Objectives

- Identify the goals and the primary work of the Pain Collaborative.
- Discuss the outcomes of Phase I of the Pain Collaborative and work planned for Phase II.
- Describe the GeriatricPain.org web-site and the types of resources it offers.

National Pain Collaborative: Who

- Group of nurse leaders with expertise in pain and/or long term care, representing five John A. Hartford Centers of Geriatric Nursing Excellence.
Pain Collaborative Members

**Leader**
Keela Herr, PhD, RN, AGSF, FAAN, The University of Iowa

**Phase I Co-Leaders**
Debra Bakerjian PhD, MSN, FNP, The University of California, Davis
Mary Ersek, PhD, RN, FAAN, The University of Pennsylvania
Lois L. Miller, RN, PhD, FGSA, FAAN, Oregon Health & Science University
Kristen Swafford, RN, MS, CNS, Oregon Health & Science University
Pao-Feng Tsai, RN, PhD, University of Arkansas for Medical Sciences
Suzanne S. Prevost, RN, PhD, COI, University of Kentucky

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Pain Collaborative Members

**Phase II Steering Committee**
Keela Herr, PhD, RN, AGSF, FAAN, The University of Iowa
Debra Bakerjian PhD, MSN, FNP, The Univ of California, Davis
Lois L. Miller, PhD, RN, FGSA, FAAN, The Univ of CA, Davis
Kristen Swafford, PhD, RN, CNS, Oregon Health & Science Univ
Cynthia Vlasich, RN, Sigma Theta Tau International
Juanita Duncan, Sigma Theta Tau International
Deb Cordes, RN, Sigma Theta Tau International

**Phase II Additional Workgroup Members**
Ann Marie Kelly BSN, RN-BN, CHPN, Pain Competency group
Barbara Phillips, DNS, Resource Development group
Sheria Robinson, RN, MSN, CHPN, Resource Development group
Raygenia Stewart, MA, BSN, Resource Development Workgroup

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National Pain Collaborative

- **Goal:** Addressing gap in best practice tools, resources & products to assist nursing home staff:
  - achieve expectations of the process frameworks being developed by Campaign to Advance Excellence
  - provide quality pain care in nursing homes
- **Part of the STTI Center for Nursing Excellence in Long-Term Care™**
National Pain Collaborative:
Objectives

- Develop collaborative of individuals, consultants, & organizations to advance best practices for pain assessment & management
- Identify best practice tools, user-friendly aids, & resources to assist with implementation of Care Process Frameworks for better pain assessment and management
- Develop and disseminate best practice tools & resources to assist NHs to implement best practices for pain management through online resource

Phase I: Outcomes

- Nonverbal pain tool critiques-City of Hope Pain Resource Center website (http://prc.coh.org) updated Oct 2008
- Improving the Process of Pain Care in Nursing Homes: A Literature Synthesis
- Use of Pain-Behavioral Assessment Tools in the Nursing home: Expert Consensus Recommendations for Practice
- GeriatricPain.org is a user-friendly web resource providing a one-stop option for evidence-based geriatric pain resources for LTC launched in Nov 2009

GeriatricPain.org

- Site includes resources/documents divided into 6 main categories to assist in ease of use:
  - Pain Assessment
  - Pain Management
  - Education
  - Quality Improvement
  - Resources
  - MDS 3.0
Pain Assessment

- First step in assuring quality pain care is good & appropriate pain assessment

- The section provides:
  - Core principles of pain assessment
  - Recommendations for effective pain assessment
  - Tools for assessing pain in cognitively intact and cognitively impaired older adults

Pain Assessment-Example

Recommendations for Assessing Pain in Cognitively Intact Older Adults

1. Take into account the older adult's history, interview information and results of physical examinations.
2. Determine the presence of any sensory (e.g., hearing, eyesight) deficits and check sensory assistive devices (e.g., hearing aids) to make sure that they are working properly.
3. Make adjustments to accommodate the older adults' sensory deficits (e.g., provide written and oral instruction, use enlarged type and bold figures, and ensure adequate lighting).
4. Determine ability to complete the pain interview and to use available pain scales.

