Pain Assessment and Management:
Case Studies

Case 1:

E.M. is a 90-year old female with moderate dementia, osteoporosis, history of fractured right hip, CVA with left hemiplegia and contractures involving the LLE. Her medications include aricept, aspirin (81 mg) and prn medications per facility standing orders. She usually understands staff and can express her needs/desires verbally. She is usually cooperative with cares. Over a three day interval, she has become combative with cares especially transfers, dressing, and bathing.

Initial Questions:

1. **What would you include in assessment?**
2. **How would you respond to this?**
3. **What is your plan?**
4. **Are there issues with medication?**
5. **Can you offer a prn pain med routinely?**

Intervention:

1. **How will you monitor her response?**
2. **How will you reassess?**
3. **Where will this be documented?**
4. **How will it be communicated, e.g., to other staff, to the MD/NP, to the family?**

Case 2:

J.W. is a 75 year-old male with type II diabetes mellitus, peripheral neuropathy, hypertension, obesity, peripheral vascular diseases, moderately severe dementia, and long-standing schizophrenia. He is non-ambulatory due to bilateral BKAs. His medications include glucotrol, lisinopril, risperdal, ASA (325 mg), amitryptyline and prn medications from facility's standing orders. The staff anticipates most of his needs. He has frequent episodes of physical and verbal abuse.

Initial Questions:

1. **What would you include in assessment?**
2. **How would you respond to this?**
3. **What is your plan?**
4. **Are there issues with medication?**
5. **Can you offer a prn pain med routinely?**

Intervention:

1. **How will you monitor his response?**
2. **How will you reassess?**
3. **Where will this be documented?**
4. **How will it be communicated, i.e., to other staff, to the MD/NP, to the family?**

Systems Issues:

1. **What do you see as barriers in your system to recommending and implementing new changes?**
2. **How will you address these barriers?**
3. **What evidence would you give the physician to help in this decision?**
4. **How will you evaluate the plan?**
5. **How often will you reassess?**

Case 3:

M.L. is a 78 year-old resident who has lived in the facility for five years since a fall in his own home led to a hip fracture. He suffers from moderate dementia, mild congestive heart failure, diabetes, peripheral neuropathy and diffuse arthritis from multiple injuries suffered in his earlier life. He is not able to ambulate due to profound PN and joint deformities. He has been able to cooperate with cares and has been easily redirectable. He does not typically communicate his needs. Staff anticipates his toileting, assists with dressing and grooming, provides help with transfers and feeding. He is able to wheel his wheelchair independently.

Over the past month, he has been combative with staff during cares, especially with dressings and transfers. Approximately five weeks ago, the patient fell when attempting to transfer independently out of the wheelchair. Assessment at the time of the fall indicated stable vital signs and no apparent injury on examination.

Initial Questions:

1. **What would you include in M.L.'s assessment?**
2. **What do you think is causing behavior?**
3. **How would you respond to this?**
4. **What is your plan?**
5. **How would you evaluate his medications?**

Intervention:

1. **Describe your possible intervention.**
2. **How will you reassess?**
3. **Where will this be documented?**
4. **How will it be communicated, i.e., to other staff, to the MD/NP, to the family?**

Systems Issues:

1. **From a systems standpoint, what can you implement to prevent a fractures from going undiagnosed for a month?**
2. **What would you put in place to evaluate potential pain following falls?**
3. **Who would implement this?**
4. **How would your system track or monitor this?**