



Pain and Distress Module





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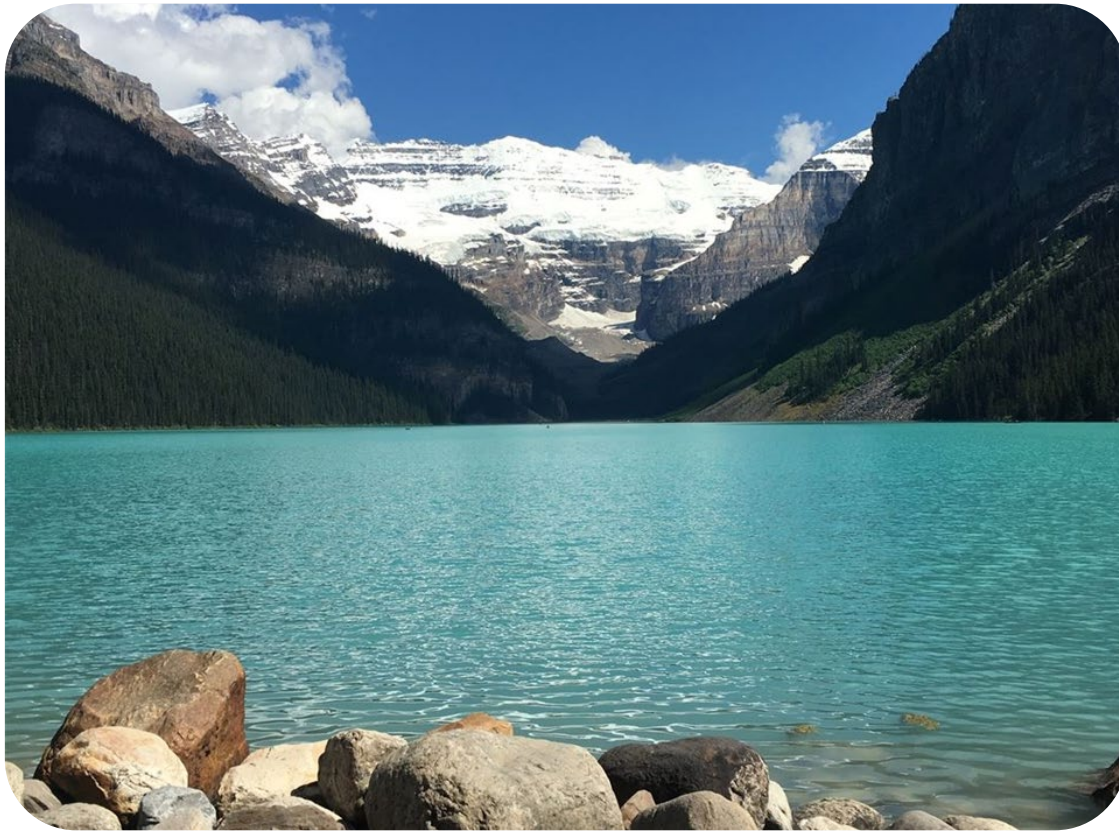


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Indigenous Acknowledgement



Provincial Seniors Health and Continuing Care would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8 and the homeland of the Métis.



Pain and Distress Module Outline

- Success stories
- Common types of pain
- Recognize & assess
- Intervention strategies
- Evaluate





The Power of Movement: Chris's Story





When Do You Assess Distress?

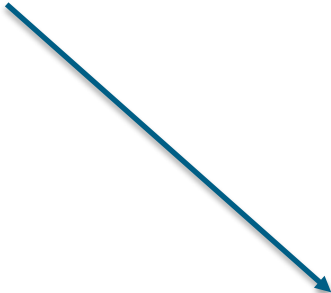
- Admission assessment, care plan
- Interdisciplinary team meetings
- Quarterly assessment, care plan
- Restraint review
- Annual conference
- Physician rounds






Identifying Distress

- Pharmacologic Restraint Management Worksheet (AHS form-19676)



 Alberta Health Services

Affix patient label within this box

Pharmacologic Restraint Management Worksheet

Date (yyyy-Mon-dd) Initial Review Reassessment

Target behaviour: *description, time, frequency, why is this behaviour a problem? What is the risk of harm? What is the goal?*


Family/Alternate Decision-maker: *goals, possible underlying needs and care strategies:*

