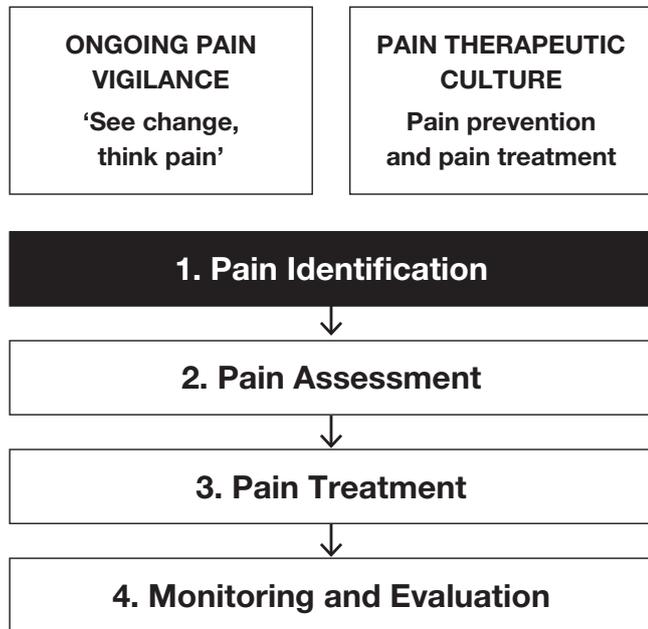


Pain Identification



Identifying Pain

Always be aware of the possibility that a resident may be in pain. Some residents will be able to communicate their pain, while some will not. All staff have a responsibility to identify residents in pain. A **pain vigilant culture** within each facility is crucial. Pain vigilance is when all staff are constantly mindful of pain and work as a team to identify pain in a timely way. Encourage all staff, including care workers, to believe that pain is everybody’s business.

Staff need to ask residents regularly if they are experiencing pain, and ask in different ways (e.g. by using words like uncomfortable, sore, hurting etc.). Forming quality relationships with residents is helpful; they may be more comfortable to talk about their pain with someone they trust.

Opportunities for pain identification

Active pain vigilance should be practiced when residents are both at rest and during movement (e.g. during transfers), and at all times of the day and night. Take note of when:

- A resident expresses concern about their level of pain
- A resident has experienced a potentially painful procedure or care regime that might trigger or exacerbate pain

Self-report is the gold standard of pain identification.

Key summary

- **Pain identification** refers to the ways in which anyone notices that a resident may be in pain. Practicing **pain vigilance** means that staff are always on the look-out for signs of pain.
- **All staff, residents and family members** play a role in helping to identify that pain is present.
- Residents will have different levels of being able to or wanting to talk about their pain. Staff need to be aware of different signs for pain (‘red flags’). Some residents may tell staff directly, but other residents (such as those living with dementia) will need closer observation to see when they show any ‘pain behaviours’.

Residents vary in their ability and willingness to talk about their pain.

This varies from those who:

- **Can** and **will** tell us when they have pain
- **Cannot** tell us because of cognitive or communication deficits
- **Will not** tell us by choice, or may express pain differently

Indirect report is helpful if a resident is unable or unwilling to communicate pain. Family and friends are a source of information about whether the resident is in pain.

Observation for 'pain behaviours' is also important, especially for residents who lack the ability to communicate. Pain behaviours are actions by the resident that may be a reaction to pain that they are experiencing.

Observe all residents for possible signs of pain¹:

- Facial expression
- Vocal sounds (like groaning or 'ouch')
- Body or limb movements that cause the above
- Changes in behaviour
- Changes in movement, for example if walking is more unsteady
- Changes in activity pattern or routine

Look for causes of pain or discomfort such as:

- Injury
- Pressure area
- Constipation
- Oral problems, e.g. tooth decay
- Fall has occurred recently

Some factors that may affect how well or willing residents are to talk about their pain include:

Residents' attitudes and beliefs about pain²:

- That pain is an expected part of ageing
- That pain may suggest worsening disease or damage
- That complaining is a negative thing
- That chronic pain can't change
- That physical, external signs of pain are more important than self-reporting
- That taking medication will lead to addiction
- That reporting pain will reduce permitted independence

Staff workloads

- Staff often feel too busy and pain identification is not a priority

Social diversity

- Lower educational levels
- Lower levels of health literacy
- Cultural, ethnic and linguistic differences

Cognitive and communicative impairments

- Dementia
- Hearing and vision loss
- Dysphasia (impaired ability to understand or use speech)
- Dysarthria (speech disorder associated with muscle weakness)
- Comorbidities (e.g. depression)

¹ See Printable Resources accompanying *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition* for behavioural signs of pain.

² Adapted from Table 6 of *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition*.

How do we identify pain?

