

Pain Assessment and Management



Impaired communication makes it difficult to assess and manage pain in people who have dementia. Common pain behaviours include pulling or pushing away, calling out, and restlessness.

When you **recognize** any of these behaviors, conduct an interdisciplinary assessment to identify possible contributors to pain, such as immobility and medication side-effects.

1. Consider [behaviour mapping](#) to track when and how often pain behaviours occur. As soon as you see a pattern, or within a week, conduct a pain **assessment**.
2. Review findings with the individual and/or legal decision maker, and health care team. Introduce **interventions**, such as mobility, rest, heat, or pain medication.
3. **Evaluate** the impact using behavior tracking or [pain assessment tools for persons who are cognitively-impaired, such as Pain-AD and PAC-SLAC](#). You may also notice improvement in function (e.g., sleeping, eating, and mobility).
4. **Reassess** and adjust interventions to further improve comfort.

The most accurate pain ratings always come from the person who experiences them. If cognitively intact, try a [faces or numerical rating scale](#). Clients can be supported to complete a [pain diary](#) for a few days or a week, which they review with staff or the case manager.

Looking for more resources? Check out:

- [Pain in Dementia #SeePainMoreClearly Campaign](#) (2 minute video)
- [Pain Management Information](#)
- [Pain Assessment for Nursing Home Residents 2019](#)
- [Communicating with People Living with Dementia](#)