

Pain: Key Care Plan Approaches

Pharmacological Management

- Individualize the regime to the resident.
- Use the simplest dosage schedule and least invasive treatment modalities first (i.e., oral versus intravenous medications).
- Pharmacologic management of mild to moderate pain may include a non-steroidal anti-inflammatory drug (NSAID) or acetaminophen, unless contraindicated.
- When pain persists or increases, an opioid is recommended.
- Treatment of persistent or moderate to severe pain may be based on increasing the opioid.
- It is recommended that medication be administered around the clock with additional “as needed doses”.
- Oral route is the preferred route of analgesic administration, if they can not take them orally then rectal and transdermal routes may be considered.
- Monitor for side effects of the medication.
- Since constipation is an anticipated problem with the use of pain medication, it is recommended that it be treated prophylactically and monitored constantly.
- When a resident is transferred from one setting to another, communication about pain management history is recommended.
- **Medication not Recommended:**
 - Indomethacin, piroxicam, tolmentin, meclofenamate.
 - Propoxyphene, meperidin, Pentazocine, butorphanol

Adjuvant Drugs

- Corticosteroids: provide a range of effects including anti-inflammatory, anti-emetic activity, appetite stimulant and mood elevation.
- Anticonvulsants: are used to manage neuropathic pain, especially when the resident complains of burning pain.
- Antidepressants: Tricyclic antidepressants are useful as adjuvant analgesics in the management of neuropathic pain, as well as potentially enhancing opioid analgesia, and elevating mood. (Monitor carefully for anticholinergic adverse effects.)
- May be used as a complimentary treatment and is recommended not replace medication.
- Cutaneous stimulation techniques:
 - Hot/cold
 - Massage
 - Pressure or vibration
- Exercise
- Immobilization
- Transcutaneous electrical nerve stimulation (TENS)
- Acupuncture

Pain: Key Care Plan Approaches (Cont.)

Psychosocial Interventions:

- Relaxation and Imagery
- Distraction and reframing
- Psychotherapy
- Hypnosis
- Peer support groups
- Pastoral Counseling

Non-Pharmacologic Interventions, Invasive:

- Radiation Therapy
- Nerve Blocks
- Neurosurgery/Surgery

Education:

- Resident and Family education including:
 - The many misconceptions regarding pain and its treatment
 - Medications and adjuvant medications
 - Non-pharmacological management (physical and invasive)
 - Psychosocial interventions

Routine Care:

- Positioning
- Frequent Oral Care
- Prevention of pressure ulcers and contractures.
- One on one visits
- Emotional support to the resident and family
- Review advanced directives

Reassessment of Pain:

- It is recommended that on a daily basis, the resident's response to pain medication be monitored within an hour of receiving medication
- If the resident is complaining of worsening pain or new pain, it is recommended that a comprehensive assessment of pain be completed
- At regular intervals after starting the plan (quarterly and with significant changes)
- Adjust the plan of care as indicated