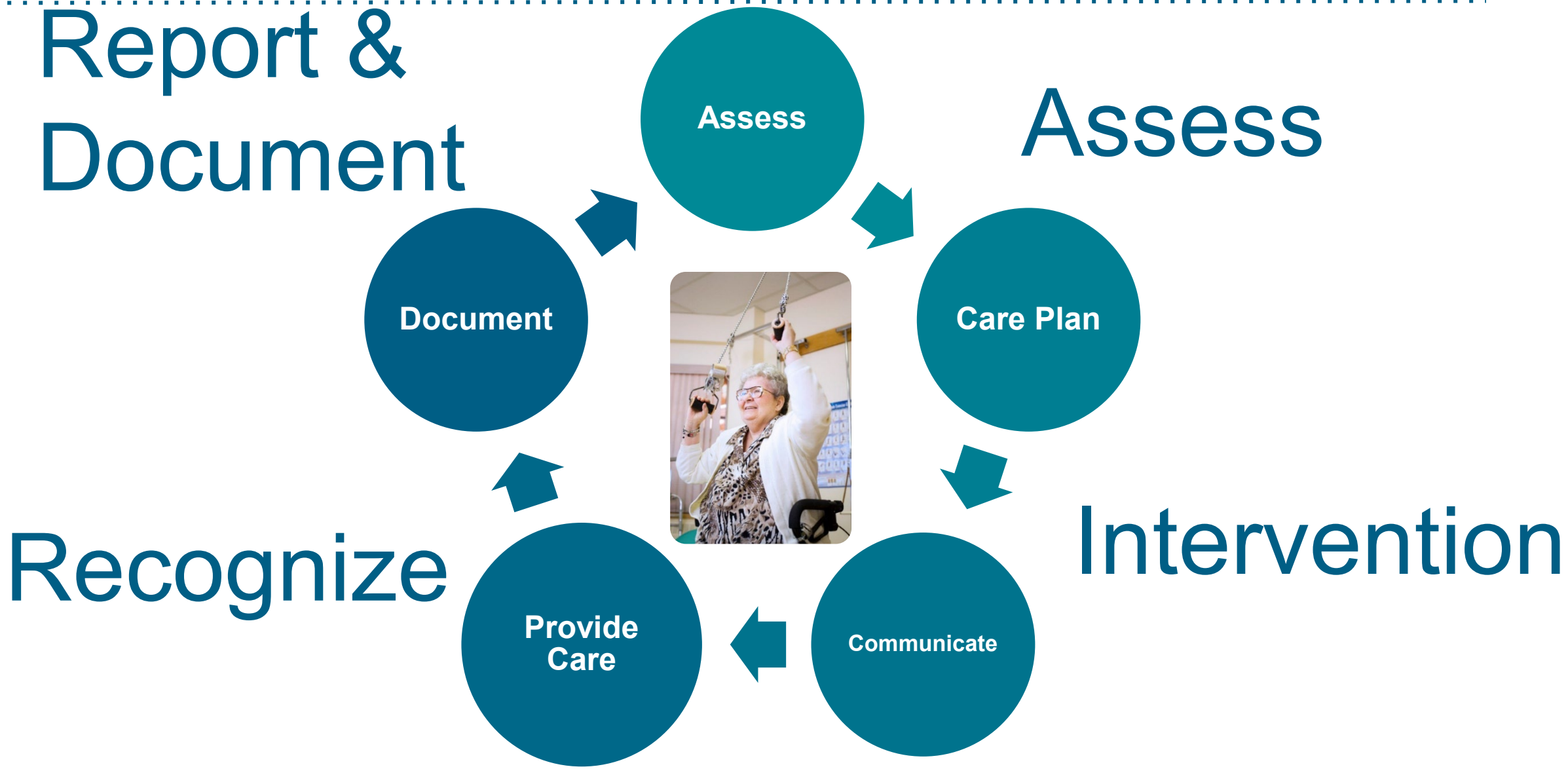
Supportive interventions attempted, and effectiveness

Possible underlying reasons for target behaviour

- Delirium and other medical conditions (e.g. dehydration, blood sugar management, nutrient deficiencies)
- Unmet needs & patterns informed by behavior map, health record, staff: Physical (e.g. lack of sleep, constipation, pain, elimination, hunger, thirst, too hot or cold), Psychosocial (e.g. stress threshold, loneliness, depression, post-traumatic events), Environmental (e.g. over/under stimulation, inconsistent routine), Staff (e.g. approach, gender)
- Medication review by pharmacist/prescriber (e.g. possible side effects/interactions, PRN usage, anticholinergic effects)

Success Story: Cold Lake

Assess	Intervention	Reassess	Evaluation
<ul style="list-style-type: none">• Daily negative statements• Anger with staff• Stays in bed 18 hours/day• Refuses all activities• 10/10 back pain• OT/PT assessed mobility, sitting/sleeping surfaces• Pharmacist reviewed medications	<ul style="list-style-type: none">• Improved seating surface• Adjusted analgesic• Nursing team provide restorative care, walking	<ul style="list-style-type: none">• 4/10 back pain• Accepts care every day• Participates in activities• No negative statements	<ul style="list-style-type: none">• Pain control interventions effective 



