

NEW PATHWAYS IN THE HOME AND HOSPICE CARE ASSISTANCE “The Pain Relief”

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Communication, Pain, Management.

- Understand how the management of pain affects the quality of life of the AOUC resident.
- Develop an awareness of misconceptions and consequences of untreated pain.
- Recognize different types of pain and identify appropriate communication tools for each “type”.

Understand that all team members have a role in assessment and treatment of pain;

- not only algologist
- not only psychologist
- = not only caregivers

Responsibility for Effective Pain Relief

- Pain is what a patient says it is.
- Pain is totally subjective.
- Patients do not always verbalize their pain but express it in other ways.
- Patients often have more than one source of pain.
- Increasing risk of drug interactions.

Pain Vs Experiences

- Pain is common at end of life as a result of arthritis, circulatory disorders, immobility, neuropathy, cancer and other age-related conditions.
- Everyone experiences pain differently.
- Older patients report pain differently.
- Institutionalized elderly are often stoic about pain.

Common Misconceptions about Pain

- The caregiver is the best judge of pain.
- A person with pain will always have obvious signs such as moaning, abnormal vital signs, or not eating.
- Pain is a normal part of aging.
- Addiction is common when opioid medications are prescribed.

Description of Pain attitudes

Pain is expected to have an end, with cure or with death.

- Aggressive treatment
- Addiction not a concern

Description of Pain attitudes (2)

Chronic Non-Malignant Pain

Pain has no predictable ending

- Difficult to find specific cause
- Often can't be cured
- Frequently undertreated

Signs and Methods

- Use proxy pain reporting-family, staff
- Be alert for behaviors that may indicate pain.
- Facial expressions
- Physical movements
- Vocalizations
- Social changes
- Aggression

Requires facility staff to develop a comprehensive care plan to address pain:

“The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident’s medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment.”

Requires facility staff to meet the pain needs of the resident:

“Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.”

Conclusions

- One person's report of severe pain may seem like almost nothing compared to another.
- Caregiver's challenge is to assess all relevant factors without imposing personal biases.
- Resident's self-report of pain is the single most reliable indicator of pain.