

Trainers Guideline Pain Management

1. Staff need to understand a definition of pain and that pain is subjective:
 - Worse if located in the head / eye / heart
 - Worse if alone
 - Worse when unsupported
 - Worse if ongoing / chronic
 - Worse if other worries
 - Worse during grief
 - Worse if not positioned comfortably
 - Worse without movement when confined to bed / wheel chair
2. Thus by supporting people in many ways we can reduce pain without resorting to medications as first line action.
3. Pain needs to be recognised
 - A good practical exercise is to encourage care staff to use the pain assessment tool and role play people in different kinds of pain
 - Show then how we must respond in our Care Planning
 - Pain assessments are useless unless we act upon them so focus upon actions arising out of pain assessments
4. Reporting Pain
 - Location
 - Frequency
 - Using residents own words / exact actions when reporting their pain
 - Who to report to [when we need to report]
 - RN responsibility in referral to pain specialist
5. Pain behaviours can be taught from the assessment tool. They are also listed in policy.
 - Behaviours differ among people
 - Behaviours are often calls for help
 - Limping and use of bandages and splints & bandages are pain behaviours that flag an injury [worn when seeing a doctor for ACC then removed / stopped] can be accentuated or minimised
 - Pain can be forgotten when distracted
 - Pain in the elderly confused can result in challenging behaviours
 - E.g. A full bladder can be painful
6. Highlight how good nursing care goes a long way to reducing pain
 - Ask WHAT measures trainees know and use
 - What else could we be doing?
 - What is the role of alternate therapies like heat packs
 - Let trainees think about their own pain experiences
7. Ensure RN understanding of how and when to make referral for specialist pain treatment
 - Via good GP backup
 - Role of pain clinics
 - How pain can magnify and become very problematic in some people.

Discussion Topics for Trainers in a 'Round Table Training Situation'

What things make pain worse? Pain is what people say it is. It cannot be measured like temperature or BP.

- ➔ Poor positioning can cause pain [lower back unsupported in a chair, shoulder not pulled through in the stroke position so it is taking all the weight of upper body, unnatural positions]
- ➔ Much worse if we just sit around – sore muscles LOVE blood pumped through them
 - People need the chance to exercise every day
 - People who cannot move need their limbs moved about passively
- ➔ Harder to handle in the head or eye [too close to brain] or heart [fear of heart attack]
- ➔ Grows when you are by yourself [especially at night when the night seems endless]
- ➔ No one has come / Cannot get medical help in time / visitors have not bothered
- ➔ Brave people will get worn out eventually if pain goes on & on
- ➔ Magnifies on top of financial worries or concerns about cancer [fear].
- ➔ Worse for victims where the hurter is not sorry or has not been apprehended
- ➔ Much worse during grief [suffering loss].
- ➔ Worse when tired
- ➔ There are more . . .

Focusing on pain, and telling everyone how bad it is can make it grow and get worse [like a naughty child]. Telling yourself & others that it is fine and it has nearly gone now can see the opposite result as your body obeys what it has heard you say.

What reduces pain? Then take **each** of the points from above and discuss how we can help reduce a person's pain without the use of medication. Note: Stroke position posters are in Module 10.

- ➔ Positioning
 - Use of pillows [LOTS AND LOTS small and large]
 - Heat packs / cool packs
 - Getting bottoms far enough back in the chair
 - Not parking people in wheel chairs, rather sitting up on comfortable couches
- ➔ Moving
 - Daily exercise programs [encourage all and make individual according to need]
 - Beware of parking all your residents in a circle of wheel chairs and having them wave their arms around in the air, at the level of your least active. This cheats everyone else.
 - Taking small opportunities to move rather than saving time with wheel chairs
 - Physio input for the best exercises for this person
 - Passive exercises as part of routines for bedridden people
- ➔ Support
 - Trust in care by feeling safe and loved
 - By distraction [talking, reading, music and generally taking attention away from pain]
 - Trust in carers including family
 - Trust in outcomes [even when terminally ill] that suffering is NOT an outcome
- ➔ In Time
 - Refer to doctors / re refer to doctors rather than accepting reported pain as chronic.
 - Multidisciplinary Review: There are many different approaches.
- ➔ Understanding
 - Psychological factors are very important
 - Allay fear as much as possible

- Family may have greater understanding and give valuable information about people and what concerns or worries them

How do we measure pain?

