Case study 1: Mario

Introduction

Mario was born in Italy, and is one of five children. He met his wife, Francesca, and together they moved to Melbourne, Australia in their early 20s to begin a new life. Mario has two children, Sylvia and Marcus. Mario and Francesca loved cooking, growing vegetables in their garden, and feeding the visiting birds. Both Mario and Francesca can only speak some English, and often have their children translate when needed.

Mario was diagnosed with Parkinson's disease at age 78. He also had a diagnosis of Osteoarthritis. Francesca cared for Mario while his symptoms progressed until she was diagnosed with pancreatic cancer at aged 74 and died seven months later. Mario continued to live at home with support from Sylvia (Marcus lives interstate) and in-home care services for two years until he was admitted into the aged care facility at age 81. Sylvia and her children visit him regularly, and Marcus visits occasionally when he is in Victoria.

Admission and Pain Identification

Mario was 81 years old and had a diagnosis of Parkinson's disease when he was admitted to the residential aged care facility. Mario was diagnosed with Parkinson's disease when he was 78. On admission, Mario's daughter, Sylvia, told the nurse that Mario had limited English and was hard of hearing. Sylvia and her brother would often translate for Mario.

At this time, a comprehensive pain assessment was carried out for Mario (detailed in the assessment section of the PMG Toolkit 2nd Edition). At the time of admission, Mario reported some minor pain on movement. This was determined in consultation with the GP to be related to his Osteoarthritis and a treatment plan was developed including non-pharmacological therapies. Mario was given paracetamol before participating in any physical activity and this provided sufficient relief.

One month after Mario's admission, a PCA who had spent a lot of time with Mario noticed that he seemed to be becoming more withdrawn, was not moving around as much as usual, and was having trouble sleeping. The PCA tried to ask Mario if he was in pain using various words and signals, but Mario seemed confused and didn't understand the questions being asked. When Sylvia was visiting that afternoon, the PCA asked her to translate and speak to Mario. Mario admitted that he had pain in his lower back.

The PCA asked Sylvia to reassure Mario that the team at the facility would work with him to find the cause of the pain and to work out some strategies to help, and to encourage him to keep letting them know about his pain experiences so that they can help. The PCA documented what had been observed and what Mario had reported in his case notes, and also reported this information to a nurse on duty.

Pain Assessment

The pain assessment that was conducted on admission included an interview (Mario's children assisted with translation) and completion of the M-RVBPI. At admission, Mario reported that his pain was under control with his currently prescribed medications and that he was comfortable. The outcome of the assessment was clearly documented in Mario's case notes.

After the PCA notified the nurse about what was observed and what Mario had said indicating that he was in pain, the nurse

initiated another comprehensive pain assessment.

An interview was conducted with both of Mario's children present to translate. Mario was asked about the nature of his pain and how it was impacting on things like his sleep, mood, appetite and ability to do things. Mario described that he had sharp pains in his back as well as some aching that was quite severe at times. He said that it often interfered with his sleep and that he was hesitant to move around as much as normal because he was afraid the pain would get worse.

Because the M-RVBPI was used for Mario's pain assessment on admission, it was used again on this occasion for comparison. Results from the completion of this scale confirmed what Mario had said in the interview.

The nurse documented all information gained from the assessment, and passed it on to the GP. The GP also administered the King's Parkinson's Disease Pain Scale (KPPS) to assess aspects of Mario's pain specific to his disease.

A physiotherapist conducted physical examinations of Mario while he was at rest as well as while he was moving. As Parkinson's Disease and associated pain is quite complex, Mario was referred to the Parkinson's Disease Association for further consultation.

It was determined that Mario's pain was related to his Parkinson's disease diagnosis. Mario was already taking medication for this, primarily dopamine agonists. He was also taking paracetamol regularly before physical activity. It was apparent, however, that this treatment was no longer working to manage his pain sufficiently.

The nurse, GP, physiotherapist and PCA planned a meeting with Mario and his children to develop a comprehensive treatment plan.

