Pain Management
ACE Program

Purpose:
The purpose of this program is to create an interdisciplinary approach to managing the geriatric client in a skilled nursing facility that will address pain and the related loss of function through interventions within the scope of practice for physical, occupational and speech-language pathology services.

Prevalence of Pain:
Pain is frequently under recognized in the long term care setting but effects as many as 40-50% of long term care residents. It has been shown that 45 - 80% of residents require analgesics while yet as many as 26% of skilled nursing facility residents are in daily pain.

Consequences of Ongoing Pain:
Uncontrolled or undertreated pain may lead to devastating results. Individuals with chronic pain may experience:

- Falls or increased falls
- Interference with ADL's & IADL's
- Polypharmacy (multiple medication use)
- Cognitive impairment
- Social withdrawal
- Depression
- Increased risk of suicide
- Sleep disturbance
- Appetite disturbance /weight loss / malnutrition
- De-conditioning
- Slower progress in rehabilitation

Misperceptions which Lead to Under Reporting of Pain:

- Pain is a normal part of aging.
- Depression causes pain.
- All pain medications are addictive
- Pain means terminal illness.
- Treating pain is expensive.
- Admitting pain leads to tests, surgery & side effects.
- Admitting pain makes me a nuisance.

Caregiver Misperceptions which Lead to Under Treating of Pain:

- Non- verbal residents have no pain.
- Residents who have a "low threshold" of pain don't need treatment.
- Reports of pain should be ignored if a resident seems to be or is manipulating their environment by their pain.

Patient Identification

There are several ways to identify residents who may benefit from therapy services to address issues related to pain.

Observation: Observe residents within the facility. Do you see residents who are in their bed or room more? Do you hear residents moaning or calling out particularly when moving or being moved? Are their residents who's facial expression is tense or grimaced? Do you see residents who frequently shift their position in the chair or bed? Are you hearing other staff or family report that a resident just doesn't "want to" any more or that they "don't try" to help with their cares any longer? Do you see residents moving about slower or using their assistive devices more? Is there a resident who no longer eats in the dining room but now prefers their room?

Interview of Staff: Talk to facility staff and ask if they have observed any of the above behaviors or situations? Be sure to include the CNA-Med Techs and activity staff in your interviews. In addition, ask if there is a resident who is needing more assist with ADL's? Is there a resident who is late for meals, eating less or much slower and/or loosing weight? Do they work with a resident who no longer cares about their appearance? Do they know of a resident who seems to take "too much" pain medication or asks for their pain medication frequently before it may be given? Have they noticed a resident limping or leaning away from one side of the body or the other? Is someone walking less and using the wheelchair more?

Note: If you receive a verbal comment/report from nursing, it is OK to request they complete a therapy screen and/or create documentation because it will help support the need for therapy services.

Interview Family: When acceptable to the resident, appropriate and without disclosing the residents personal/protected information, talk with a resident's family and friends about any of the above issues. Frequently a patient/resident will have confided in a family member or provide more clarity to them than to their caregivers.

Become and Remain Acquainted with the Residents: Develop and maintain casual visiting relationships with the residents in your building/community. Take time to actually listen to them and discuss their responses to greetings such as "How are you?" A resident may confide in a person they see as outside of their care circle or who does not trigger their misperceptions.

Criteria for Patient Information

The following are potential criterion that may indicate therapy services are indicated:

- Need for narcotic medication
- Intolerance of pain medication and/or its side effects
- "Break through" pain despite medication
- Inability to communicate pain reliably
- Inability to utilize call light
- Reduced participation in facility activities, especially those previously enjoyed
- Limited tolerance to being out of bed and overall activity reduction
- Reduced appetite or intake related to pain
- Difficulty in transferring on and off of toilet or commode
- Difficulty in managing clothing during toileting
- Decreased ability to bathe self
- Decreased ability to dress self
- Difficulty transferring to and from or in and out of bed
- Difficulty walking, antalgic pattern, increased assist or increased use of device
- Incidence of falls
- Excessive time required for ADLs and/or mobility

Review of Medical Record:

