

All individuals have a right to effective pain management.

Pain Assessment:

- **Assess pain** – this is the most important component of pain management.
- Use a standard method that fits the individual's ability to communicate.
- **Use an interdisciplinary approach** to assess and manage pain.
- **Select treatments** which match the severity and type of pain
- **Anticipate, monitor and manage side effects**
- **Evaluate and document outcomes** of pain management
- **Document** assessment, treatment and monitoring of pain. Use a standard method to track pain.
- **Communicate** with the ordering PCP.

Safety:

- **Protect** the skin when applying heat or cold
- **Watch individual** for increased drowsiness
- **Caution** – opioids increase the chance of falls and other injuries
- **Be alert** for constipation or ileus when opioids are used.
- **Give NSAID medication with food** to avoid irritation of the stomach or intestines

What is Pain? The World Health Organization defines pain as “an unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage”.

- **Acute pain** is a normal response to injury. It is of short duration and is relieved by the healing process. It is common to see changes in vital signs, agitation and behaviors that guard against increasing the pain.
- **Chronic pain** lasts beyond the healing process and is often defined as pain lasting longer than 3 months. Chronic pain may or may not be associated with a specific disease state.
- **If pain is not treated**, it can lead to poor physical and psychological outcomes. Continuous unrelieved pain activates the pituitary-adrenal axis, which can suppress the immune system, slow wound healing and predispose individuals to cardiac ischemia and ileus. Unrelieved pain also reduces patient mobility, which can result in deep vein thrombosis, pneumonia or skin breakdown and again poor healing

Pain is uncomfortable. Some pain is brief and may serve as a warning (e.g., “pull your hand back from the fire”), or it can last well beyond the initial injury. Sometimes, testing can't find a cause for the pain. Some physical pain can be caused by emotional pain, and all pain can cause emotional distress.

Assess Pain Fully -

Determine the location, duration, intensity, description and aggravating or relieving factors.

- **Ask and listen:** *Where does it hurt? Is pain in more than one location? When did the pain start? How much does it hurt? (Scales help assess and track pain.) What does the pain feel like? What helps or does not help the pain?*
- **Assess** for functional impairment, psychosocial assessment beliefs and attitudes about pain (include family) and pain goals (are they realistic?)
 - Check pulse, respiration and BP (This is the least reliable measure of pain and intensity.)
- **Include the family, guardian and direct care staff** in the assessment, or past staff in the case of a new admission
- **Observe Behaviors**, such as facial expression, body movements, guarding, crying
- **Use the “Faces” pain scale** https://www.painedu.org/Downloads/NIPC/Pain_Assessment_Scales.pdf or Chronic Pain Scale for Nonverbal Adults with ID <http://www.pediatric-pain.ca/wp-content/uploads/2013/04/CPSNAID.pdf> or <http://wps.prenhall.com/wps/media/objects/3103/3178396/tools/flacc.pdf>
 - Pain assessment scales are tools. They may be easy for the clinician but may not fit the individual and oversimplify the pain. There is decreased reliability in persons with cognitive impairment or speech impairments
- **Behavioral Symptoms** may be a sign of pain. Always consider dental issues, arthritis or other possible causes of pain. **Consider emotional causes** for pain - but only after physical causes have been thoroughly assessed.
- **Include Behavioral Support** in assessment and pain management planning. An emotional disturbance might not present as a classical mental health problem such as depression or anxiety, but as a physical pain. It may also make an existing pain worse.

Advocate for Pain Relief - Individuals who cannot speak or have difficulty communicating about their pain are at greater risk for under-recognition and under-treatment of pain. This makes ongoing assessment, treatment and observation for adequate pain relief a primary focus for nursing, DSP and all members of the IDT. Direct care staff need training and descriptive health care plans to guide the pain detection and management. Effective communication between DSP and nursing is necessary for support, comfort and safety of a person with I/DD. Work with the SLP to assure the Communication Dictionary and other communication systems reflect if pain is occurring and if pain is relieved.

Manage Pain Effectively - Treatment is related to the source and the effectiveness of pain relief measures. More than one method may be needed.

- **Assure treatment of the underlying cause** of the pain – this is essential whenever a cause can be identified.
- **Non – drug measures**, such as physical therapy, ice, positioning, massage or relaxation methods.
- **Medications:**
 - Analgesics, such as acetaminophen and anti-inflammatories such aspirin.
 - Anti-inflammatory prescription medications include ibuprofen and other drugs to treat mild to moderate pain
 - Opioids, such as codeine, morphine, fentanyl and hydrocodone <http://www.webmd.com/pain-management/guide/narcotic-pain-medications#1>. **Monitor all persons on opioids carefully.** Opioids can cause constipation, falls and respiratory depression.

Always reassess to determine whether the treatments are effective and document what is seen. Call the practitioner for follow up if pain increases or if the treatment is not effective.

If the individual's condition deteriorates, take steps to obtain needed care, including emergency care if needed.

