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MDS Alert

Pain Assessment: Follow 7 Tips To Ensure Pain Assessment Interview Flows Smoothly

Make sure you're coding J0850 this way.

You can make a lot of minor ⬜ and more serious ⬜ mistakes when coding Section J's Pain Assessment category. But with a few quick tips, you'll avoid the most common pitfalls.

Vary Your Vocabulary for Better Responses

Tip #1: Use other terms for "pain" if the resident seems hesitant or unsure. Many residents will use words like "stiffness" or "throbbing" instead of "pain," so you need to use the words that are comfortable for the resident in helping to understand while doing a pain assessment, said **Ann Spenard, MSN, RN, C**, vice president for operations at **Qualidigm**, based in Rocky Hill, CT, in a **Centers for Medicare & Medicaid Services** (CMS) instructional session.

"Pain is subjective, so it's not surprising that individuals refer to it in a variety of ways," states **Vanderbilt Center for Quality Aging** website. The resident may use other words for pain, such as aches, hurts, stabs, burning sensations, or a pinched feeling.

"Even if a resident responds to your questions in terms of 'pain,' you may want to try using other words like 'hurt' and 'ache' when conducting pain screenings and assessments to see whether the resident gives a different response," according to Vanderbilt. "Then use the most appropriate term in subsequent screenings and assessments. This may be especially helpful when screening communicative residents with mild to moderate cognitive impairment."

Example: If the resident says, "No, I haven't had pain, but I've had this terrible burning sensation all down my leg," you're going to code J0300B as 1 ⬜ yes. "So, that burning sensation equals pain," Spenard explained.

Prompt the Resident When Needed

Tip #2: If the resident isn't sure about whether he experienced pain during the look-back period, ask the resident to think about his most recent episode of pain, Spenard suggested. Then, try to determine whether this occurred during the five-day look-back period. Try to "help the resident to really think through about recent activities that they had and whether there was pain involved."

Keep in mind: A resident may limit his activities to avoid pain, so if he is reporting less pain frequency or no pain, this could reflect activity avoidance more so than effective pain management, according to CMS. A resident might tell you that he has no pain because he avoids sitting in a certain position that's uncomfortable, but he has pain anytime he moves into another position. You need to code that pain.

Tip #3: Don't offer definitions of response options for J0400 Pain Frequency. But you should use echoing to clarify the resident's answers, especially if he doesn't select one of the listed responses ⬜ "if you can help them to narrow it down,

you can do that," Spenard noted.

Reiterate what the resident told you about his pain frequency, and then try to help him narrow down his response based on the ones given in J0400. "So, you're not redefining it for them, but you're helping them to try to [specify] the frequency," Spenard said.

Stick with the More Frequent Response

Tip #4: If the resident is having trouble choosing between two responses for J0400, code the <u>more frequent</u> of the two."You're going to code the higher response," Spenard said. "We're not going for the lesser amount of pain; we're going to go for the higher amount of reported pain."

Tip #5: Switch from one scale to the other if the resident is unable to answer J0600 Pain Intensity. In this part, you can have the resident rate his pain on the Numeric Rating Scale or the Verbal Descriptor Scale. And depending on the resident, he might do better with one or the other, Spenard pointed out.

If the resident is unable to give a response when you ask where his pain rates on a scale of 0 to 10, don't automatically code 99. Instead, move on to the Verbal Descriptor Scale and try to elicit a response. A resident may not understand what you mean by ranking pain on a numeric scale, but he could better understand identifying his pain as mild, moderate, severe, or very severe, horrible.

Mistake: But don't code both questions ⬜ code only one of them and leave the other blank, CMS stresses.

When You Must Complete J0800

Tip #6: Complete the Staff Assessment for Pain only if the resident cannot communicate about his pain at all, CMS states. You can, however, complete the Pain Assessment Interview with the resident even if he cannot give verbal answers ⬜ written answers or other nonverbal answers using cue cards are acceptable for completing J0300. (See story on page 54.)

Tip #7: For J0850, don't code the number of times staff observed or documented indicators of pain. You need to gather from the medical record, staff interviews and your own observations how many days the resident had pain indicators. "This is not how many times we observed it but how many days," Spenard said.