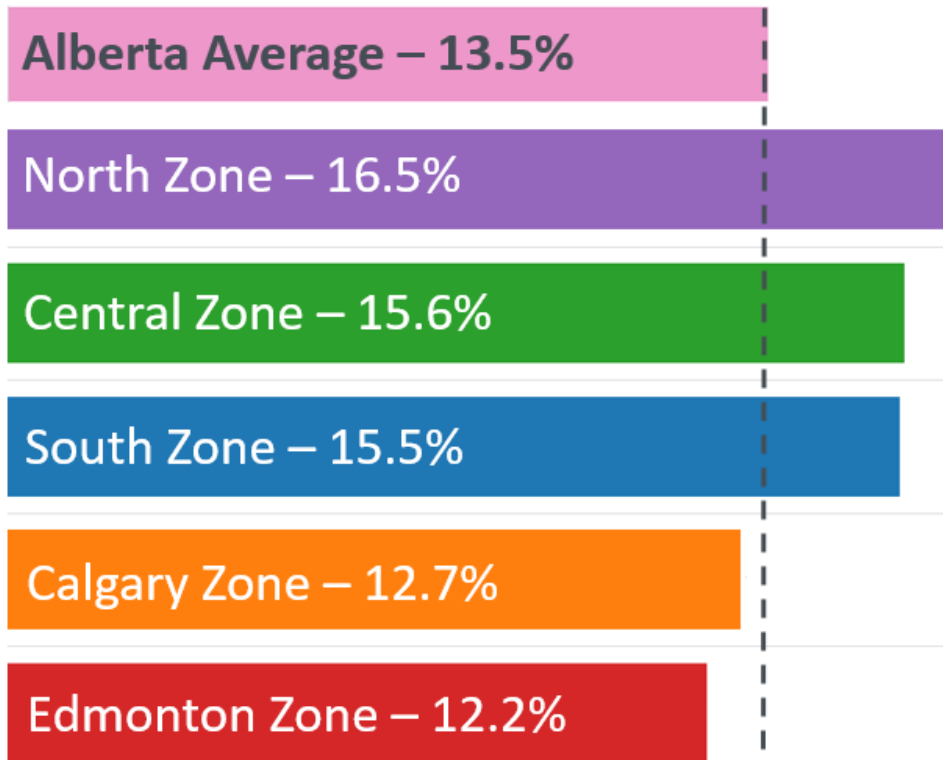


Reassess

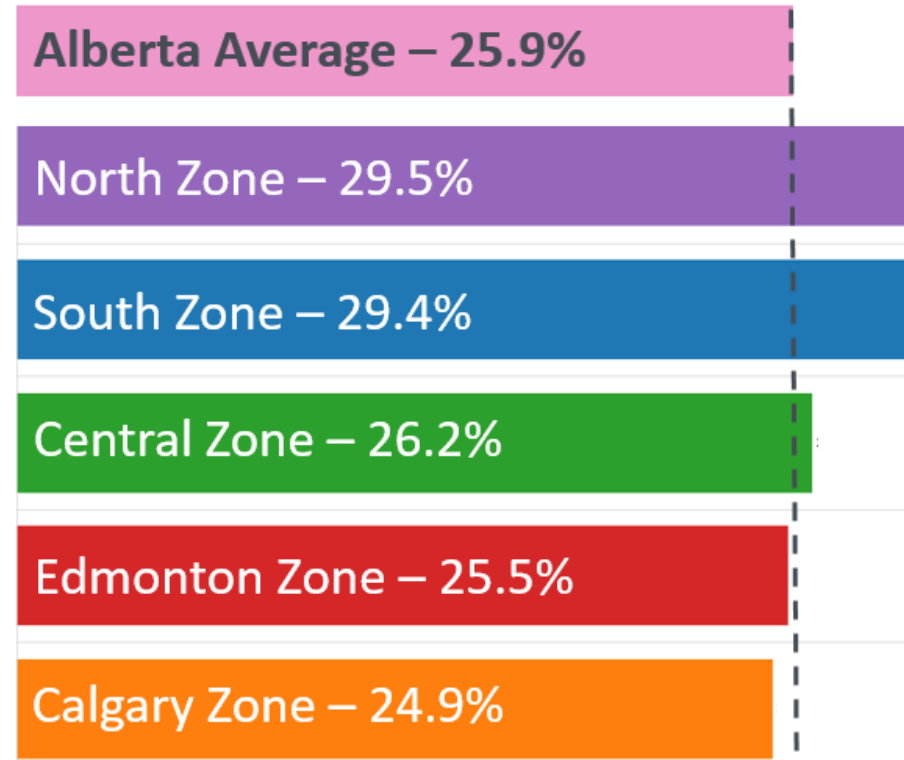


Alberta's Quality Indicators

Worsening Pain



Worsening Depressive Mood





Screening tool: Depression Rating Scale

Tracked Indicator	Pain Verbal	Pain Non-verbal
Sad, pained, worried facial expressions		✗
Repetitive health complaints	✗	
Resident makes negative statements	✗	
Crying, tearfulness	✗	✗
Persistent anger with self or others	✗	✗
Repetitive non-health complaints	✗	
Expressions of unrealistic fears	✗	



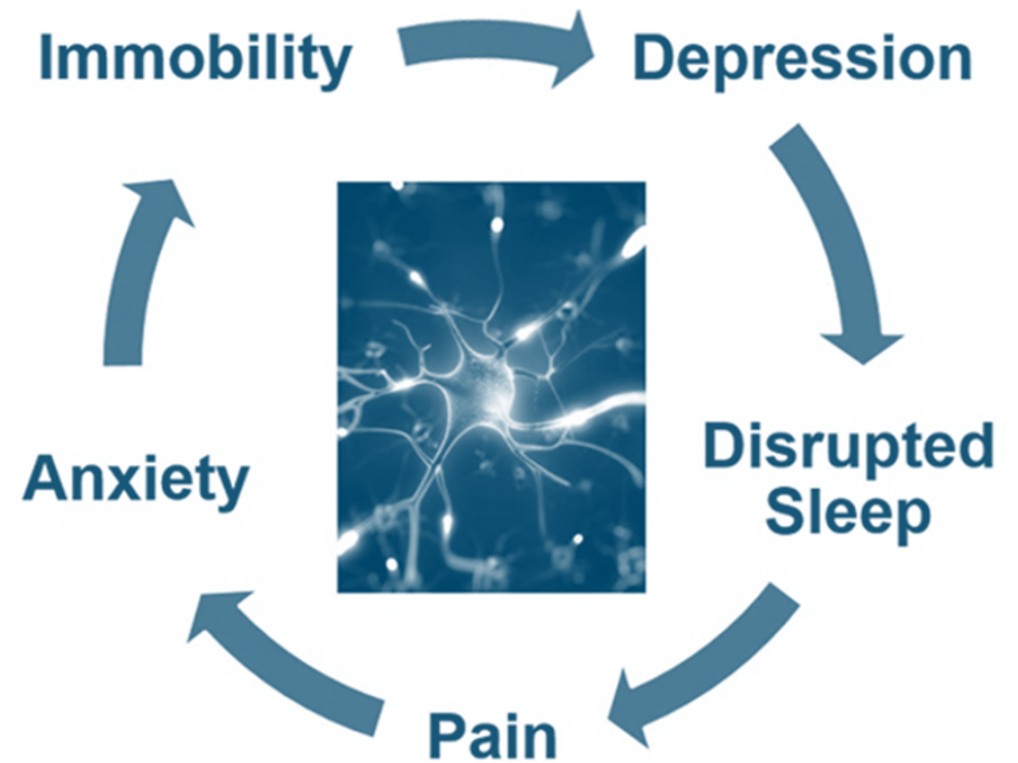
Prevalence of Pain in Nursing Homes

- 45-80%
- Pain is often under recognized and untreated.
- Consequences of untreated pain include unnecessary suffering and impaired quality of life, functional loss, depression, and behavioural disturbances including aggression, agitation, and wandering.
- Impacts to caregivers: burnout, decreased quality of life.