**Pain Assessment-Example**

**Pain Assessment in Advanced Dementia - PAINAD** (Warden, Harley, Volz-Beck, 2003)

<table>
<thead>
<tr>
<th>TERM</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing</td>
<td>Normal</td>
<td>Occasional labor breathing, short periods of hyperventilation</td>
<td>Restored breathing</td>
<td>1-2</td>
</tr>
<tr>
<td>Nyciculation</td>
<td>None</td>
<td>Occasional morn or grunts, low level of speech with a negative or disengaged quality</td>
<td>Repeated intubated crying, loud moaning or groaning, sighing</td>
<td>3-5</td>
</tr>
<tr>
<td>Facial expression</td>
<td>Not present</td>
<td>Slight tightness, small smile</td>
<td>Facial grimacing</td>
<td>6-8</td>
</tr>
<tr>
<td>Posture</td>
<td>Leaning, hands on abdomen</td>
<td>Leaning, hands at sides, slouched</td>
<td>Leaning, hands at sides, slouched, head down</td>
<td>9-10</td>
</tr>
<tr>
<td>Other</td>
<td>No need to conserve</td>
<td>No need to conserve</td>
<td>No need to conserve</td>
<td>11-12</td>
</tr>
</tbody>
</table>

*Total score range from 0 to 12 (based on a scale of 0 to 2 for the item), with a higher score indicating more severe pain (0=“no pain” to 12=“severe pain”)*

**Pain Assessment-Example**

**Purpose**

This pain behavior tool is used to assess pain in older adults who have dementia or other cognitive impairment and are unable to reliably communicate their pain. It can be used by a nurse or by a CNA to screen for pain-related behaviors.

**When to Use**

1) At admission
2) At each quarterly nursing review
3) Every shift - in older adults with behaviors suggesting pain is not controlled
4) Each time a change in pain status is reported
5) Following a pain intervention to evaluate treatment effectiveness (within 1-2 hours)
Pain Management

- Planning and implementing effective plan of care for pain in older adults requires knowledge and interdisciplinary team involvement.

- This section provides:
  - Terminology
  - Key principles for pain management
  - Tools for documenting and communicating
  - Tools for communicating with prescribers

Pain Management-Example

Side Effects of Medications and General Approaches to Management

General Consideration for Side Effects Management

For Opioids:
- Decrease dose of an analgesic
- Lower the dose and add another analgesic from another class
- Switch to different analgesics in the same class
- Add a medication to treat the side effects

For Co-Analgesics
- Kitler low and go slow

<table>
<thead>
<tr>
<th>Side Effects</th>
<th>Management/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS: Drowsiness</td>
<td>Generally resolves within 72 hours of initiating new pain medication. If persistent and other causeable causes identified and treated, psychomotor retardation may be beneficial. Adjust dose and timing to avoid nocturnal insomnia and monitor for psychotomimetic effects (e.g., hallucinations, agitation, irritability).</td>
</tr>
<tr>
<td>CNS: Respiratory Depression</td>
<td>Common fears but usually not severe. (When depressed consciousness along with PM less than 8/min associated with opioid use, e.g., cautious titration of lorazepam should be initiated 0.5 mg q 2-3 minutes while providing respiratory support and supplemental oxygen). Caution abrupt opioid reversal with pain and autonomic crisis.</td>
</tr>
</tbody>
</table>

Pain Management-Example

Non-drug Pain and Symptom Management

RELAXATION – a state or condition of being free from anxiety and muscle tension. Relieves pain by:
- Loosening tense muscles
- Distracting patient from pain and other symptoms
- Decreasing stress
- Increasing cognitive

Relaxation techniques:
- Deep breathing
- Listening to music
- Thinking of peaceful images
- Repeating the same word or phrase over and over
- Meditation

Encourage patient to get a relaxation tape or CD, along with a player and headphones, so that he can use the technique on a daily basis.

