



Pain Management in Residential Aged Care

Pain is not a normal part of getting older. Ageing does not cause pain: disease or health conditions cause pain. We can treat and manage pain successfully for most older people. It is not always possible to eliminate pain 100%, but it can be reduced to acceptable levels. Managing pain is important to reduce the impact of pain on one's life.

STEPS IN PAIN MANAGEMENT

The staff and health professionals will treat and manage pain using 4 steps:

1. Identifying pain

2. Assessing pain

3. Treating pain

4. Monitoring pain

1. Identifying pain

The easiest way to know if someone is in pain is to ask them. This can be difficult if the person has memory or communication problems, such as dementia. In these cases, we rely on the observations of families, friends and care workers - anyone who knows the person well and who is likely to notice behaviours or 'red flags' that suggest a person is in pain.



Some 'red flags' to look out for are:

- Facial expressions such as grimacing or frowning.
- Making sounds such as sighing, moaning or calling out.
- Being tense or rigid, fidgeting or walking strangely.
- Becoming aggressive, withdrawn, confused or upset.

- Physical changes such as sweating, or changes in temperature, pulse, or blood pressure.

These 'red flags' may mean many things other than pain, but it needs investigating. If you notice anything about your family member that makes you think that they are in pain, talk to the staff and let them know. Family will often spot things that others may miss - you have known this person for a long time and are familiar with the way they act.

2. Assessing pain

When staff suspect pain, they will conduct a more detailed pain assessment. The staff will also complete regular pain checks for all residents. These checks may include asking the resident a series of questions about pain and its impact. For residents with communication problems or dementia, staff may depend upon observing the resident. Staff may ask you questions, too. This helps working out what sort of treatment is needed.

3. Treating pain

There are a large number of options to manage a person's pain and help keep them comfortable. You may know about different types of pain medicines that are used. But pain management often needs treatments other than medicine. A treatment and goal plan should be created by staff in collaboration with the resident and their family. The resident should be engaged as much as possible in their own treatment. You can help by telling staff what may have been helpful for the resident and their pain in the past, as well as the resident's routines, likes and dislikes, how they coped in the past, and

personal stories. This helps staff to create the best pain management plan for the resident.

Treating pain without medicine

There are many effective ways of treating pain that don't require medicines. Some of these options may be familiar, and include the following:

Exercise and movement

Strengthening muscles and joints can prevent and improve pain. Exercise also improves mood and increases socialising with others. A physiotherapist can help design a suitable exercise program.

Psychological and educational

Psychological approaches such as mindfulness meditation, relaxation and addressing unhelpful thoughts about pain may help to relieve pain.

Complementary approaches

Therapies such as reflexology, acupuncture or herbal supplements can be beneficial. These are not often routinely offered in facilities, but may be arranged on request.

Sleep

Pain affects sleep and poor sleep can make the pain worse. Staff will support residents with their sleep.

Nutrition

Good nutrition and hydration is important for managing pain. Poor nutrition can worsen pain, while good nutrition can improve it.

Treating pain with medicine

Many medicines are useful to help treat pain. The doctor will recommend a medication based on the cause of the pain, general health, other medicines being taken and many other things. Sometimes a few medications have to be tried before a treatment is found that helps the pain. The aim with medication is always to treat the pain without causing too many side effects. If a medicine is used that you are not familiar with, check with the doctor or nurse to see why it is being used.

Common medications used for pain include:

Paracetamol

Paracetamol is most commonly used for pain in older people. Brand names include Panadol, Panamax etc. Often used for pain related to joints, muscles and bones. It is generally very safe and very little side effects.

Anti-inflammatory drugs

Also used to treat pain in joints, muscles and bones. Brand names include Naproxen, Ibuprofen, Voltaren etc. Can cause side effects including stomach ulcers and fluid retention, so side effects are closely looked at.

Opioids

Used for more severe pain. These include medicines like codeine, morphine and fentanyl. These are safe and effective when used as prescribed. Side effects can include constipation, nausea and drowsiness and should be closely monitored and treated.

Adjuvant analgesics

Include antidepressant and anti-epileptic medications. Can be useful for treating some kinds of pain such as diabetic neuropathy.

Topical agents

Creams and patches that can be applied externally can help with some types of pain, including osteoarthritis of the knee or hand.

Over-the-counter medications are drugs that the aged care facility did not provide. They are often bought at a pharmacy or chemist. If a resident is using over-the-counter medications, then you must inform the aged care staff. Staff can then make sure that the resident is not accidentally exceeding safe drug levels or that these over-the-counter medications will affect other medications being used.

4. Monitoring pain

Monitoring is regularly checking to see if the treatment is working. After a treatment plan has been created and the resident commences treatments, staff will monitor how their pain is changing and assess whether treatments are making any improvement.