Recognizing & Treating Pain

Making a Difference in the Lives of your Residents

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Pain Assessment & Management in Long Term Care

Outline:

- Part I - Best Practice Approaches
  - Barriers
  - Assessment & person-centered care planning - components

- Part II - Assessing your current program
  - Assessment continued
  - Quality – QAPI and The Quality Measure
  - Case studies / post test / evaluation
PART I
Pain:

“Whatever the experiencing person says it is, existing whenever the resident says it does. An unpleasant sensory & emotional experience associated with actual or potential tissue damage, or described in terms of such damage, or both.”
Acute Pain:

“A response to injury or illness that is usually time limited, responds to treatment & inadequate treatment delays recovery.”

- Trauma
- Acute medical (including post-op care)
- Orthopedic problem
- Acute pain associated with chronic illnesses
Definitions

Chronic Pain:

“A state in which pain persists beyond the usual course of an acute disease or healing injury, or that may or may not be associated with an acute or chronic pathologic process & causes continuous or intermittent pain over months or years.”

- Many illnesses &/or pathological conditions
- Cancer pain vs. non-cancer chronic pain
Intractable Pain:

“A pain state in which the cause of the pain cannot be removed or otherwise treated and in the generally accepted course of medical practice, no relief or cure of the cause of the pain can be found after reasonable efforts, including but not limited to, evaluation by attending physicians.”
Four Processes

- Transduction
- Transmission
- Perception
- Modulation
Transduction

- Nociceptor activation and sensitization
- Peripheral neuropathic pain
- Clinical implications
Transduction

- Toxicity
- Neuroma
- Neuropathy
- Neurogenesis
- Compression
- Nerve trauma
- Fibrosis

Peripheral Nerve

Spinal Cord
Dorsal Horn

Inflammation

Sensitization

- Skin
- Muscle
- Viscera
- Nociceptors
- Teeth
- Blood vessels
- Bones, joints
Transmission

- Periphery to spinal cord
- Spinal cord to brain
- Clinical implications
Transmission

Diagram showing the transmission of signals through various brain structures:

- **Somatosensory Cortex**
- **Thalamus**
- **Hypothalamus**
- **Mesencephalon**
- **Reticular Formation**
- **Dorsal Horn**
- **Noxious Stimulation**
- **Frontal Cortex**
- **Insular Cortex**
- **Limbic Structures**

Connections and pathways indicated by arrows and labels (A, B, C, D).
Perception

- Awareness
- Emotion based on awareness
- Clinical implications
  - Individual differences
Modulation

- Descending pathways
- Clinical implications
- Peripheral sensitization
- Central sensitization
Nociceptive pain vs. Neuropathic

- Classified on basis of presumed underlying pathophysiology
- Caused by ongoing activation of nociceptors in response to noxious stimulus
  - Somatic
  - Neuropathic
    - Indicates injury to peripheral or central nervous system
## Examples & Characteristics of Nociceptive Pain

<table>
<thead>
<tr>
<th></th>
<th>Superficial Somatic Pain</th>
<th>Deep Somatic Pain</th>
<th>Visceral Pain</th>
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<tbody>
<tr>
<td><strong>Nociceptor Location</strong></td>
<td>Skin &amp; more</td>
<td>Muscles &amp; more</td>
<td>Visceral organs</td>
</tr>
<tr>
<td><strong>Potential Stimuli</strong></td>
<td>External, mechanical &amp; more</td>
<td>Overuse strain, injury, ischemia, inflammation</td>
<td>Organ distension, muscle spasm &amp; more</td>
</tr>
<tr>
<td><strong>Localization</strong></td>
<td>Well localized</td>
<td>Localized or diffuse &amp; radiating</td>
<td>Well or poorly localized</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>Sharp, pricking or burning</td>
<td>Usually dull or aching, cramping</td>
<td>Deep aching or sharp stabbing</td>
</tr>
<tr>
<td><strong>Associated S &amp; S</strong></td>
<td>Cutaneous, hyperalgesia, allodynia</td>
<td>Tenderness, reflex muscle spasm, &amp; hyperactivity</td>
<td>Malaise, N &amp; V, sweating, tenderness, spasm</td>
</tr>
<tr>
<td><strong>Clinical examples</strong></td>
<td>Sunburn, etc</td>
<td>Arthritis pain, etc</td>
<td>Appendicitis, etc</td>
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**Examples & Characteristics of Neuropathic Pain**