Common Types of Pain

- Musculoskeletal
- Gastrointestinal
- Dental
- Neuropathic



Musculoskeletal

Assessment

- Prolonged immobility
- History of arthritis
- Resistance to care in a.m.
- Limping, falling

Supportive Strategies

- Movement, heat, cold
- Avoid inflammatory foods

Medications to consider

- Acetaminophen, Diclofenac



Gastrointestinal

Assessment

- Past management, patterns
- Medications (many constipate)
- Anal fissures or hemorrhoids?

Supportive Strategies

- Daily hydration rounds
- Dietary fiber
- Raise knees: squat position
- Planned, private, unrushed toilet time



Dental Pain

Assessment

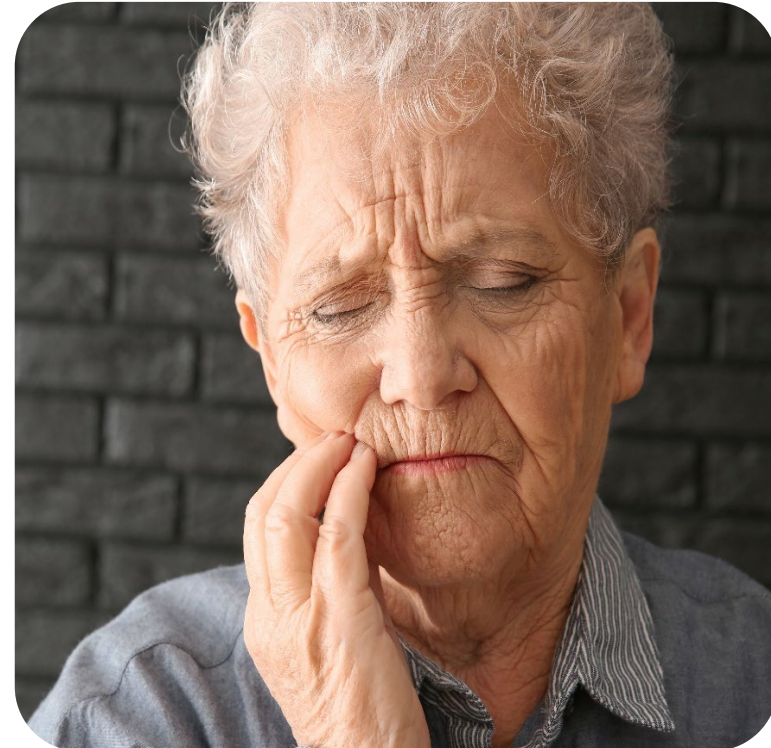
- Change in meal intake
- Anxiety with mouth care
- Bad breath, grimacing, anger

Supportive Strategies

- Regular mouth cleaning
- Dental assessment and treatment

Medications to consider

- NSAID, Antibiotic for infection or abscess



Neuropathic

Assessment

- History of stroke, diabetes or Parkinson's?
- Shooting, burning, tingling, squeezing, itching, numbness

Supportive Strategies

- Mobility (protect feet due to lack of sensation)

Medications to consider

- Gabapentin with caution: assess benefit vs harm (e.g., falls, delirium)






Case Study: St. Josephs Covenant Health

- Called out an average of 82 times per day
- Often crawled out of bed and slept on the floor
- Poor appetite
- Heel wound: dressing changes every 1-2 days







Person-centered care plan

Assess	Intervention	Reassess	Evaluation
<ul style="list-style-type: none">• Calls out 82X per day• Heel wound• Eats ½ meals• Pharmacist reviewed medication	<ul style="list-style-type: none">• Increase scheduled analgesic dose and frequency	<ul style="list-style-type: none">• No sedation in day, improved sleep at night• Calls out 45X per day• Eats 3/4 meals• 1/3 less PRNs• More verbal	<ul style="list-style-type: none">• Decreased distress due to physical pain• Continue intervention 



Assess	Intervention	Reassess	Evaluation
<ul style="list-style-type: none">• Restless in afternoon• Calls out 45X per day• Dietitian: nutrition• Pharmacist: analgesic• OT & Nurse: wound 	<ul style="list-style-type: none">• Lie down in afternoon• Tilt chair and offload wound• Add protein• Long-acting analgesic	<ul style="list-style-type: none">• Wound healing• Dressing change 1-2X per week• Calls out during care and when alone	<ul style="list-style-type: none">• Physical pain reduced• Continue intervention• Still calling out at specific times



Assess	Intervention	Reassess	Evaluation
<ul style="list-style-type: none">• Calls out during care and when isolated• Recreation Therapy review of social interaction 	<ul style="list-style-type: none">• HCAs connect during care• 1:1 for 10 minutes daily• Family outdoor and virtual visits	<ul style="list-style-type: none">• Calls out 1-2X per day• Quiet during 1:1s• Interacts during family visits• PRNs 1-2X per month	<ul style="list-style-type: none">• Distress resolved with personalized approach and increased interaction



Non-opioid Medications

Acetaminophen (Tylenol)

- First line medication - generally safe
- Use for joint and back pain, headache
- Caution: liver disease, dosages over 3-4 grams/day

ASA (Aspirin)

- Not commonly used for pain in older adults: potent blood thinner with high bleed risk



Non-opioid Medications

NSAIDs
(Diclofenac,
Ibuprofen)

