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