Pain Treatment

During the meeting involving the multi-disciplinary care team, Mario and his children, a comprehensive treatment plan was created.

First, the group discussed and recorded Mario's goals to be achieved through pain treatment using the Pain Care Goal Plan template. His goals included feeling as comfortable as possible, improving sleep, and being able to participate in more activities.

A wide range of treatment options that didn't involve medication were discussed first. The physiotherapist conducted a physical assessment and scheduled a variety of physical therapies, including massage and a combination of strengthening and aerobic exercise.

The lifestyle coordinator arranged an activity plan to support Mario's exercise goals, including scheduled tai chi. Mario had loved to garden before he was admitted to the facility, so the lifestyle coordinator added him to the facility's gardening program.

Options for improving Mario's sleep were also discussed. It was advised that if Mario's pain treatment was successful, then his sleep should also improve. The team discussed a range of options for improving Mario's sleep routine in the meantime, including good sleep habits and adjusting Mario's room. The PCA would help to monitor Mario's sleep and help accordingly.

During the assessment, it was also identified that Mario was experiencing some ongoing mental distress due to his wife's passing. Some psychological treatments including counselling were discussed and planned.

The GP assessed Mario's options for medication. Mario would continue with his prescribed dopamine agonist medication to treat his Parkinson's disease. The GP also prescribed regularly scheduled (ATC) paracetamol to further treat his pain. Mario was also encouraged to share any feedback with the team on how he felt the pain

management plan was progressing toward his goals.

Monitoring and Evaluation of Pain Management

To monitor Mario's pain, the PCAs and nurses regularly observed his behaviour during the day and night and while he was both resting and moving. They also learned how to communicate questions about pain with Mario with assistance from his children to overcome the language barrier.

To monitor Mario's pain, the Numeric Rating Scale (NRS) (with visual aids to help with the language barrier) was used by a PCA every week until he was no longer experiencing burdensome pain.

Staff referred to Mario's Pain Care Goal Plan to regularly monitor his progress towards achieving his goals and ensure that the specified actions were taking place.

A pain assessment using the M-RVBPI was scheduled to be completed every three months. In the first 6 months after Mario's treatment plan was initiated, it appeared that Mario's pain was being managed well. He was regularly attending sessions with the physiotherapist, participating in exercise activities and doing gardening often. Mario was sleeping much better and socialising well with other residents.

After about 12 months, a PCA noticed that Mario was resting increasingly more than usual and that he was beginning to grimace when moving in and out of his chair and bed. The PCA asked Mario if he was in pain, and Mario indicated that he was. The PCA documented this and advised a nurse. The nurse notified Mario's children and initiated another comprehensive pain assessment.

Referring to the outcomes of the assessment, the nurse, GP and physiotherapist met to revise Mario's treatment plan. The GP discussed with Mario and his family about the benefits and potential harms of NSAIDs, and with their consent, prescribed a NSAID to enable him to participate comfortably in the short-term. This trial was for a time-limited period (one month, with careful monitoring).

PCAs were advised to be vigilant for any related side effects (e.g. signs of gastrointestinal bleeding, abdominal pain, dark stools, signs of impaired renal function including change in urine output, and fatigue oedema).

The Numeric Rating Scale (NRS) was again used by PCAs every week to assess Mario's pain.

Non-pharmacological options were expanded. The physiotherapist adjusted Mario's massage and exercise treatments. Creative activities that Mario enjoyed were adapted and mindfulness (relaxation) techniques explored. Mario expressed interest in trying acupuncture and started attending acupuncture sessions outside of the facility with a registered specialist in Chinese Medicine. The nurse provided some education to the care staff looking after Mario around how to best help him move during personal care. This was also documented in his case notes.

Mario's pain appeared to lessen to a level that Mario said he could manage. All staff took care to be especially vigilant for any signs of pain on an ongoing basis, and three-monthly assessments using the M-RVBPI were recommenced.