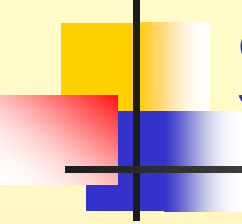


- Palpate globe with eyes closed
- Look at conjunctivae
- Look at pupils
- Palpate orbital area
- Press and tap on sinuses



Specific Situations: Mouth, throat pain

- Symptom details essential
- Examine teeth, gums, palate, tongue, oral mucosa
- Look under the tongue
- Look for ulcers, inflammation, candida
- Odor of breath



Specific Situations: Painful Swallowing

- Symptom details essential
- Reflux
- Throat infection
- Review medications



Specific Situations: Arms and shoulders

- Symptom details essential
- Inspect, palpate, move through range of motion
- Bursitis, tendinitis, arthritis
- Edema
- Red, tender, swollen, hot



Specific Situations: Hand, Wrist, and Fingers

- Symptom details essential
- Palpate hand and wrist
- Have patient move thumbs while holding rest of fingers still
- Thumb to fingers



Specific Situations: Hand, Wrist, and Fingers

- Look at joints and compare on both hands
- Note all swollen or tender joints, and location
- Note redness, warmth, tenderness, swelling, deformity
- Tap over median nerve
- Have patient flex and extend wrist and thumbs



Specific Situations: Chest Pain

- Symptom details essential
- Observe patient for splinting, respirations
- Palpate for local pain
- Location very important
 - Differentiate thorax, musculoskeletal



Specific Situations: Back Pain

- Symptom details essential
 - For example, costovertebral pain and fever
- Inspect, palpate, percuss
- Move through range of motion
- Tightness, swelling, asymmetry, localized tenderness
- Pelvis
- Radiation: legs, thighs



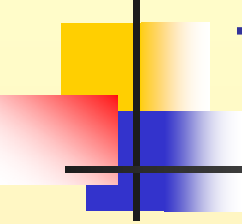
Specific Situations: Pelvic Pain

- Symptom details essential
 - Pain before, after, during urination?
- Inspect external genitalia
- Men: scrotum, penis, testicles



Specific Situations: Perineal / Rectal Pain

- Symptom details essential
 - Pain before, after, during bowel movement?
- Inspect
- Look for skin rash or breakdown, swelling, inflammation
- Rectal exam



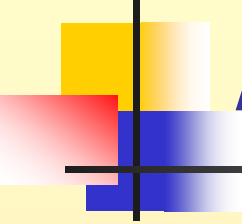
Specific Situations: Leg / Thigh Pain

- Symptom details essential
- Palpate
- Pinpoint location
- Check pulses
- Note relation to activity
- Neurological
- Pattern of radiation
- “Restless legs”?



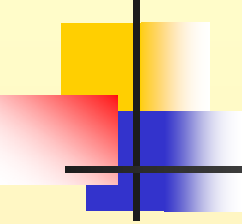
Specific Situations: Foot Pain

- Symptom details essential
- Inspect, palpate, percuss
- Move foot through range of motion
- Check pulses



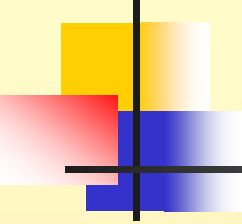
Specific Situations: “Hurting All Over”

- Symptom details essential
- Diffuse musculoskeletal pain, tenderness at pressure points, stiffness
- Often accompanying mood and anxiety disturbances
- Fibromyalgia



Review of Steps

- Talk to the patient, to the extent possible
- Supplement information from the patient, with detailed assessment
 - Inspection
 - Palpation
 - Percussion
 - Auscultation
- Validate the information



Review of Steps

- Review relevant past and current information
- Define the issue
 - A statement of the pain problem
 - Clarification of likely or known causes



Steps

- Select intervention(s)
 - Based on location, nature, severity, likely cause(s), and other related conditions and issues
 - Review past and current interventions, relative to comparable situation
 - Consider whether side effects matter
 - Consider existing regimen
 - Try nonpharmacological measures



Treatment Principles

- First of all, don't do harm while trying to do good
- Give treatment in context
 - Tailor to the patient and detailed pain characteristics (location, intensity, etc.)
- Never assume treatment can only do good
 - Elderly more likely to have treatment-related complications



Adjusting Treatment

- How do I know what to do with the treatment?
- Must look at whole picture, not just 1 or 2 pieces, such as severity or prognosis (e.g., terminal condition)
- If a certain amount of analgesic has not somewhat relieved symptoms, then more of it may not be better
 - Twice as much of an unsuccessful intervention will not be twice as effective



If Partial Relief

- Like insulin, focus on overall use of PRNs and duration and degree of results
- Adjust standing dose or frequency or dose of PRNs



Monitoring

- Essential questions
- How is the pain, compared to xxx?
- Severity, location, radiation, relieving and exacerbating factors, nature



Monitoring

- Can we adjust the interventions?
- What is the result of adjustments?
 - Get details of current symptoms
 - Assess progress of managing causes
 - Look at multiple parameters related to pain and its consequences



Progress Assessment

- Some basic examples, rarely found in documentation or reporting
 - Less intense
 - Less radiating
 - Does not last as long
 - Longer duration of relief with intervention
 - Lesser dose of medication needed to obtain comparable relief



Progress Assessment

- Some basic examples
 - Less frequent use of interim PRN medication
 - Lower standing dose with comparable interval relief
 - Relief obtained with nonpharmacological measures
 - Improved function / improved sleep
 - Able to focus more on things other than pain



When to Reconsider

- If patient does not seem to get relief but keeps asking for more medication
- When relief is not roughly proportionate to increased dose or frequency
- When pain has diminished or stopped
- When cause(s) of pain are corrected
- When adverse consequences are identified or suspected



What to Reconsider

- Whether the problem is defined properly
- Whether underlying diagnosis(es) is (are) accurate and complete
- Whether the intervention is appropriate
- Whether we need
 - More, less, or same amount of intervention
 - A completely different intervention
 - Additional intervention(s)