

OASIS Alert

Pain Assessment TELL ME IF THIS HURTS

Assessing a patient's pain can be a pain in itself, but with a few handy guidelines, your clinicians won't have to suffer when they complete an OASIS evaluation.

OASIS items such as M0420 and M0430 require clinicians to assess the type and frequency of a patient's pain, paying particular attention to how such pain seems to be affecting the patient's daily living activities. To help clinicians make such determinations with accuracy, home health agencies must "have a consistent tool in place for all clinicians," counsels Patti Johnston, a consultant with Positive Outcomes Inc. in The Woodlands, TX.

One of the most common methods for assessing pain is to ask patients to rate the intensity level of their pain on a scale of 1 to 10, with "10" usually indicating the most severe, intractable pain imaginable. If your agency employs a numeric scale, it's important to make sure that clinicians are applying it consistently and appropriately, cautions Rose Kimball of Dallas, TX-based Med-Care Administrative Services.

"I bet I could go into three different agencies on the same day and each one would be using [a numeric scale that's] somewhat different," comments Kimball. Some HHAs are likely to use a scale they've obtained at a workshop, while others might employ rating tools they've designed on their own, she states.

Kimball advises HHAs to ensure that their "clinicians are using the same grading scale when they talk about pain" — i.e., is one clinician's pain rating of "5" identical to another staff member's? Furthermore, agencies should know where they obtained the scale they use so that they might "be able to support it in a medical review situation," she suggests.

Kimball believes agencies that rely on numeric scales to rate pain should supplement this practice with specific questions that ask patients to describe both the type of pain and its intensity.

Clinicians can begin their pain assessments with questions such as: Do you have pain? Is your pain continuous? Is it throbbing? Is it dull? Is it piercing? Does it hurt only upon movement or activity? After the patient describes her pain, then the clinician can employ a numeric scale to gauge its intensity, she directs.

Consistency, however, is still the key, and Kimball recommends that HHAs equip their entire staff with the same set of descriptor questions for conducting pain assessments.

Handling the Silent Types

While scales and descriptors might seem the most obvious choices for assessing pain, Johnston urges HHAs to make sure clinicians know how to recognize both verbal and non-verbal signs of pain.

When dealing with patients who are either not lucid or otherwise unable to communicate, it's vital for your clinicians to be able to "ascertain nonverbal cues from the patient" to determine if and how much pain is present, she states.

Some non-verbal cues to look for include facial and body movements — is the patient grimacing, gritting her teeth or flinching? Other items to check for include an elevated blood pressure or heart rate, says Johnston.

Susan Beckner, an educator with Sharp Home Health in San Diego, reports that her agency has had success using pictures of smiling and frowning faces to rate the pain of non-verbal patients. Although often used for children, the "faces scale" presents to patients a graduated series of six different faces with various happy and sad expressions. Clinicians can then ask their patients to identify the face that they most closely associate with their level of pain, she explains.

Beckner also reminds agencies to consider the ethnic or cultural makeup of their patient population when conducting pain assessments. Some members of certain ethnic groups may not be open to discussing their own pain, she notes.

This has been an issue in San Diego, Beckner contends, where some Hispanic patients have been reluctant to describe their pain candidly to the clinician. Beckner states that her agency has been fortunate to employ a number of Hispanic nurses, which often makes it easier for the patient to be more forthcoming about their pain.