Anti-inflammatory

Avoid or limit oral route: consider topical, rectal suppository, sub-lingual

Can cause acid reflux, stomach pain, bleeding, increased blood pressure, worsening kidney function



Adjuvant Medications for Pain

Antidepressants:
e.g., SSRIs
Gabapentin

- Increased risk of harms with age and frailty, multi-morbidity, polypharmacy
- Risks include falls, cognitive impairment, delirium
- **Goal is improved function**
- Proceed with caution: short-term, low dose, careful monitoring for effectiveness vs harms



Opioid Medication

Weak Opioids (Codeine, Tramadol)

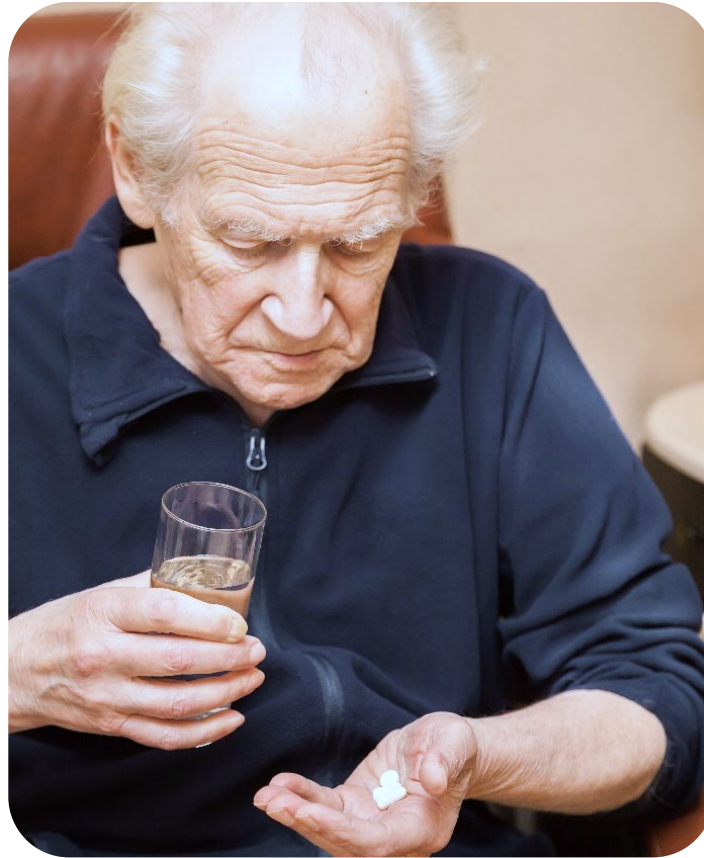
- Often combined with acetaminophen
- Caution: Codeine – in renal insufficiency, highly constipating, not effective in 30% of older adults.

Strong Opioids (Morphine, Hydromorphone, Oxycodone, Fentanyl)

- All opioids increase delirium risk, but pain is also a precipitating factor.
- Caution: when switching type or route; morphine in older adults; starting dose if opioid naïve / vulnerable brain.

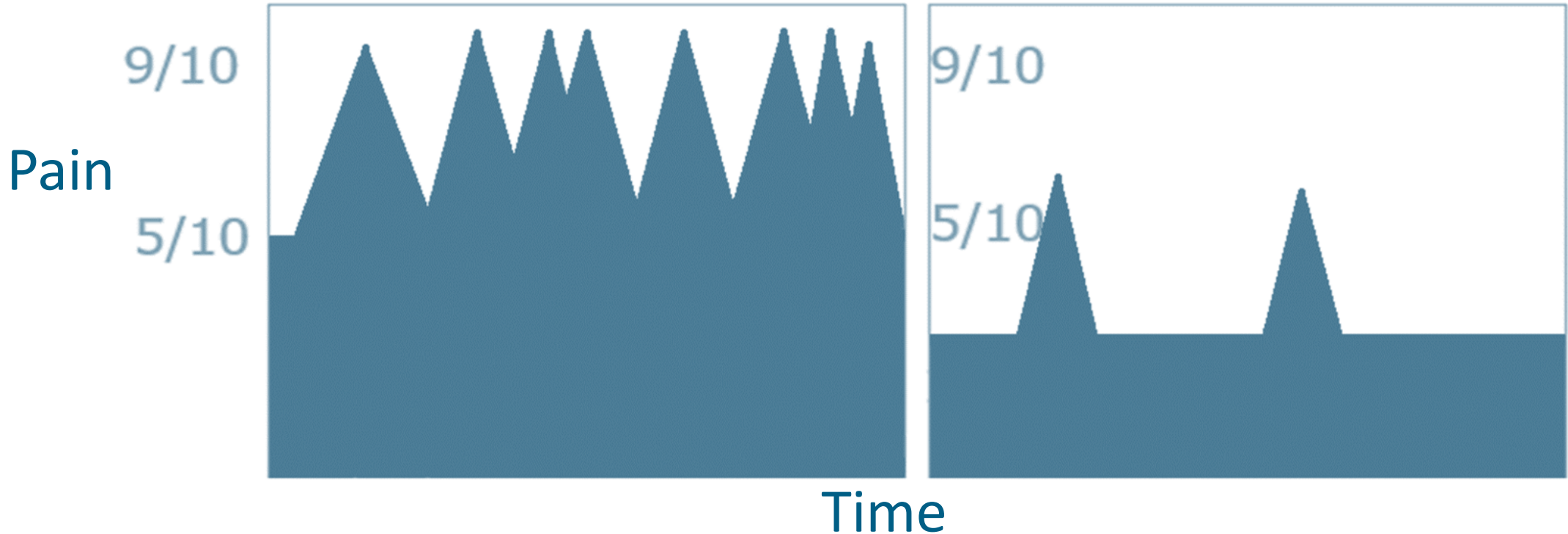
Evaluating Opioids

- Improved comfort and function
- Delirium / Confusion
- Constipation
- Dry mouth
- Drowsiness / fatigue
- Respiratory depression
- Hyperalgesia