This is a practical exercise using two globally recognised pain assessment tools. The Wong Baker allows less able and confused people choose their level of pain according to expressive faces. It works well in residential care for most.



The Abbey Pain Scale asks staff to make assessments. Use the Assessment Tool on the next page. You can either role play people in different kinds of pain or have care staff buddy up with willing residents to assess their pain.

- Then, we must respond in our Care Planning
- Pain assessments are useless unless we act upon them so follow through with actions to help reduce pain that has been recognised.

How do we Report Pain?

- Location [Where it is exactly]
- Frequency [How often and when..... was it after or before eating perhaps]
- How bad it is using residents own words / exact actions when reporting their pain
- Who to report to [when we need to report]
- RN responsibility in referral to pain specialist

What is Pain behaviour? Easily demonstrated by role play:

A person on ACC going into the doctor for an extension of time off work:

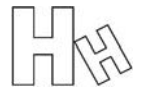
- Limping
- Using a crutch
- Reeking of liniment under their bandaged ankle
- Sighing / talking about the pain / moaning
- Rubbing the sore part

The same person arriving home and his mate is visiting to ask him out fishing:

- Strides in
- Leaves crutch at the door
- Pulls bandage off
- Says it's a bit sore but heaps better than it was
- Rotates the ankle and says it needs a bit of good exercise now

NB: Pain behaviours are under the control of the person exhibiting them. Generally they 'flag' the hurt. They reinforce injury or medical condition & remind the person of their own hurt.

Trainers Resources Pain Management & Comfort Cares



Resident/ Client Name: _____ Date: _____ Time: _____ [24hr]

Pain Assessments:

Pain is what ever a person says it is



Wong Baker Pain Assessment Tool

Resident / Client Self Report of Pain		
Date	Score	Sign

Remember pain is worse if you are alone, grieving, in conflict, have not slept, without your usual support people, frightened.

Pain Behaviour observed

Abbey Pain Scale

Absent = 0 Mild = 1 Moderate = 2 Severe = 3

For observations 1 – 6 below please rate a score

Score

1. Vocalisation [what they are saying] Examples: whimpering / moaning / crying	
2. Facial Expression Looking tense / frowning / facial grimacing / looking frightened	
3. Body Language or change in body language Fidgeting / rocking / guarding part of the body / acting withdrawn	
4. Behavioural Change Increased confusion / refusing to eat / alteration in usual patterns	
5. Physiological Change TPR or Bp outside normal limits / perspiring / flushing or pallor	
6. Physical Skin tears / ulcers / arthritis / contractures	

KEY

Total Score

0 – 2 No Pain	3 – 7 Mild Pain	8 – 13 Moderate Pain	14 + Severe
Acute	Chronic	Acute episode on chronic	

Reviews:

Date	Score	Sign & designation

Care Planning Comment:

Please write here notes on actions required arising out of this assessment. Also update the Short Term / Comfort Care Plan