<table>
<thead>
<tr>
<th></th>
<th>Mono &amp; Poly - Neuropathies</th>
<th>Deafferentation Pain</th>
<th>Sympathetically</th>
<th>Central</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Pain along dist. of 1 or more nerves – nerve damage</td>
<td>Due to loss of afferent input</td>
<td>Maintained by sympathetic nervous system</td>
<td>Primary lesion or dysf. Of CNS</td>
</tr>
<tr>
<td><strong>Char. &amp; Symptoms</strong></td>
<td>3 types =</td>
<td>Many symptoms &amp; char.</td>
<td>Many symptoms &amp; char.</td>
<td>Many symptoms &amp; char.</td>
</tr>
<tr>
<td><strong>Sources</strong></td>
<td>Many</td>
<td>Damage to p. nerve or CNS</td>
<td>Damage to p. nerve &amp; more</td>
<td>Many</td>
</tr>
<tr>
<td><strong>Clinical Examples</strong></td>
<td>Diabetic, more</td>
<td>Phantom limb; post mastectomy</td>
<td>CRPS; Phantom limb; &amp; more</td>
<td>Post-stroke; cancer; MS</td>
</tr>
</tbody>
</table>
Barriers to pain management

- Health care system
- Health care professionals
- Patient and family barriers
- Legal and Societal barriers
- Tolerance, physical dependence, addiction
Common Misconceptions

- Sensitivity and perception decrease in the elderly therefore they do not feel pain
- If you can’t recognize pain it has no effect on you
- Pain w/age is to be expected & is normal
- Individuals who do not complain of pain or say, “I have no pain”, do not have pain (they still may & will need further assessment)
- Cognitively impaired cannot use pain intensity rating
Common Misconceptions

- Individuals who complain of pain, do not have pain
- Opioid medications have side effects that make them too dangerous to use in the elderly or they will become addicted.
- Physical & behavioral signs best indicator
- Addiction may occur
- PRN medication is sufficient to control pain
- Comparable stimuli produce the same level of pain in all individuals
THE FIRST STEP IN TREATING PAIN IS TO RECOGNIZE THAT YOUR RESIDENT HAS IT!
GOALS

- Recognition (requires nurses to be aware of their own beliefs)
- Appropriate assessments & care plans
- Appropriate consults
- Appropriate treatments
- Improved functioning – highest practicable well-being
- Improved quality of life
PART II
Assessment

Barriers

- Cognitive status of resident
- Sensory problems
- Cultural problems
- Poor communication between resident & caregiver
- Fear
- Caregivers don’t believe the resident
- Caregiver lack of knowledge
- Other
Assessment Principles

- Routine Assessments
- Believe what people tell you
- Don’t believe what people tell you
- Assess comprehensively
Assessment Principles cont’d

- Choose the right treatment
- Empower the resident
- Distinguish between acute and chronic pain
Comprehensive Assessment

- Recent pain history
- The interview
- Cognitive/Communication
  - Ability to recognize
  - Ability to report
  - Behaviors
Recognition is sometimes difficult

- Misconceptions
- Cognition
- Communication
- Behaviors
Cognition

- It is important to identify if the resident can recognize pain.
  - Use a variety of techniques or tools to establish this.
Communication

- Can the resident express pain verbally or non-verbally?
- Are there non-verbal indicators of pain?
  - Use Pain Assessment in Advanced Dementia (PAINAD)
Behaviors

- There are many behaviors that could be associated with pain that nursing staff misidentify as behaviors (other than non-verbal) associated with dementia as opposed to pain.
- Aggressive behaviors can also be related to pain:
  - Yelling
  - Hitting with care
Comprehensive Assessment cont’d

- Type/Frequency/Location
- Past History part of the interview with either the resident or family
Comprehensive Assessment cont’d

- Related Conditions/Diagnosis
- Treatments that work and don’t work
- Current treatment and effectiveness
- Resident goal – also part of interview process
QUALITY
The Quality Measure Criteria

- Short Stay Measure
  - Important to conduct assessment and get interventions in place within first 5 days
  - When will interview be conducted?
Section 1: Short Stay Quality Measures