NOTE: The RN or CNA should only administer non-drug therapies that are within his/her particular scope of practice. Please follow the policies and procedures of your facility regarding administration of non-drug therapies.

Adapted from: Beth Miller-Kraybill. Non-drug Pain & Symptom Management in Nursing Assistant End-of-Life: Computerized Educational Program.

Used with permission of Mary Eber & HIIA (2008).
Pain Management-Example

Putting the Serial Trial Intervention (STI) into Practice

Enhancing knowledge of providers at all levels is an important step in addressing gaps in pain practice

Education

- Resources for nurses
- Resources for older adults and their families
- Staff training resources

Developed by Christine R. Kovach, PhD, RN, FAAN, University of Wisconsin-Milwaukee
Education-Example

Geriatric Pain Facts

# 101: The One Minute Pain Assessment

Did you know that, in about one minute, you can identify older adults who are experiencing pain?

Pain control is best achieved through good assessment. The following assessment may be completed in about 1 minute and quickly identifies older adults who may be experiencing pain regardless of cognitive status or verbal abilities.

If any of the following items are noted, pain may be an issue and should be investigated further. During the assessment, if an older adult uses a particular word to describe their pain continue to use that adjective when talking about their pain.

✓ 3 Pain Questions
  o Do you have any aches or pains today?
  o Can you tell me about your pain, aches, soreness or discomfort?
  o Would you say your pain was mild, moderate or severe?

Education-Example

Approaches for Addressing Specific Pain-related Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Nursing Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of Addiction</td>
<td>Clarify the terms addiction, physical dependence, and tolerance (see below).</td>
</tr>
<tr>
<td></td>
<td>Explain that addiction is uncommon in older adults taking opioids for pain.</td>
</tr>
<tr>
<td></td>
<td>Address the older adult’s history of substance abuse using a direct, educational approach.</td>
</tr>
<tr>
<td>Fear of Tolerance</td>
<td>Clarify the terms addiction, physical dependence, and tolerance (see below).</td>
</tr>
<tr>
<td></td>
<td>Explain that tolerance is a normal physiologic response in people on chronic opioid therapy. Developing tolerance does not mean that the older adult is addicted.</td>
</tr>
<tr>
<td></td>
<td>If tolerance does develop, the older adult medication may need to be increased.</td>
</tr>
<tr>
<td></td>
<td>Explain that there is no upper dosage limit for opioids such as morphine, methadone and hydromorphone. Thus, dosages can be increased if clinically indicated.</td>
</tr>
<tr>
<td></td>
<td>Discuss that tolerance develops more slowly to the analgesic effects of opioids than to many side effects such as sedation and respiratory depression.</td>
</tr>
</tbody>
</table>

Education-Example

- Geriatric ELNEC (EOL Nursing Education Consortium)
  - Part 1 - Pain Assessment and Management
  - Part 2 - Non-opioid medications, opioid medications and analgesic side effects
  - Part 3 - Nursing assistant roles in pain management and non-drug interventions

- Understanding Pain in Older Adults: Basics of Assessment
  - Module 2- For All Nursing Home Staff
Quality Improvement

- Key strategy to improving pain practices in a good quality improvement program focused on pain
- Resources align with Advancing Excellence in Nursing Homes Campaign
- This section provides:
  - Tools that guide evaluation of current practices
  - Resources to assist with policy and procedure development
  - Monitoring procedures for determining if planned change is occurring

Quality Improvement-Example

Pain: Facility Assessment Checklists

<table>
<thead>
<tr>
<th>Does your comprehensive pain assessment include all of the elements below?</th>
<th>Yes</th>
<th>No</th>
<th>Person Responsible</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does it include the older adult's pain control goals?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a comprehensive pain history?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Pain severity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Location of the pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Radiation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Associated conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. History of pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Pain assessment procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Pain management plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Pain treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Pain control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Pain level measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Pain intensity measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Pain duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Pain frequency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Pain intensity measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Pain severity measured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Pain location</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Pain quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. Pain behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s. Pain response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from work developed by the QIO program from CMS NHQI and is intended as general information.