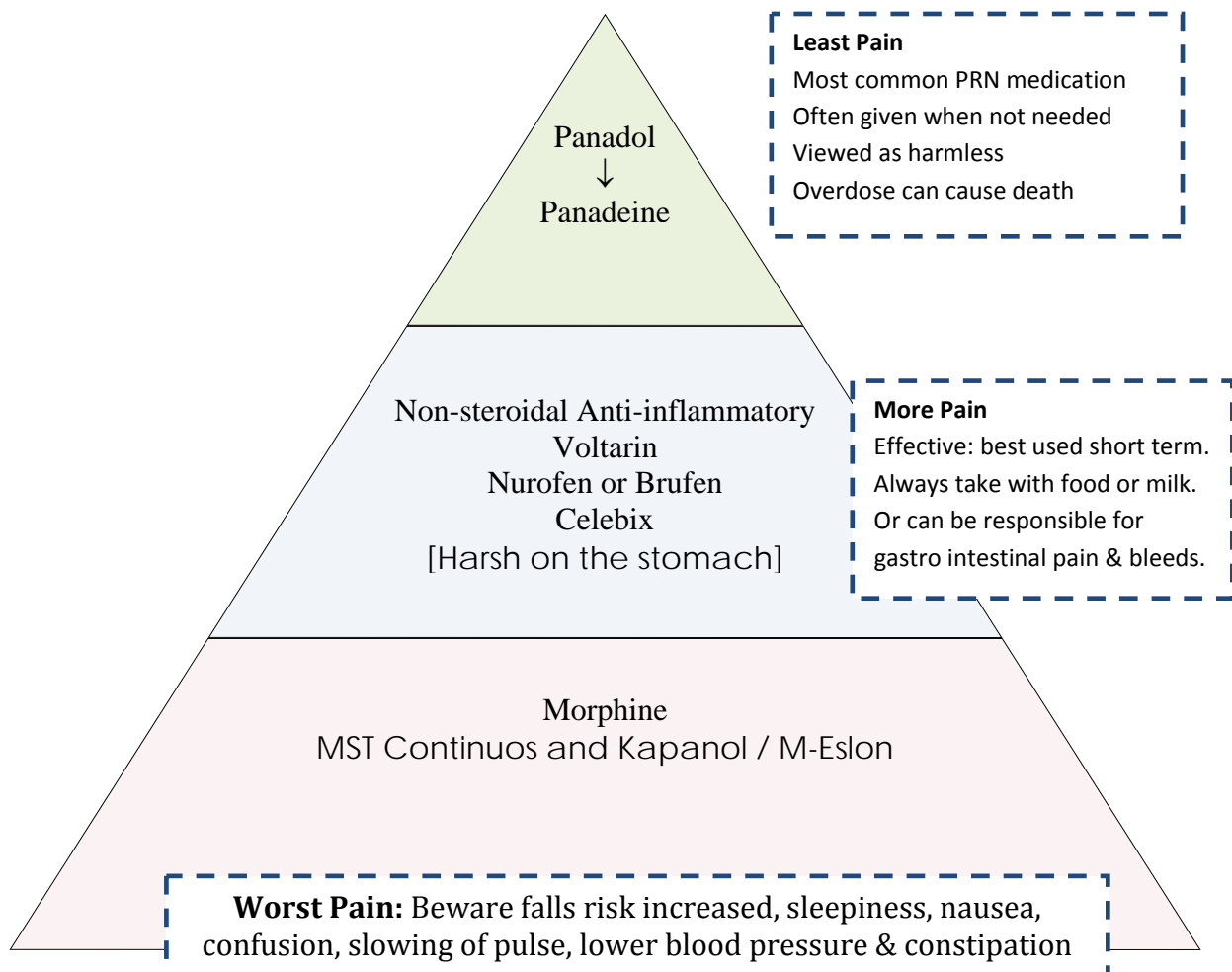
Medications for Pain Relief

Ask staff to tell you what signs would make them think that some was in pain

Signs & Symptoms of Pain

- ➡ Guarded movements
- ➡ Withdrawal from social contact
- ➡ Increase blood pressure, pulse and breathing rate.
- ➡ Or, residents may feel pain but not show it.
- ➡ Accept sweating & breathlessness / pallor [chest pain].

Signs of chronic pain include: weight change, sleep loss, crabbiness, emotional outbursts and not wanting to socialise.



Pain Pyramid / Start at the top
Worse pain needs stronger medication

Chest Pain Guide for Nitrolingual Ypray:

1. Instructions 2 puffs under tongue, then wait 5 minutes.
2. If pain continues repeat. Wait 5 minutes.
3. if pain persists repeat. Then call RN / doctor immediately.
4. If pain persists after 3 doses of GTN spray or at any time residents become agitated, pale, clammy or pain increases call 111 for an ambulance immediately with a view of sending to hospital.