PRN vs. Regular Doses of Analgesic



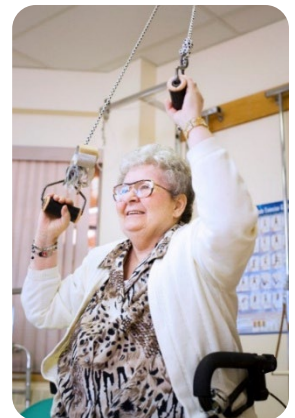
- Reliance on PRN medication with pain flares
- Long-acting, regular dose of analgesia



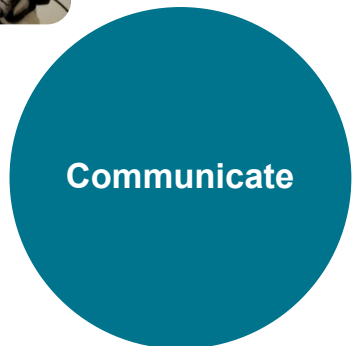
Report &
Document



Assess



Recognize



Interdisciplinary Assessment

- Resident/client
- HCAs
- Family members
- Nursing
- Pharmacist
- Allied Health
- Physician
- Dietary



Standardized Assessment

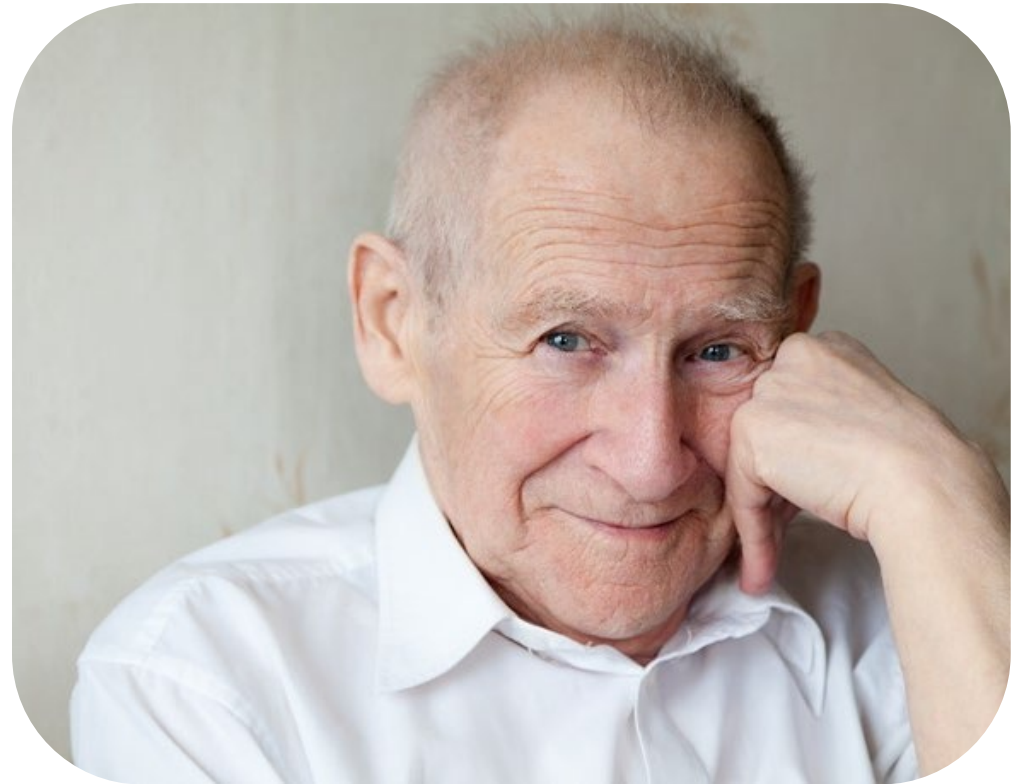
- Pain Scale
- Behaviour Mapping
(e.g., AHS Form 19895)
- PAIN-AD or PAC-SLAC

Date (yyyy-Mon-dd)	2020/Sep/09		2020/Sep/10		2020/Sep/11	
Time	Obs.	Init	Obs.	Init	Obs.	Init
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03:00			<i>S</i>	<i>RS</i>	<i>S</i>	<i>RS</i>
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05:00	<i>R</i>	<i>RS</i>	<i>S</i>	<i>RS</i>	<i>S</i>	<i>RS</i>
06:00	<i>R</i>	<i>RS</i>	<i>R</i>	<i>RS</i>	<i>R</i>	<i>RS</i>
07:00	<i>A</i>	<i>TL</i>	<i>A</i>	<i>TL</i>	<i>A</i>	<i>MN</i>
08:00	<i>AQ</i>	<i>TL</i>	<i>A</i>	<i>TL</i>	<i>AQ</i>	<i>MN</i>



Identify: Possible Interventions

- What would help?
- Involve resident and/or supportive decision maker
- Which team member can provide this?
- Benefits and risks?
- How long to test?



Communicate and Implement

- Care Plan
- Medication Administration Record
- Bedside Care Plan
- Shift Report
- Team Huddle



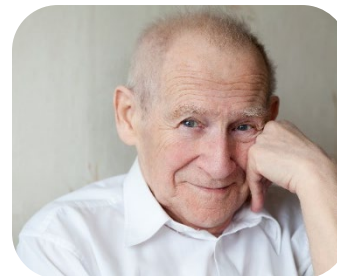


Reassess and Evaluate

- Was the intervention implemented?
- Reassess using the same measurements
- Any functional changes?