Quality Improvement-Example

PAIN AUDIT CHECKLISTS

Audit Points - Audit 6.16 on 16/10 of older adult charts

<table>
<thead>
<tr>
<th>Audit Points</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the assessment timeframe and the assessment timeframe was the assessment timeframe completed within 24 hours of admission?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Was the older adult assessed for cognitive status and was the correct comprehensive assessment form used?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was the comprehensive assessment completed appropriately?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resources

- Provides access to key resources that are important for those focused on quality pain care in a LTC.
- This section provides:
  - Clinical Practice Guidelines
  - Federal Regulations
  - Organizations and Web resources

Resources - Example

HPNA Function Statement Pain Management

Background

Pain is a common symptom in most progressive, life-limiting diseases. Pain is difficult to define; it involves subjective aspects such as emotional and spiritual experiences. Pain is subjective, privacy is an integral element of care. Each individual's experience with pain is unique. The ability to understand an individual's pain is influenced by cultural, religious, and personal beliefs.

As a major symptom for adults and children with cancer, pain has been well-documented. Pain in patients with advanced cancer can be controlled with medication. A pain assessment and management plan are developed to address the patient's needs. Treatment options for pain management include medications, non-pharmacological interventions, and palliative care. The goal is to improve the patient's quality of life by minimizing pain and its impact on daily activities.

Organizations and Web Resources

- Advancing Excellence in American’s Nursing Homes
- American Association of Homes and Services for the Aging
- American Association of Nurse Assessment Coordinators (AANAC)
- American Geriatrics Society (AGS)
- American Health Care Association (AHCA)
MDS 3.0

This section provides:

- PowerPoint and videos trainings related to the MDS 3.0 Pain Section (Section J)
- PDF and word version of the MDS 3.0 Section J

Phase II Work

- Additional EBP Resources
  - Fast Facts
  - Pain Management Guides
  - Case Studies
  - Tab for prescribers
- Pain Competencies and Evaluation Exam
- Community Discussion Forum
- Announcements
- Expert Consultation List
Additional Resources: Example

Geriatric Pain Management Guide

Abdominal Pain

Definition: Sudden, abrupt onset of abdominal pain that may or may not be associated with nausea and vomiting.

Discussion: Older adults with acute abdominal pain are at high risk for serious illness and require careful evaluation. Older adults are more difficult to diagnose. Various medications and lack of normal physiological responses (e.g., tachycardia may be absent despite infection or dehydration) make evaluation more challenging. Confusion, poor hearing and vision may also make exams more difficult. Certain co-morbidities may confuse or hide the appearance of symptoms. Older adults respond differently to physiological processes. Accurate and timely assessment and communication from the nurse is essential to help the physician determine the appropriate action.

Additional Resources: Example

Geriatric Pain Management Guide

Physical Exam: At minimum, nurses should listen to each quadrant for bowel sounds then palpate the abdomen to determine if there is pain and where it is located. Auscultate bowel sounds for normal versus abnormal or other abnormalities. Also, ask if pain is worse when pressing in or letting go, include that description when reporting to practitioner.

Initial Nursing Care: Initial nursing care starts with good assessment. If patient has orders for symptomatic treatment for specific symptoms, initiate those treatments or administer medicines. Frequently, initial treatments will be to keep patient NPO or hold solid feedings. Positioning may be helpful. Skills or modified Skills. Report symptoms to practitioner if not resolved in a reasonable timeframe.

Communication (DSAR):
- Situation: What is happening at present time? Describe acute abdominal pain, specific symptoms such as presence of nausea or vomiting, vital signs, intake, degree of pain, etc.
- Data: Collect pertinent data. Include history of present illness, present medication, allergies, etc.
- Assessment: What led up to this situation? Food intake (i.e., spicy) or lack of food intake? Recent or prior gastrointestinal symptoms? Assess for additional risk factors: i.e., recent travel to foreign areas, recent use of antibiotics, recent exposure to potential pathogens.
- Recommendation: What should be done to correct this problem? Treat, add, remove or tests, notify, other?