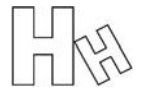
Use of Morphine

Essential Knowledge for RN's advising doctors about resident breakthrough pain:

- The amount of morphine required, is the amount needed to control a resident's pain. In other words, there is no upper limit for morphine dosage. Generally speaking, if a quantity of morphine fails to control pain the dose of morphine needs to be increased. Not all doctors fully realise this.
- MST Continuous is designed to be a 12 - hourly dose – 6 am and 6 pm or 8 am and 8 pm usually. Adequate control cannot be achieved on a PRN regimen. Should the resident require more MST Continuos, increase the dose not the frequency.
- MST Continuos and Kapanol / M-Eslon should not be crushed, as this medication taken whole provides a sustained release of the medication over time. Crushing delivers the full dose too soon.
- The required dose of morphine may be assessed using prn elixur, then assessing the amount that achieved control (the Doctor does this).
- Residents with cancer require review at regular intervals. In most cases this means at least once a day. In this way a resident's pain is kept under optimal control.
- It is important to distinguish between "breakthrough" pain and "Incident" pain. PRN analgesia required for breakthrough pain should be incorporated into the regular daily regiment as soon as possible, while incident pain requires anticipatory dosing about 30 minutes before incident [dressing or moving position].

Maori Protocol / Guideline for any approaching death

- ❑ Whanau / family may prefer to take their terminally ill relative home
- ❑ Where death is imminently expected, whanau will be notified at once.
- ❑ A single room will be available and family welcomed.
- ❑ Wherever possible, Maori staff members will attend the terminally ill Maori client – alternatively the Home will facilitate whanau to provide hands-on care, should they desire to. Similarly for other cultures. Should staff not be confident in correct Maori protocol, they will be guided by this policy and by attending whanau / family.
- ❑ No food or drink will be taken into the room.
- ❑ Once the client has died, the body is known as the Tupapaku.
- ❑ Whanau /family should be involved in washing and dressing the Tupapaku. Whanau might wish to lead this personal process. Staff need to ascertain how much support whanau seek from nursing staff. In some cases, whanau may prefer privacy; alternatively, they may welcome nursing support.
- ❑ Separate linen is used for deceased clients. This should be stored in a box and brought out when required. It is culturally sensitive to demonstrate that this linen (sheets / towels / flannels) is special by selecting a different colour from other Home linen. It is especially sensitive to also provide nice soap and an attractive bag for this purpose. Afterwards, this linen will be laundered separately.
- ❑ Staff will allow whanau time to express grief. The Tupapaku should not be dispatched with haste.
- ❑ The Tupapaku [body] will always be handled with respect.
- ❑ The Tupapaku will only be moved feet first.
- ❑ Where possible the Tupapaku will not be taken through public areas.
- ❑ The Tupapaku must be released to whanau as soon as legally possible.
- ❑ Whanau will usually wish to accompany the Tupapaku, and may use their own vehicles.
- ❑ Whanau /family will have the choice of taking the Tupapaku home. Where the Tupapaku is placed into the care of whanau, it is their responsibility to liaise with funeral homes for embalming procedures.
- ❑ Karakia will be performed in the room after the Tupapaku is removed.
- ❑ No physical cleaning of the room will occur until this has occurred.
- ❑ Physical cleaning of the room should not occur in haste. It is preferable to leave the physical cleaning of the room for 24 hours. Please close the door.
- ❑ All effort will be made to avoid post mortem – this is seen by Maori as a form of desecration therefore its need must be fully explained to help gain acceptance.
- ❑ All discussion must be conducted in privacy, with the appropriate spokesperson from the whanau group.
- ❑ Sufficient time must be given for discussion and understanding to be reached within the whanau group.
- ❑ Such discussions should be documented in a factual manner in the Service User File.



