PAIN MANAGEMENT... WHAT YOU NEED TO KNOW

PAIN IS PREVALENT AND HAS SUBSTANTIAL IMPACT ON HEALTH AND WELL-BEING.

70-80% of nursing home residents have significant pain while patients with dementia have especially high rates of untreated pain.

KEYS TO RECOGNIZING PAIN

- Everyone should be alert to signs of pain.
- Appropriate pain treatment requires accurate and timely pain assessment.
- All staff, and even family members, should be involved.

WORDS COMMONLY USED TO DESCRIBE PAIN:

Sore, aching, burning, stabbing, tingling, shooting and throbbing.

NON-VERBAL SIGNS OF PAIN:

Confusion, restlessness, pacing, guarding, pulling away, grimacing, moaning, crying, irritability, swearing, appetite changes, lack of interest in activities, inability to sleep and being unusually quiet.

TIPS ON APPROPRIATE USE OF ANALGESICS IN THE ELDERLY

- **Fentanyl:** Use of fentanyl patches should be reserved as second-line for chronic severe pain where oral opioids are not tolerated. When switching to fentanyl patches, residents should be taking an equivalent of morphine 60 mg daily as a scheduled dose for at least one week. Allow at least six days of use before increasing the dose. Avoid exposure to sources of heat such as heating pads as higher temperatures can increase drug absorption.
- **Avoid meperidine** due to its association with higher risk of delirium and short analgesic activity.
- **Avoid chronic NSAIDs** in the elderly unless other non-opioid options are not effective. Assess the need for a gastroprotective agent such as a PPI if chronic use is necessary. Always anticipate and plan to prevent adverse effects associated with opioid therapy (e.g. constipation).
- **Acetaminophen**: Consider all sources of acetaminophen (e.g. prn and combination products) to ensure maximum daily dose does not exceed 3.2g/day.
- **Falls**: With dose changes, monitor for falls during the first 1 – 7 days of a dose change.

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References available upon request.