Pain Competencies & Exam

- 19 Geriatric Pain Competencies developed by Competency Workgroup
- 47 multiple choice questions (case study format) drafted based on Pain Competencies
- Competencies and questions sent to 6 National Experts in Geriatric Pain
- Questions adapted based on expert feedback
- Updated list of questions pilot tested by LTC nurses from different regions of the country
- Psychometric properties of exam determined
Geriatric Pain Competencies

1. Explain & apply information to clarify common misconceptions about pain in older adults & the barriers to effective treatment.

2. Explain the etiologies and characteristics of, and differences in treatment for, nociceptive and neuropathic pain.

3. Explain potential consequences of untreated pain specific to older adults.


5. Describe approach to identifying and evaluating pain in cognitively impaired older adults, including selecting and using valid and reliable pain assessment tools.

6. Recognize verbal & nonverbal behaviors which can be indicative of pain in a cognitively impaired person.

7. Apply information about specific physiological age-related factors that influence the assessment and management of pain in older adults.

8. Develop & implement an individualized treatment plan for managing pain based on assessment, functional and cognitive abilities, and the older person’s pain treatment goals.

9. Evaluate the effectiveness of an individualized treatment plan for pain & adapt the plan based on changing pain assessment data.

10. Identify appropriate analgesic drugs and doses, taking into account the physiological changes commonly seen in older individuals and interactions with other prescribed and over-the-counter medications.

11. Identify medications that should be avoided or used with caution in older adults and explain their adverse effects.

12. Identify & implement treatment strategies to avoid the adverse effects of analgesic drugs in older adults with renal & hepatic impairment.

13. Recognize common side effects of opioids and apply treatment strategies to prevent, minimize and/or treat side effects.

14. Identify characteristics of older adults at risk for adverse effects of prolonged use of NSAIDs.

15. Incorporate appropriate adjuvant drugs into the treatment plan for select painful conditions.

16. Select appropriate non-pharmacological pain treatment strategies tailored to the unique needs, abilities & preferences of the older adult.

17. Explain the role of the interdisciplinary team in pain management.

18. Advocate for timely and appropriate treatment of pain for all older adults in the long-term care setting.

19. Articulate accreditation and regulatory requirements pertinent to long-term care settings related to pain management.

Community Discussion Forum

- Platform for nurses and other healthcare professionals to bring questions, participate in case-studies, and share experiences and expertise
- Focus on pain management in older adults in LTC
- Facilitated by PhD prepared RN with experience in pain management in the LTC setting
  - General Questions
  - Sharing Experiences
  - Case Study
Announcement: Examples

- Balancing the Use of Guidelines & Individualized Care
- Early success with use of transdermal lidocaine as primary patch analgesia after joint replacement
- FDA Announcement Regarding Acetaminophen in prescription drugs
- Pain Management in Older Adults receives recent attention by the FDA
- MDS 3.0 Transition to begin October 2010

Expert Consultation List

- List of individuals who are available to provide expert information and consultation on pain related issues in LTC Settings
- Sigma Theta Tau International Speakers Bureau
  - Created as resource to provide nursing expertise to professional organizations on a wide-range of topics
  - Two main functions of the Speakers Bureau:
    - Register to be a speaker
    - Search for a speaker
- http://www.sttispeakersbureau.org/

Implications for Practice

- Exam to be used by NH to establish baseline pain knowledge of nurses
- Provides current EBPs ready to be downloaded and used
- Provides resources for training on EBP pain assessment and management
- Sustainable and will be updated regularly as new resources are available by STTI
Suggestions and Feedback

☐ Comments about GeriatricPain.org are welcome and encouraged
☐ Consider sharing your thoughts on what additional resources are needed
☐ Volunteer to contribute to future development

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