Comfort Care Planning

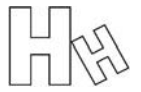
Resident Name: _____

Date: _____

<p style="text-align: center;">Comfort & Relaxation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carefully positioned in bed <input type="checkbox"/> Regular change of position. Turned _____ hourly. <input type="checkbox"/> Pillows positioned supportively. <input type="checkbox"/> Heals protected: <input type="checkbox"/> Massage: <input type="checkbox"/> Sponge bathed as needed: <input type="checkbox"/> Clean fresh bed linen <input type="checkbox"/> Peaceful environment <input type="checkbox"/> Nice pyjamas <input type="checkbox"/> Allocate 1 care staff available as needed <p>Pain Control:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain assessment completed _____ <input type="checkbox"/> Medication as charted <input type="checkbox"/> Not swallowing medication now – with held <input type="checkbox"/> Medication Review: <p>Airway:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breathless: nurse sitting up pillow supported <input type="checkbox"/> Use mouth swabs to clear mucous <input type="checkbox"/> Give nebuliser: <input type="checkbox"/> Other instruction: 	<p style="text-align: center;">Intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs help to eat <input type="checkbox"/> Soft diet <input type="checkbox"/> Encourage to drink fluids: <input type="checkbox"/> Keep Fluids Balance Chart: <ul style="list-style-type: none"> <input type="checkbox"/> Small amount frequently <input type="checkbox"/> Spoon or syringe into mouth <input type="checkbox"/> Use juice bottle <input type="checkbox"/> Frequent sips water or juice <input type="checkbox"/> Fluids only now <input type="checkbox"/> Mouth hygiene _____ hourly <input type="checkbox"/> Keep lips moist <input type="checkbox"/> Apply: <input type="checkbox"/> Drinks supplement: <p style="text-align: center;">Output</p> <ul style="list-style-type: none"> <input type="checkbox"/> Record of fluids out – use fluid balance <input type="checkbox"/> Keep nice & clean – wash whenever wet or dirty <input type="checkbox"/> Use nice toiletries <input type="checkbox"/> Incontinence product: <input type="checkbox"/> Other instruction:
<p style="text-align: center;">Skin & Wound</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soft or ripple mattress: <ul style="list-style-type: none"> <input type="checkbox"/> From Hospice <input type="checkbox"/> From _____ <input type="checkbox"/> Our own <input type="checkbox"/> Care of pressure points <ul style="list-style-type: none"> <input type="checkbox"/> Report any redness <input type="checkbox"/> Passive exercises <input type="checkbox"/> Change of position <input type="checkbox"/> Creams: <input type="checkbox"/> Dressings [See Wound Care Log]: 	<p style="text-align: center;">Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family well informed <input type="checkbox"/> Made welcome: <input type="checkbox"/> Family / friends with resident. <input type="checkbox"/> Has no one available – staff fill this role. <input type="checkbox"/> Religious: <input type="checkbox"/> Extra staff as needed: <input type="checkbox"/> Special Instructions [Doctor / other]: <input type="checkbox"/> Environment of love & Support:

Trainers instructions: Introduce this form to staff. When faced with Comfort Care Planning, this form will guide them in essential aspects of care. It saves valuable RN time for bedside care.

Trainers Resources Pain Management & Comfort Cares



Assessment of Knowledge for RN's, Team Leaders & Care Staff Comfort Cares

How can we improve comfort and relaxation for people at the end stages of life?

What things can cause pain / discomfort to a dying person?

What equipment helps at these times?

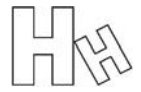
How can we help people who do not have any family with them?

What are some guidelines about when to ring family?

What is the BEST indicator that someone is comfortable / not in pain?

Name: _____ Designation: _____ Date: _____

Name: _____ Trainer: _____ Date: _____



GENERAL GUIDE TO ANSWERS:

NB: Staff may have different answers that are also correct. Where everyone's answer is identical, you cannot rely on staff understanding.

How can we improve comfort and relaxation for people at the end stages of life?

1. Look at their Comfort Care Planning and be guided by that.
2. Positioning
3. Heals protected
4. Heat packs
5. Nice environment
6. Enough fluids
7. Nebulisers
8. Mouth swabs

What things can cause pain / discomfort to a dying person? [Many different answers here]

1. Pressure of sheets
2. Blocked airways with mucus
3. Diseases / wounds
4. Fear will increase pain
5. Being alone

What equipment helps at these times? [Call upon Hospice]

1. High low beds / ripple mattress
2. Heat packs
3. Jumbo mouth swabs
4. Sheep skins

How can we help people who do not have any family with them?

1. Not leaving them alone
2. Using key staff rather than many different people
3. Ensuring friends / family available ARE sourced
4. TLC kind & tender loving care

What are some guidelines about when to ring family & who can ring family?

1. Family may state their preferences
2. General rule is when there is ANY deterioration
3. If in doubt sooner rather than later
4. Usually RN or Manager responsibility

What is the BEST indicator that someone is comfortable / not in pain?
That they are relaxed [practical session will demonstrate].