



# Evidence-Based Best Practice Pain Management Summary

## Pain Management System

Pain is a significant problem for many older adults and can lead to a decline in functionality, mobility, activity, sleep disturbances, depression, and overall poor quality of life. The key to a successful pain management program is open communication and collaboration with an interdisciplinary/interprofessional team (IDT/IPT) approach. The goal for pain management and the best possible outcome is the relief or control of pain.

**Online Toolkit:** [Pain Management | Texas Health and Human Services](#)

## Key Elements for Pain Assessment

Comprehensive pain assessments are completed:

- Upon admission or readmission
- Quarterly
- With a significant change in condition and as needed
- In the language the person understands

Comprehensive pain assessment documentation includes:

- Predisposing factors – etiology or definitive diagnosis; identified or suspected cause or condition
- Onset of pain – when the pain started (e.g., date if known, acute, chronic/persistent)
- Location of pain – where it hurts; identify each site
- Frequency of pain – how often the pain occurs (e.g., daily, less than daily, during different changes in weather, morning, afternoon, etc.)
- Duration of pain – how long the pain lasts (e.g., constant, intermittent, etc.) to help determine the effectiveness of interventions

- Description of pain – pain described in the person’s own words (e.g., sharp, dull, achy, radiating); type of pain experienced (e.g., nociceptive, neuropathic, mixed, unknown)
- Aggravating factors – what makes the pain worse (e.g., repositioning, cold, heat, movements)
- Relieving factors – what makes the pain better (e.g., repositioning, cold, heat, rest, medication)
- Validated pain scale(s) utilized – based on the person’s cognitive and verbal abilities
- Person’s acceptable level of pain and/or desired functional ability – if able to make known
- Current medications and results as applicable – identify medications currently used, effectiveness, side effects, or adverse drug interactions
- Current non-pharmacological interventions and results as applicable – identify current non-pharmacologic interventions currently used and effectiveness
- Previous medications and results as applicable – identify medications previously used, effectiveness, side effects or adverse drug reactions
- Previous non-pharmacological interventions and results as applicable – identify non-pharmacological interventions previously used and effectiveness
- Impact of pain on physical and psychosocial functioning – identify the impact of pain on ADLS, behaviors, mood, socialization, etc.

Pain re-evaluations/re-assessments using validated pain scale(s) are conducted:

- Before as needed (PRN) medications are given and after (preferably between the onset and duration of the medication or at the peak-effect of treatment)
- Before and after non-pharmacological interventions are implemented
- Based on the severity and chronicity of the pain (at least weekly) when utilizing routine medications or other non-pharmacological interventions

## **Key Elements for Care Plans**

A current care plan for pain management includes:

- Identified predisposing factors, problems, or needs

- SMART goals that are person-specific according to identified preferences, needs, and expectations or the person’s acceptable level of pain and/or desired functional ability if able to make known.
  - Specific – well defined, clear, unambiguous; using plain language with action verbs to clearly define the outcome
  - Measurable – with specific criteria that measure progress toward the accomplishment of the goal; quantifiable so that progress may be tracked
  - Achievable – attainable, realistic, within reach; breakdown more lofty goals into smaller more doable pieces
  - Relevant – goals should be aligned with the mission to relieve pain; worthwhile and meaningful to the person in pain
  - Time bound – deadline, date by which the goal will be achieved to evaluate success, revise or set new goals
- Prescribed medications for pain and potential side effects or adverse drug reactions
- Person-centered non-pharmacological interventions
  - Education regarding pain, pain treatments including the possible side effects, use of pain/behavioral scales and other issues that may affect pain management (cultural beliefs, fear of addiction, etc.)
  - Timing/frequency of pain assessments based on severity and chronicity of the person’s pain
  - Validated pain intensity/behavioral scale(s) utilized
  - Person-centered non-pharmacological interventions (such as massage, repositioning, heat pack, exercise)
  - When to notify the physician/practitioner if pain relief measures are ineffective
  - Laboratory or diagnostic testing for monitoring the underlying cause (if applicable) such as, CBC, A1C, x-rays, CT, MRI, or nerve tests to identify underlying disease or injuries
- Interdisciplinary team (IDT)/interprofessional team (IPT) involvement in the development of the pain management care plan

## Key Elements for Outcomes

- Prescribed pain medications are given, monitored, and evaluated for effectiveness, side effects, and adverse drug reactions at least weekly and as needed
- Person-centered non-pharmacological interventions are implemented, monitored, and evaluated for effectiveness at least weekly and as needed

## Key Elements for Facility-Wide Systems

- Facility-specific policies and procedures for person-centered pain management are in place, reviewed, and revised at least annually and as needed
- QAPI plans are utilized to address pain management
- All staff are trained on pain recognition and reporting is provided upon hire or rehire, at least annually, and as needed
- Licensed nursing staff are trained on pain assessment and management upon hire, rehire, at least annually, and as needed
- Adequate numbers of qualified staff are available to provide person-centered pain management

To submit feedback after a visit: [Quality Monitoring Visit Evaluation](#)

## References

- [GeriatricPain.org](#). (2023). The University of Iowa.
- *Pain Management in the Post-acute and Long-Term Care Setting: A Clinical Practice Guideline (CPG)*. (2021). The Society for Post-Acute and Long-Term Care Medicine. Columbia, MD.
- Boltz, M., Capezuti, E., et al. (2021). *Evidence-Based Geriatric Nursing Protocols for Best Practice* (6<sup>th</sup> ed.). New York: Springer Publishing.