1. *Nursing Notes* - Review the nursing notes to identify documentation related to the resident needing pain medication(s), additional assistance with ADL's or ambulation. Also, has the resident been experiencing falls, increased confusion, unexplained negative behaviors or refusing their restorative program?
2. MDS (Minimum Data Set) - When providing therapy services to long term residents of a skilled nursing facility, there are several key areas on the MDS to check to see if there has been a change in a residents status. A change in score or a difference in current status to previous status will signify a change in the condition of the resident and help support the intervention of therapy services.
    - Section B 2, 3, 4, 5, 6 (Cognitive Patterns)
    - Section C 2, 3, 5, 6, 7 (Communication/Hearing Patterns)
    - Section E 1, 2, 3, 4 (Mood and Behavior Patterns)
    - Section G 1 - 9 (Physical Functioning and Structural Problems)
    - Section J 1-4 (Health Conditions)
    - Section M 1, 6 (Skin Condition)
    - Section N 2 (Activity Pursuit Patterns)
    - Section O 1 (Medications)
    - Section Q 2 (Discharge Potential and Overall Status)

Quality Indicators Review: - Review the following quality indicators:

1. Prevalence of falls (1.1)
2. Residents who have become more depressed or anxious (2.1)

3. Prevalence of symptoms of depression without antidepressant therapy (2.3)
4. Use of 9 or more different medications (3.1)
5. Incidence of cognitive impairment (4.1)
6. Residents who lose too much weight (7.1)
7. Residents who have moderate to severe pain (8.1)
8. Residents whose need for help with daily activities has increased (9.1)
9. Residents whose ability to move in and around their room got worse (9.3)
10. Incidence of decline in ROM (9.4)
11. Residents who were physically restrained (11.1)
12. Prevalence of little or no activity (11.2)
13. Short-stay residents who had moderate to severe pain (13.2)

THERAPY ROLE AND INTERVENTION

Potential Assessments, Interventions and Plan of Care

The plan of care for each resident is individualized to their own deficits and impairments. The following are possible interventions that could be utilized when addressing pain and the related loss of the function. Coordination with the nursing staff should occur in regards to pain medications, side effects and schedule.

- Pain assessment:
  - Intensity
  - Quality/description
  - Location
  - Pattern
  - Impact on activity and quality of life
- Identification of the underlying impairments related to their pain and loss of function
- Asses ability to communicate pain and related needs
- Assess ability to use call light (understanding and mechanical ability)
- Assess range of motion limitations and compare to normal values for passive and active ROM for the appropriate age group. Use a goniometer and be sure to position the patient in the appropriate neutral position prior to recording a reading. Watch for substitutions and compensations.
- Asses strength and compare to normal values
- Assess how the limitations in range in motion and strength impact upon ADL and mobility
- Assess tone for abnormalities that need to be taken into account when determining the appropriate interventions
- Assess all areas of ADL performance including, but not limited to feeding, dressing, bathing, toileting, hygiene and grooming.
- Assess all areas of mobility including but not limited to ambulation, transfers, balance bed mobility and activity tolerance

- Utilize short wave diathermy, ultrasound and electrical stimulation to supplement/augment the other therapy interventions
- Consider therapeutic exercise, neuro re-ed/balance, gait training and resistive strength building to increase strength of muscle groups for joint mobility, stability and function.
- Address all positioning needs including sitting and in bed
- Address sitting or standing balance issues
- Educate and train the resident and staff in the patient's activity abilities and limitations in respect to their pain
- If neurological impairments exists, use techniques to re-train for coordinated movement

Documentation and Coding

1. *Common Codes to Bill*
    - 97003 OT Evaluation
    - 97001 PT Evaluation
    - 92506 Evaluation of speech, language voice
    - 92507 Treatment of speech language voice
    - 97532 Development of cognitive skills
    - 97112 Neuromuscular Re-ed
    - 97116 Gait training
    - 97530 Therapeutic Activities
    - 97110 Therapeutic Exercise
    - 97024 Diathermy
    - 97035 Ultrasound
    - G0283 Unattended E-stim (non-wound)
    - 97535 ADL Retraining
    - 97537 Community Work Reintegration

2. *Documentation Pointers*
    - Associate the patient's pain to loss of function.
    - Establish goals which are function related.
    - Document progress and establish goals based on consistent performance or the task as measured by multiple trials.
    - Tie your skilled interventions to the goal. For example, if you are using diathermy for pain reduction or to increase ROM, document the result on function such as ability to transfer, dress self, or attend activities.
    - If recommending a program for nursing to carryover, clearly indicate the content of the program, who was trained, their response to carryover, any skilled teaching or cueing you provided to ensure appropriate performance or application.

