One of the most common symptoms managed by hospice is pain.

Pain is

- A sensation that hurts – causing discomfort, distress or agony
- Difficult to define because the sensation is different for each individual
- Can be physical or spiritual
- Difficult to manage for many people, especially those over age 65

Assessment

- Take every report of pain seriously
- Assess the resident’s pain regularly
- Treat all pain according to physician orders - ask if it is effective
- Explore additional ways to manage pain (non-pharmacological)

Pain in the Confused Elderly Resident

- Can be difficult to assess
- May not be expressed verbally, so look for nonverbal cues
- Requires frequent assessment

Types of Pain

- Acute – temporary, serves a purpose to warn body and is obvious
- Chronic – long-term, comes on gradually, is difficult to describe and is not obvious
Types of Pain Continued

- Nocioceptive – Caused by tissue damage or injury, but nerves are normal*
  
  *Somatic – Parts you can consciously move: bone, joints, muscle
  
  *Visceral – Parts you have no active control over: heart, liver, pancreas, stomach
- Neuropathic – Caused by damage or disease that affects the nervous system

Treatment of Pain

“Start Low and Go Slow”

- PT/OT/Non-pharmacological methods
- NSAIDS/Tylenol
- Opioids (Morphine is the #1 opioid of choice unless there is renal failure)

How You Can Help:

- Listen to what the resident is telling you about their pain
- Watch for non-verbal cues: restlessness, rubbing, guarding, grimacing or rocking
- Use humor – laughter releases chemicals that act as a natural pain medication
- Assess pain regularly and take action with medication or non-pharmacological methods
- Document specific words your resident uses like sharp, dull, stabbing, tingly, aching and pounding