Date (yyyy-Mon-dd)	2020/Sep/09		2020/Sep/10		2020/Sep/11	
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What can
you try
next?

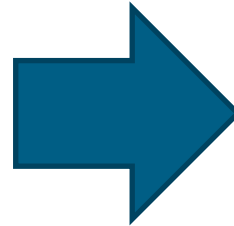
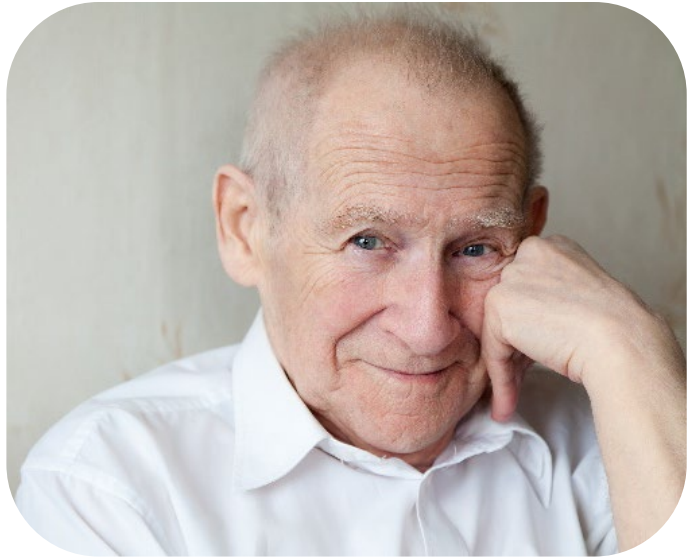
IDT Assessment: pain, unmet needs, sources of mood distress, medication effectiveness and side-effects

Therapeutic Interventions
Meaningful Activities

Reduce medications with more harms than benefits.
Consider trial of analgesic / adjust dose and frequency

Assess and Evaluate: pain, mood and/or behaviour tracking, resident reporting, IDT reassessment

Consult other HCPs: for chronic illness follow up, limited success or urgent issues



- Review the Pain & Mood modules
- Invite the ID Team to review the modules
- Start with 1 resident who expresses distress
- Keep learning; involve more residents
- Consider common contributors to distress, implement a unit-wide improvement

Assess	Intervention	Reassess	Evaluation

Success Story: CapitalCare Kipnes

Interventions:

- Walk with assistance
- Release brakes on wheelchair
- Full change of position
- Passive ROM exercises



Success Story: CapitalCare Kipnes

- Families got involved!
- Less leaning in chair
- Less stiffness with movement
- Pain monitoring showed improvement
- Residents who could move independently maintained function



Pain Mood Toolkit: www.ahs.ca

Resources for

- Quality Boards
- Enhancing resident assessment
- Sparking quality improvement discussions

Mood and Low Blood Sugar



When you see someone in distress, do you offer a snack and beverage? Low blood sugar can look like crying, anger, anxiety, confusion and falls. Frail older adults are more likely to have low blood sugar as appetite and nutrient absorption decline, and diabetic medications stay in the body longer.

Canadian Practice Guidelines for frailty recommend [blood sugars of 6-9 before meals and less than 14 after](#).

To maintain healthy blood sugar levels, involve your interdisciplinary team:

- Offer a snack and hydration mid-morning/late afternoon (e.g., with medication passes).
- Ask the pharmacist or prescriber to review and adjust diabetic medications.
- Consult a dietician about increasing dietary protein and fats.
- Assess for pain, mood distress, and medications, which could interfere with meal enjoyment.

To minimize painful and unnecessary blood sugar tests, always hydrate first, to avoid false highs. Avoid bruised or sensitive areas (e.g., the very tip of the finger). Ask your medical practitioner to stop or reduce testing frequency if blood sugars are stable.

Looking for more resources?

- Canadian Family Physician: [Diabetes in the Frail Elderly](#)
- Antihyperglycemic [deprescribing algorithm](#) and [patient handouts](#)
- [Medicine check-ups for older adults: Diabetes medicines](#)



Enhancing Sleep to Improve Mood and Wellbeing Father Lacombe Care Centre

The Problem: RESIDENTS WERE SLEEPY & UNHAPPY DURING THE DAY.

CHALLENGES were identified... How can we keep our RESIDENTS SAFE & COMFORTABLE WHILE SUPPORTING SLEEP AT NIGHT?

SOLUTIONS were PROPOSED!

We got ready for a SMALL TEST...

we WATCHED a WEBINAR ABOUT good SLEEP HABITS

we engaged families

we REVIEWED incontinence PRODUCTS to MAKE SURE they WERE THE RIGHT SIZE

our PHARMACIST REVIEWED SLEEPING PILLS AND MEDICINE SCHEDULES

we CHANGED STAFF DUTIES so STOCKING was DONE ON EVENINGS INSTEAD OF NIGHTS

we gained SUPPORT FROM DOCTORS

we DIMMED FLASHLIGHTS WITH a RED FILTER

THE WOUND NURSE IDENTIFIED RESIDENTS WHO NEEDED REPOSITIONING

Pain Mood Toolkit: www.ahs.ca

Digital Stories for

- Staff meetings
- Resident and family council meetings
- Sparking quality improvement discussions

And more...