3. *Goal Suggestions*

    GOOD GOALS:

- Pt to experience pain reduction to 2/10 of the R hip during ambulation to allow for independent ambulation to/from toilet 3 consecutive days rather than dependence on wheelchair in 4 weeks.
- Pt. to experience elimination of R hip pain to allow for flex forward at hips 3/3 trials in preparation for doffing pants with SBA in two weeks.

BAD GOALS:

- R hip pain reduction to 2/10.
- Decrease patient pain to allow for increased activity.
- Decrease patient pain to allow for dressing.

Pain Management Program

What are the Problems of Pain?

- Prevalence - Increased prevalence in long term care elderly vs. community elderly. As much as 26% of long term care residents experience daily pain
- Consequences of Pain
    - Increased falls
    - Reduced ambulation
    - Interference with ADLs
    - Interference with IADLs
    - Cognitive impairment
    - Need for multiple medications
    - Social withdrawal
    - Sleep disturbance
    - Appetite disturbance and weight loss

Why might residents not report their pain? Residents may believe that:

- Pain is a normal part of aging.
- Depression causes pain.
- All pain medications are addictive.
- Pain "means" terminal illness.
- Treating pain is expensive.
- Admitting that I have pain leads to tests, surgery & side effects.
- Admitting that I have pain makes me a nuisance.

Why might staff not respond to a resident reporting pain:

- All the above reasons plus . . .the belief that
- Non- verbal residents have no pain.
- Residents who have a "low threshold" of pain don't need treatment.
- Reports of pain should be ignored if a resident is manipulating their environment by their pain.

What are signs that a patient may be having problems related to pain?

- Reduction in activity participation
- Becomes more private/reclusive in room
- Loss of appetite
- Poor sleep
- Agitated and/or irritable
- Demonstrates greater difficulty in ambulation, mobility and ADLs
- Experiences falls
- Requires multiple pain medications
- Suffers from negative side effects of pain medication
- Refuses pain medication despite complaining of pain

What can you do if you think a resident may need better pain control?

- Tell the nurse the problems you observed and ask them to document it in medical record
- Tell a member of the therapy team or leave a note in their mailbox
- Write what you saw on the 24 hour report
- Bring it up for discussion at morning report or other patient related meeting

What can therapy do to help these residents?

- Evaluate the resident to see what they are able to do
- Provide treatment to reduce their pain and increase their mobility to help them be as independent and comfortable as possible
- Provide appropriate seating to reduce pain and allow for greater up time and activity participation
- Assist with the residents ability to communicate and be understood in regards to their pain
- Identify adaptive equipment including walking devices, reachers, sock aides, etc. to reduce/prevent pain and help the resident do as much for themselves as able
- Make recommendations for specific setup and assist strategies to help the resident do as much for themselves as they can
- Design a strengthening, coordination and mobility program to increase the resident's independence and ability to participate in activities meaningful to them

Any questions?

Pain Management Program Quiz
ACE Program

1. Which of the following may be demonstrated by people with chronic pain?
    a. Decreased Appetite
    b. Depression
    c. Increased Falls
    d. Cognitive Impairment
    e. All of the above

2. True or False – Pain is a normal part of aging.

3. True of False -- All pain medications are addictive.

4. What should you do when a resident is unable to verbally communicate?
    a. Assume they have no pain
    b. Give them extra pain medication just in case
    c. Assess the resident's non-verbal communication
    d. Consider generating a SLP therapy screen.
    e. All of the above
    f. C and D only

Name:_____ Shift:_____