

MDS Alert

MDS Nurses Want To Know: How To Use The MAR For Pain Coding And Management

Question: Can nurses just compare the pain medications recorded on the MAR as a guidepost for coding a resident's pain on the MDS?

Answer: Some nurses have said they actually code the MDS according to the medication given. For example, if nurses have administered a med for moderate pain, they then code moderate pain on the MDS. Yet it may be that a continuous medication ordered for moderate pain is actually keeping the resident comfortable so he is not having any pain. You code the level of pain perceived by the resident - and if he/she is comfortable on the pain regimen provided, you don't code the person as having pain.

Some facilities do use the MAR to record the intensity of a resident's pain at the time they administer a medication. Yet facilities should not try to manage chronic, serious pain with PRN meds where the resident's pain escalates to a moderate level before he calls out for relief. In managing pain, the goal should be to achieve a consistent level of comfort while maintaining as much function as possible. And the idea of using PRN meds and waiting until the pain gets to a moderate level before administering them isn't consistent with the current standard of clinical practice.

While the nurse should not code the MDS according to the intensity of pain for which the medication administered is given, the MAR certainly could be used to implement a comprehensive pain assessment and management procedure.

The assessed level of pain should be documented on the MAR according to a standardized pain scale every time the pain is assessed. In that case, the MDS nurse can code the MDS according to the pain levels reported on the MAR during the observation period (also using information from interviews with staff and the resident and other relevant chart documentation).

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