Image References

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References

AHS (2018) Oral Hygiene policy for Continuing Care and Designated Living <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-continuing-care-oral-hygiene-policy.pdf#search=dental%20pain>

Alberta Health Services Forms: Pharmacologic Restraint Management Worksheet (2019) <https://www.albertahealthservices.ca/frm-19676.pdf>

Alberta Health Services. (2017) Provincial Clinical Knowledge Topic: Delirium V 1.1 <https://extranet.ahsnet.ca/teams/policydocuments/1/klink/et-klink-ckv-delirium-seniors-inpatient.pdf>

Ali, A., Arif, A. W., Bhan, C., Kumar, D., Malik, M. B., Sayyed, Z., Akhtar, K. H., & Ahmad, M. Q. (2018). Managing Chronic Pain in the Elderly: An Overview of the Recent Therapeutic Advancements. *Cureus*, 10(9), e3293. <https://doi.org/10.7759/cureus.3293>

Andenæs, R., Momyr, A. & Brekke, I. (2018). Reporting of pain by people with chronic obstructive pulmonary disease (COPD): comparative results from the HUNT3 population-based survey. *BMC Public Health* 18, (181) <https://doi.org/10.1186/s12889-018-5094-5>

Arnstein, P., Kerr, K. (2014). *Persistent Pain Management in Older Adults*. In H.K. Butcher (Series Ed.), Series on Evidence-Based Practice Guidelines, Iowa City, IA: The University of Iowa College of Nursing Barbara and Richard Csomay Center for Gerontological Excellence

Buffum, M. D., Hutt, E., Chang, V. T., Craine, M. H., & Snow, A. L. (2007). Cognitive impairment and pain management: Review of issues and challenges. *Journal of Rehabilitation Research and Development*, 44(2), 315-330.

Cornelius, R., Herr, K. A., Gordon, D. B., & Kretzer, K. (2016). *Acute Pain Management in Older Adults*. In H.K. Butcher (Series Ed.), Series on Evidence-Based Practice Guidelines, Iowa City, IA: The University of Iowa College of Nursing Barbara and Richard Csomay Center for Gerontological Excellence

Cravello, L., Di Santo, S., Varrassi, G., Benincasa, D., Marchettini, P., de Tommaso, M., Shofany, J., Assogna, F., Perotta, D., Palmer, K., Paladini, A., di Iulio, F., & Caltagirone, C. (2019). Chronic Pain in the Elderly with Cognitive Decline: A Narrative Review. *Pain and therapy*, 8 (1), 53–65. <https://doi.org/10.1007/s40122-019-01111-7>

Cuomo, A, Bimonte, S, Forte, C. A., Botti, G, & Cascella, M. (2019). Multimodal approaches and tailored therapies for pain management: the trolley analgesic model. *Journal of Pain Research*, 12, 711-714. doi.org/10.2147/JPR.S178910

Healthwise Staff. (2019). *Constipation, Age 12 and older*. Retrieved from <https://myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=con11>

Knopp-Sihota J. A. (2019). Developing a RAI-MDS 2.0 Behaviour-based pain assessment scale for long-term care residents with advanced dementia. *Innovation in Aging*, 3(Suppl 1), S622–S623. <https://doi.org/10.1093/geroni/igz038.2319>

References

- Knopp-Sihota, J. A., Dirk K. L., & Rachor, G. S. (2019). Factors Associated With Pain Assessment for Nursing Home Residents: A Systematic Review and Meta-Synthesis. *JAMDA* 20,7, 884-892. doi.org/10.1016/j.jamda.2019.01.156
- Pieper, M.J; Achterberg, W.P; Steen, J.T. van der; Francke, A.L. (2018) Implementation of a Stepwise, Multidisciplinary Intervention for Pain and Challenging Behaviour in Dementia (STA OPI): A Process Evaluation *International Journal of Integrated Care*. Vol. 18, no. 3 <https://doi.org/10.5334/ijic.3973>
- Provincial Alberta Health Services Oral Health Office. (2016). *Mouth care for residents in continuing care*.
- Rastogi, R., & Meek, B. D. (2013). Management of chronic pain in elderly, frail patients: finding a suitable, personalized method of control. *Clinical interventions in aging*, 8, 37–46. <https://doi.org/10.2147/CIA.S30165>
- Registered Nurses' Association of Ontario (2005). *Prevention of Constipation in the Older Adult Population*. (Revised). Toronto, Canada: Registered Nurses' Association of Ontario.
- Reid, M. C., Eccleston, C., & Pillemer, K. (2015). Management of chronic pain in older adults. *BMJ : BMJ*, 350:h532. doi: 10.1136/bmj.h532
- Schmader, K. E., Baron, R., Haanpää, M. L., Mayer, J., O'Connor, A. B., Rice, A. S., & Stacey, B. (2010). Treatment considerations for elderly and frail patients with neuropathic pain. *Mayo Clinic proceedings*, 85(3 Suppl), S26–S32. <https://doi.org/10.4065/mcp.2009.0646>
- Sefcik, J. S. & Cacchione, P. Z. (2014). *Non-Pharmacologic Management of Agitated Behaviours, in Persons with Dementia*. In H.K. Butcher (Series Ed.), Series on Evidence-Based Practice Guidelines, Iowa City, IA: The University of Iowa College of Nursing Barbara and Richard Csomay Center for Gerontological Excellence
- Seniors Health Strategic Clinical Network. (2020). *Medicine check-ups for older adults: Pain medicines*. Retrieved from <https://myhealth.alberta.ca/Alberta/Pages/Pain-meds.aspx>
- tableau.albertahealthservices.ca/LongTermCareFacility-CIHIPublicRelease
- Won, A. Finne-Soveri, H., Frijters, D., Gambassi, G., Murphy, K. M., & Morries, J. N. (2008). Pain Clinical Assessment Protocol. In Morris, J.N. et al (Eds.), *InterRAI Clinical Assessment Protocols (CAPs) - For use with InterRAI's community and long-term care assessment instruments, March 2008* (pp. 102-109). Ottawa: CIHI
- Zywiell, M. G. and McGlasson, R. (2020) GLA:D™ Canada Implementation and Outcomes: 2019 Annual Report. *Bone and Joint Canada*. <https://gladcanada.ca/>