MDS 3.0 Measure: Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) *

<table>
<thead>
<tr>
<th>MEASURE DESCRIPTION</th>
<th>MEASURE SPECIFICATIONS</th>
<th>COVARIATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS: N001.01</td>
<td><strong>Numerator</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td>NQF: 0776</td>
<td>Short-stay residents with a selected target assessment where the target assessment meets either or both of the following two conditions:</td>
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<td></td>
<td>1. Condition #1: resident reports daily pain with at least one episode of moderate/severe pain. Both of the following conditions must be met:</td>
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<td>1.1. Almost constant or frequent pain (J0400=A[1-2]); and</td>
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<td></td>
<td>1.2. At least one episode of moderate to severe pain (J0600A = [05, 06, 07, 08, 10] or J0600B = [2, 3]).</td>
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<tr>
<td></td>
<td>2. Condition #2: resident reports very severe/horrible pain of any frequency (J0800A = [10] or J0900B = [4]).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong></td>
<td>All short-stay residents with a selected target assessment, except those with exclusions.</td>
</tr>
<tr>
<td></td>
<td><strong>Exclusions</strong></td>
<td>If the resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) and any of the following conditions are true:</td>
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<tr>
<td></td>
<td>1. The pain assessment interview was not completed (J0200= [0, . . . , 4]).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. The pain presence item was not completed (J0300 = [0, . . . , 4]).</td>
<td></td>
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<tr>
<td></td>
<td>3. For residents with pain or hurting at any time in the last 5 days (J0300 = [1]), any of the following are true:</td>
<td></td>
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<tr>
<td></td>
<td>3.1. The pain intensity item was not completed (J0400 = [4]).</td>
<td></td>
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<tr>
<td></td>
<td>3.2. Neither of the pain intensity item was completed (J0500A = [99, . . . , 99] and J0600B = [9, . . . , 99]).</td>
<td></td>
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<tr>
<td></td>
<td>3.3. The numeric pain intensity item indicates no pain (J0800A = [00]).</td>
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NOTE:

* This measure is used in the Five-Star Rating System.
The Quality Measure Criteria

- Long Stay
  - Can impact measure with ongoing assessments and when interview conducted
**MDS 3.0 Measure: Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)**

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<tr>
<td>Long-stay residents with a selected target assessment where the target assessment meets either or both of the following two conditions: 1. Condition #1: resident reports almost constant or frequent moderate to severe pain in the last 6 days. Both of the following conditions must be met: 1.1. Almost constant or frequent pain (J0400 = [1, 2]) and 1.2. At least one episode of moderate to severe pain: (J0000A = [06, 07, 08, 09] or J0060B = [2, 3]). 2. Condition #2: resident reports very severe/constant pain of any frequency (J0000A = [12] or J0060B = [4]).</td>
<td>Independence or modified independence in daily decision making on the prior assessment. Covariate = 1 if (C1000 = [0, 1]) or if (C0050 = [13] and C0050 = [15]). Covariate = 0 if any of the following is true: 1. (C1000 = [2, 3]) or 2. (C0050 = [08]) and (C0050 = [12]) or 3. (C0050 = [96, -]) and (C1000 = [-, -]). All covariates are missing if no prior assessment is available.</td>
<td></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All long-stay residents with a selected target assessment, except those with exclusions. Exclusions 1. The target assessment is an admission assessment, a PPS 5-day assessment, or a PPS readmission/return assessment (A0310A = [01] or A0310B = [01, 09]). 2. The resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) and any of the following conditions are true: 2.1. The pain assessment interview was not completed (J0200 = [0, -]). 2.2. The pain frequency item was not completed (J0300 = [9, -]). 2.3. For residents with pain or hurting at any time in the last 5 days (J0300 = [1]), any of the following are true: 2.3.1. The pain frequency item was not completed (J0400 = [9, -]). 2.3.2. Neither of the pain intensity items was completed (J0060A = [96, -] and J0060B = [9, -]). 2.3.3. The numeric pain intensity item indicates no pain (J0060A = [00]).</td>
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QAPI

- Establish a Measure
- Monthly Review and Analysis – Short Stay
- Quarterly Review and Analysis – Long Stay
- F tag crosswalk
  - F309 Investigative Protocol
  - Corresponds with F272 (assessment), F279 (Care Plan), F280 (Care plan revision)
  - Also examine other QM’s in conjunction with Pain
- Review of Tools
Building an Institutional Commitment to Pain Management

- Develop an IDT work group
- Analyze current pain mgt. issues and practices
- Implement a standard for pain mgt.
- Establish policies and procedures
- Establish accountability for quality & monitor
- Provide information for pharm. & non-pharm. Mgt.
- Promise residents prompt response
- Provide education
RESOURCES

- www.painmed.org
- www.ampainsoc.org/advocacy/
- www.medqic.org
- www.consultdemi.net