

PERSISTENT PAIN PATHWAY - DATA RETRIEVAL WORKSHEET

Unit: _____ Date: _____

Shift: _____ Time of Data Retrieval: _____

Person Completing Worksheet: _____

III. General Assessment Guidelines for Persistent Pain in the Elderly. Pain assessment entails a multi-layered communication process that often requires the assessor to alter communication to the needs of the person being assessed. It is an incomplete process when there is reliance on single components such as resident record or limited interviews. Regular thorough assessments decrease the reliance on assumptions for the treatment of persistent pain.

Review home/ pain management policies and procedures. Complete this worksheet using resident/family interview, staff interview, direct resident observation, observations of environment and direct care delivery, and record review.

Type of Data Retrieval	Monitoring Criteria	Y/N	NA	Incomplete	Comments
Interview, Observation	1. Staff member speaks at eye level, face to face with open body language. 2. Staff member introduces self and uses resident's preferred name to establish connection.				
Observation, Interview	3. Consider resident's vision, hearing and comfort. Adjust communication and setting to fit needs.				
Interview, Observation, Examination	4. Locations, type, quality, intensity, duration and frequency of pains are assessed.				
Interview, Record Review	5. Medications taken to relieve pain is reviewed including frequency and dosage: a. Over the counter b. Prescription c. Adjuvants d. Herbal remedies				
Interview, Record Review	6. Non medical strategies or home remedies to relieve pain: a. Examples: sleeping in a recliner, placing a bar of soap in the bed, hot/warm packs, copper jewelry etc.				

Interview, Record Review	<p>7. Pain questions:</p> <ol style="list-style-type: none"> a. What makes the pain better? Worse? b. What does the pain keep the resident from doing? c. What are the resident's understanding, barriers (cultural, social), expectations and desires of pain relief? d. What is the resident's behavioral response to pain? Examples: sleep, mood change, wandering, perseveration, decreased movement, etc. 				
Interview, Observation, Record Review	<p>8. Pain rating scale is used.</p> <ol style="list-style-type: none"> a. Use evidence based scale appropriate to resident's cognition and comfort level. b. Examples: 1-10, vertical or thermometer, nominal/descriptor, PAINAD, etc. c. Any visual scale should be a separate piece of paper with good contrast. d. Same scale is used to record follow up evaluation after treatment is administered. 				
Interview	<p>9. What is the resident's pain number on his/her very worst day - very best day? Daily?</p>				
Interview, Observation, Record Review	<p>10. Evaluate resident for effects of persistent pain on;</p> <ol style="list-style-type: none"> a. Sleep b. Appetite c. Energy d. Relationships e. Mood f. Care 				
Interview, Observation	<p>11. Many elderly residents may only associate the word pain with excruciating or acute events.</p> <ol style="list-style-type: none"> a. Ask appropriate questions. Examples: <ul style="list-style-type: none"> • Do your joints ache? • Do you feel stiff and sore in the morning? • What does that achiness 				

	<p>keep you from doing?</p> <p>b. Use descriptive words. Examples:</p> <ul style="list-style-type: none"> • Soreness • Heaviness • Burning • Discomfort • Tingling, etc. 				
Observation, Interview	<p>12. ADLs are observed for changes in comfort or ability.</p> <p>a. Ask resident to put on/take off socks or shirt.</p> <p>b. Ask resident to transfer on/off toilet or in/out of chair.</p> <p>c. Observe ambulation for clues. Example: Holding onto furniture while trying to walk.</p>				
Interview, Observation, Record Review	<p>13. New or worsening disease processes are evaluated as complicating/contributing factors.</p>				
Interview, Observation, Record Review	<p>14. Evaluation of efficacy of all treatment for persistent pain including side effects and resident response is part of ongoing assessment.</p>				

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IV. Assessment of Persistent Pain in the Cognitively Impaired Elderly Person.

Persistent pain in the cognitively impaired elderly is often missed or under treated because of changes in communication related to the dementing illness. Behavioral pain symptoms are often attributed to the dementing illness rather than seen as symptoms of discomfort or pain in a person with declining verbal and cognitive abilities. With a few changes in approach thorough assessment is possible for most cognitively impaired elders.

Type of Data Retrieval	Monitoring Criteria	Y/N	NA	Incomplete	Comments
Interview, Observation	1. Staff member speaks at eye level, face to face with open body language. 2. Staff member introduces self and use the resident's preferred name to establish connection.				
Interview, Observation	3. Consider resident's vision, hearing and comfort. Adjust communication and setting to fit needs.				
Interview, Observation	4. Staff asks appropriate questions for the resident's level of cognition. Example: a. I see you have arthritis - Do your hands hurt? Are your knees sore? b. May need to go joint by joint, area by area				
Interview, Observation	5. Staff may use physical cueing while asking questions. a. Gently touch resident's knees, hands, etc. as you ask about them. b. Touch your own knees, hands, etc as you ask about them.				
Interview, Observation	6. Staff speaks clearly and gives resident plenty of time to answer.				

Interview, Observation	7. ADLs are observed for changes in comfort or ability. d. Ask resident to put on/take off socks or shirt. e. Ask resident to transfer on/off toilet or in/out of chair. Observe ambulation for clues. Example: Holding onto furniture while trying to walk.				
Interview, Observation, Record Review	8. Staff asks resident/family about past pain but may have to assess for pain "in the moment." a. Resident may not be able to tell you about frequency, character, etc. of past pain. b. Staff may have to monitor resident's pain over several days to get a clear picture.				
Interview, Record Review	9. Medications taken to relieve pain are reviewed including frequency and dosage: e. Over the counter f. Prescription g. Adjuvants h. Herbal remedies				
Interview, Record Review	10. Non medical strategies or home remedies to relieve pain: b. Examples: sleeping in a recliner, placing a bar of soap in the bed, hot/warm packs, copper jewelry etc.				
Interview, Observation Record Review	11. New or worsening disease processes are evaluated as complicating/contributing factors.				
Observation, Record Review	12. Staff assesses for behaviors that may indicate pain. a. Examples: guarding, grunting, grimacing, wandering, anxiety, pacing, postural changes, fidgeting, sadness, tense body language, tearfulness, reluctance, withdrawal, resistance, gait changes, aggression, increased or new vocalizations.				

Interview	<p>13. Staff asks caregiver/family:</p> <ul style="list-style-type: none"> a. Changes in resident routine or behavior. b. For help with interpretation of words or behaviors. c. Any increased or new vocalizations, resistance to care. 				
Interview, Observation	<p>14. Pain rating scale is used.</p> <ul style="list-style-type: none"> a. Use evidence based scale appropriate to resident's cognition and comfort level. b. Examples: 1-10, vertical or thermometer, nominal/descriptor. c. For non-verbal residents with dementia evidence/based scale is used such as PAINAD and/or PACSLAC. d. Same scale is used to record follow up evaluation after treatment is administered. 				
Interview, Observation, Record Review	<p>15. Evaluate resident for effects of persistent pain on:</p> <ul style="list-style-type: none"> a. Sleep b. Appetite c. Energy d. Relationships e. Mood f. Care 				
Interview, Observation, Record Review	<p>16. Evaluation of efficacy of all treatment for persistent pain including side effects and resident response is part of ongoing assessment.</p>				

Persistent Pain Pathway - Data Retrieval Worksheet III and IV

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