

## MDS Alert

### TOOL: Give Your Staff's Pain Assessment Prowess a Check-Up

Consider using these vignettes to generate discussion about pain.

Would these scenarios trigger concerns that the residents are in pain? If not, look more closely, advised **Janelle Hackett, RN**, in a presentation at the American Association of Homes & Services for the Aging fall 2008 conference. You can also use the scenarios to generate discussion about pain assessment and management, she suggested.

Scenario No. 1: Mrs. L. has two hours of OT and PT. Her progress is slow, but she's making steady gains toward her goal to go home. When she returns to her room after therapy, she goes back to bed and refuses her supper meal. Staff tells her she has to eat if she is going to be able to go home.

Scenario No. 2: Mrs. G. has been unable to sleep through the night because of knee pain. She receives some pain medication once she alerts the nurse. The next day, the resident naps frequently in the chair while her family members visit.

Scenario No. 3: Mrs. S. is receiving antidepressants based on her social services evaluation following a depression screen that showed she had high scores for depression. She takes her antidepressant and tries to get comfortable in her chair. After several attempts to do so, she goes back to bed and sleeps through the evening meal.

Scenario No. 4: Mrs. H, who has dementia, has been uncooperative with care today. She lashes out and strikes at the nurse aid trying to assist her. She's having increasing difficulty walking around the facility. She's scheduled for a psych evaluation for her behavior.

Scenario No. 5: Mr. T. was admitted to a skilled unit for rehab today. He claims his pain is five out of five on a pain scale. Yet nurses observe him chatting and laughing so they hold off on his pain medication until he really seems to be in pain.

Analysis: The preceding examples reveal some of the factors that impact pain. As for the first scenario, some people won't tell you about their pain due to fear that doing so could delay their discharge to home, Hackett cautioned. And staff may play into this by the things they say. As for scenarios Nos. 2 and 3, pain affects a person's appetite, activity levels, and can cause depression and irritability. Staff should preempt patients having to ask for PRNs. And as scenario 4 suggests, pain can lead to behavioral symptoms, which are sometimes treated with psychoactive meds, Hackett noted. Also, you can't always tell whether someone is in pain by the way they act, Hackett pointed out.