

## **Pain Management Evidence-Based Best Practice**

Pain is a significant problem for many older adults and can lead to a decline in functionality/mobility/activity, sleep disturbances, depression and overall poor quality of life. The key to a successful pain management program is open communication and collaboration with an interdisciplinary approach. The goal for pain management and the best possible outcome is the relief and control of pain.

### **Key Elements for Pain Assessment:**

Comprehensive pain assessments are completed:

- Upon admission
- Quarterly
- With changes in condition
- In the language the person understands

Comprehensive pain assessment documentation includes:

- Predisposing factors – etiology/diagnosis/cause/condition
- Onset of pain
- Location of pain
- Frequency of pain
- Duration of pain
- Description of pain
- Aggravating factors
- Relieving factors
- Individual's acceptable level of pain (if able to verbalize)
- Validated pain scale(s) utilized (based on the individual's cognitive and verbal abilities)
- Current and previous treatment and results – medications and non-pharmacological interventions
- Impact of pain on the individual's physical and psychosocial functioning – ADLs and behaviors

Pain re-evaluations using validated pain scale(s) are conducted:

- Before as needed (PRN) medications are given and at the peak-effect of treatment
- Based on the severity and chronicity of the pain (at least weekly) when utilizing routine medications or other non-pharmacological interventions

### **Key Elements for Care Plans:**

A current care plan for pain management that includes:

- Identified predisposing factors
- Measurable goals based on the assessment process
  - Residents who are able to verbalize:
    - Acceptable level of pain
    - Ability to perform or maintain ADLs/functions
  - Residents who are unable to verbalize:
    - Ability to perform or maintain ADLs/functions
    - Absent or diminished pain behaviors
- Individualized interventions based on the assessment process:
  - Education provided to individuals and/or family/surrogates
  - Timing/frequency of comprehensive pain assessments and pain re-evaluations
  - Validated pain intensity/behavioral scale(s) utilized
  - Individualized non-pharmacological interventions and pain medications ordered
  - When to notify the physician if pain relief measures are ineffective
- Process to review the care plan according to the individual's needs, with revisions based on changes of condition and/or assessment
- Interdisciplinary team (IDT) involvement in the development of the pain care plan

### **Outcomes:**

- Individualized interventions identified in the care plan are implemented
- Effectiveness of the individualized interventions is monitored and evaluated