

## OASIS Alert

### Item Focus: M1242: Watch Non-Verbal Cues for Accurate Pain Assessment

**Pain medication doesn't automatically mean your patient has interfering pain.**

You could be underscoring OASIS item M1242. Make certain you understand exactly what this pain assessment question is asking or risk up to four clinical points.

Establish the Basics

OASIS item M1242 asks you to assess the frequency with which pain interferes with your patient's activities, movement, and prescribed treatments.

Your response options for M1242 are:

- 0 -- Patient has no pain;
- 1 -- Patient has pain that does not interfere with activity or movement;
- 2 -- Less often than daily;
- 3 -- Daily but not constantly;
- 4 -- All of the time.

You should complete M1242 at start of care, resumption of care, follow-up, and discharge from agency (not to an inpatient facility).

Tip: M1242 isn't just asking whether the patient has pain, says **Ann Giles, RN, BSN, HCS-D, COS-C**, director of ICD-9 coding & OASIS review services with Biloxi, Miss.-based **PPS Plus Software**. This item is more than a measure of pain, it addresses the patient's functionality in response to the pain. M1242 asks if the patient has pain that interferes with activity or any prescribed treatments such as physical therapy, she says. And if the pain does affect activity, M1242 asks you to indicate how often the pain interferes.

Before you can respond to this item accurately, you must know how to identify pain that interferes with activity or movement. According to Northampton, Mass.-based **Fazzi Associates'** OASIS-C Best Practice Manual, such pain will:

- Cause activity to take longer to complete or movement to slow, be modified or postponed; or
- Require the additional assistance of another person or device; or
- Result in activity being performed less often than desired by the patient.

For example: Suppose you have a patient who used to knit all day, says Giles. Now, because of the pain caused by arthritis in her hands, she just knits in the morning. This pain is interfering with her activity.

Don't overlook: Take all your patient's activities into account when assessing for pain interfering, Giles says.

Sleeping is an activity. So if pain is waking your patient up at night, it is interfering with activity, she says.

#### Look at the Entire Time Period

When answering M1242, you should consider what is true the day of the assessment. That means you are reporting whether pain interfered with the patient's activities during the time you spend in the home conducting the assessment and during the 24 hours immediately preceding the visit. So, if your assessment was conducted at 1 p.m., you are looking at the time period from 1 p.m. yesterday until the end of your visit, Giles says.

Why is it important to consider the impact of pain that occurred before the assessment visit? It could be that as the day goes on and the patient gets more tired, the pain gets worse, Giles says. If that's the case, the pain may interfere more at night than it does in the morning. If you're doing your assessment in the morning and you don't dig to find out about the pain that occurred last night, you won't have an accurate response to this item.

### **Use Observation Skills**

Patients are often hesitant to accurately reveal the amount of pain they are experiencing, Giles says. Often the elderly population is scared to admit they are having pain because they don't want to go back to the hospital, visit the doctor, or take their pain medication for one reason or another, she says.

This reluctance for patients to admit they are experiencing pain is why it's so important to do more than just ask them about it. Observation is essential. Look for non-verbal cues such as grimacing, clenching of jaw, and frowning to determine whether pain is affecting a patient's activity, Giles says.

Assessment technique: Ask your patient to get out of his chair to get his medicine. As he is transferring, look at his face. Is he gritting his teeth, grimacing, frowning as he is doing this? These are all clues to help you answer M1242, Giles says.

### **Determine Frequency of Interference**

Once you know your patient is experiencing pain that causes her to restrict activity, you'll need to figure out how often the patient would perform that activity if she wasn't experiencing pain.

For example: Suppose your patient no longer vacuums because she has a torn rotator cuff. To accurately answer M1242, you'll need to find out how frequently she vacuumed before the pain, said **Deborah L. Chisholm, RN, BSN, CPHQ, COS-C**, with Redmond, Wash.-based **OASIS Answers** at the **OASIS Certificate and Competency Board's** 2011 Annual Conference in November. Your answer could be "2" or "3" depending on how often she used to vacuum.

### **Understand the Impact of Medication**

Just because a patient is taking prescription pain medication, you can't assume that he has pain interfering with activity. When you assess pain in a patient who is on pain medication, you can still answer "0" or "1" to indicate that the medication is working, Chisholm said.

When you see that your patient is taking pain medication, it should prompt you to ask more questions, Giles says. Pain that is well-controlled with treatment may not interfere with activity or movement at all.

However, most clients wait until pain is present, and sometimes until pain is severe, before taking their pain medication, says **Pat Jump**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. Such clients may very likely have pain interfering with activity or movement.