What is Pain Assessment in Older Adults?

- Pain assessment and management are necessary for the control and/or alleviation of pain (for information on pain management in older adults, see Nursing Practice & Skill... Pain Management in Older Adults)
  - Where: Any clinical or home care setting
  - What and How: Older adults should receive regular pain assessment and appropriate pain management to improve comfort and quality of life. Patients should therefore be monitored routinely for pain, and reassessed at frequent intervals
  - Who: Pain assessment can be performed by any properly trained health clinician or family member
- Patients experiencing acute pain usually show obvious physical signs of distress. Those experiencing chronic pain, however, often show few or no outward signs
- Pain assessment may be complicated in older adults who have cognitive impairment because they may not be able to communicate with caretakers
- Pain can be experienced differently by patients of various cultural backgrounds. Research efforts are underway to develop culturally sensitive pain assessment tools

Why Pain Assessment was Ordered in Older Adults

- Pain assessment is necessary to determine whether a patient is experiencing pain. If so, assessment should be repeated at regular intervals as part of an ongoing pain management plan

Why Pain Assessment is Important in Older Adults

- Pain assessment is an essential first step in planning for and providing pain management
  - Pain management is critical because unrelieved pain may lead to
    - Sleep disturbances and fatigue
    - Decreased mobility, chronic pain, and depression
    - Stress responses due to unrelieved pain may generate increases in cardiac output, impair insulin response, increased cortisol production, and increase fluid retention. Patient may become at increased risk for myocardial infarction, pulmonary infection, venous thromboembolism, and prolonged paralytic ileus

Facts and Figures

- Persistent pain occurs in up to 50% of community-dwelling older persons and is highly prevalent among residents of skilled nursing facilities (SNFs) (Pautex et al., 2007)
- Older patients are most likely of all age groups to receive inadequate pain assessment. The risk for inadequate pain assessment is especially high among older patients who have dementia (McAuliffe et al., 2009)
- People of all ages who have chronic pain often experience concurrent depression (Poole et al., 2009)

What You Need to Know Before Assessing Pain in an Older Adult

- Follow facility protocols for identifying the patient and obtaining completed facility informed consent documents
- Verify facility protocols and/or clinician orders regarding pain assessment for older patients
- Assess the patient and family members for knowledge deficits regarding how pain is prevented, assessed, and treated
- Assess the patient’s and family member’s expectations about pain management (if and when it will be experienced), and their level of anxiety and coping ability regarding pain
- Explain about the use of pharmacologic and nonpharmacologic measures for pain control
- Older adults may require a longer period of time for you to explain how the pain assessment tool is to be used
- Older adults may underreport pain
- Lighting and environmental noise may increase an older adult’s pain
- Supplies necessary for pain assessment include a clinically-validated pain assessment tool appropriate to the patient’s cognitive and linguistic abilities
- Clinically validated pain assessment tools appropriate to older adults may include
  - The Assessment of Discomfort in Dementia Protocol (ADD), which has been tested in long-term care
settings for chronic and acute pain
• Nursing Assistant-Administered Instrument to Assess Pain in Demented Individuals (NOPPAIN), which has been tested in long-term care settings for chronic and acute pain
• Checklist of Nonverbal Pain Indicators (CNPI), which has been tested in hospital and long-term care settings for chronic and acute pain
• The Pain Assessment in Advanced Dementia Scale (PAINAD), which has been tested in hospital and long-term care settings for chronic and acute pain
• The Pain Assessment Scale for Seniors with Severe Dementia (PACSLAC), which has been tested in long-term care facilities for chronic pain
• The Visual Analogue Scale (VAS), a vertical or horizontal line, 10 cm in length, with end points labeled “no pain” and the “worst pain,” or similar words
• The Faces Pain Scale generates a numerical pain score (0–5) which is later recorded. This scale is published in over 20 languages, and is helpful if the clinician and patient speak different languages and translation is not available
• Physical therapists should participate in standardized, ongoing, regular pain assessment of older adults with dementia in long-term care facilities

How to Assess for Pain in Older Adults

- Identify patient per facility protocol
- Provide privacy
- Assess patient for ability to communicate
  - For patients who can communicate clearly
    - Ask patient if s/he is in pain using words like pain, hurt, and discomfort
    - Ask about the patient’s ability to sleep and perform ADLs, and how the pain is affecting work, relationships, and enjoyment of life
    - Ask about previously used interventions and whether they relieved pain
    - Ask about what triggers pain
    - Ask what the pain feels like
    - Ask the patient to show you where the pain is located
    - Ask if the pain increases or decreases at different times of day
    - Assess for moaning, crying, reduced activity, grimacing, change in usual behavior, abnormal gait, guarding, diaphoresis, nausea, vomiting, constipation, muscle tension, sleep disturbances, headache, and increased blood glucose level
    - Inspect site of pain for discoloration, swelling, drainage
    - Using your facility’s clinically-validated pain assessment tool, ask the patient about pain intensity
  - For patients who cannot communicate clearly
    - Assess for potential causes of discomfort (e.g., infection, constipation, or emotional distress)
    - Attempt to use a clinically-validated pain assessment tool that is easy to use with nonverbal, alert and oriented patients scale such as
      - the VAS
        - Ask the patient to indicate where on the line the pain intensity is in relation to the two extremes
        - The pain score is the number of centimeters between the left end of the scale and the mark the patient has made
      - the Faces Pain Scale
        - Instruct the patient to point to the face on the scale that reflects the intensity of the pain the patient is feeling
    - If self-report is not possible, document in the patient’s record why this is so, per facility protocol
    - Assess patient’s pain by
      - Observing the patient for changes in behavior that may indicate pain such as restlessness, grimacing, moaning, crying, or rubbing a body part
      - Asking family members or in-home caregivers who know the patient well whether he or she seems to be in pain. They may identify subtle changes in behavior that typically indicate pain for this patient
      - Taking the patient’s vital signs and monitoring for increased blood pressure, respiration, and heart rate
      - Assessing for conditions that typically cause pain, such as the following:
        - physical therapy or other rehabilitation treatment
        - phlebotomy, wound dressing changes, or other painful procedures
        - pressure sores or other skin injuries
        - painful medical conditions including neuropathies and musculoskeletal conditions, including arthritis and low back pain
    - Document pain assessment, per facility protocol

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Pain Assessment in Older Adults

- The patient will be reassessed for pain at regular intervals
- A pain management plan is implemented
- Based on the patient’s and/or family’s report of the success of the management interventions, pain management strategies will be adjusted as needed

What to Expect After Pain Assessment in Older Adults

- The patient’s pain is adequately assessed and treated
Red Flags

- Persistent pain has been shown to cause or increase depression, anxiety, and sleep disturbance. Older patients who have these problems should be evaluated routinely for undiagnosed or undertreated chronic pain.

What Do I Need to Tell the Patient/Patient’s Family?

- Educate the patient/family about what to expect during the pain assessment and management procedures. Encourage questions.
- Explain that the goal of pain management is complete relief of the patient’s pain, if possible, and the importance of repeated pain assessment is the revision of the pain management plan to achieve greater or continued pain relief.
- If the pain management is provided to the patient in a home care setting, provide the family with contact information for the treating clinician and educate regarding the importance of contacting the treating clinician for new, worsening, or unrelieved pain.

References