Measuring of Pain

module 3

Halton Best Practice working group
The members of the Halton best practice working group are:

Mickey Turner RN CHPCN(c)
Palliative Care Consultant
Halton Peel Palliative Care Network
mturner@acclaimhealth.ca
www.hppcn.ca

Nancy Martin RN BHthSc BA
Director of Care
Burloak Long Term Care
NancyMartin@cplodges.com

Rena Carr RN, BScN,
Director of Resident Care,
CAMA Woodlands Nursing Home
doc.cama@bellnet.ca

Linda Wassink R.N
ADOC Billings Court Manor
lwassink@conmedhealth.com

Sonia Alves RPN
Billings Court Manor
lwassink@conmedhealth.com

Rebecca Fleck
Regional Stroke Community and Long Term Care Specialist
Hamilton Health Sciences, General Site
fleckr@hhsc.ca

Amy Rothwell, RN
Halton Region, Services for Seniors
Amy.Rothwell@halton.ca

Leah Sadler
Psychogeriatric Resource Consultant
Halton Geriatric Mental Health Outreach Program
lsadler@stjosham.on.ca

Barbara Murphy
Director of Care
The Brant Centre
bmurphy@chartwellreit.ca

Ruby Funnell
The Brant Centre
rfunnell@chartwellreit.ca

Pauline Dubéau, R.N.
Halton Region, Services for Seniors
Pauline.Dubeau@halton.ca

Carol Pereira M.S.W. R.S.W.
LTC Project Coordinator
Central South Regional Stroke Program
pereirac@hhsc.ca

Sara Ramlogan RN,
Halton Region, Services for Seniors
Sara.Ramlogan@halton.ca

Dale Bamforth, RN
aloft@extendicare.com

Jo-anna Gurd, General Manager
Village of Tansley Woods
jgurd@oakwoodretirement.com

Teresa Pitre
Consulting Pharmacist
tpitre@medicalpharmacies.com

Wendy MacDougal
Best Practice Co-ordinator
Long Term Care, Central West Region
Ministry of Health and Long Term Care
bpc@winstonpark.net
Measuring of Pain

module 3

The Halton Best Practice working group is pleased to share its work with you. We give you permission share this work with your staff and with others who wish to improve the quality of life of residents. We ask two things of you in return:

1. Please don’t make changes to the material without contacting us.
2. Please give us feedback on how the programme worked. Your input is welcome!
Measuring Pain

How is pain measured?

How can we measure what we do not see?
Measuring Pain

When residents can’t tell us about their pain, we need to believe their reports and act on them.

When they are unable to tell us about their pain, we need a tool to estimate it.
Measuring Pain

While we cannot directly measure pain, what we can see and can measure are both the reports of pain and the behavioural responses to pain.

Report of resident $\cong$ Pain felt by resident

Behaviour of resident $\cong$ Pain felt by resident
Measuring Pain

When we consistently repeat these observations and measurements, we prove our tool is valid (meaning it measures what we expect it to measure) and reliable (meaning it is consistent with multiple users).
Measuring Pain

It is important to remember that when we use a behaviour scale and we arrive at a number, that number is not necessarily related to the amount of pain.

Instead it is a measure of the resident’s response to the pain.
Measuring Pain

The resident is always the best person to determine if he or she is in pain.

If your resident can communicate with you, the first step for you to take is to ask, “Are you having any pain today?”
Measuring Pain

You will want to use a specific pain scale to measure the pain, both before and after treatment.
Measuring Pain

Most likely, your Long-Term Care Home will have a pain scale that you must use.

Using the same scale for all of your residents will ensure consistency in your assessments.
Measuring Pain

On the following slides are some common scales you may encounter in your nursing.
Measuring Pain

Descriptive, Numeric, Analog Pain Rating Scales

*Simple Descriptive Pain Intensity Scale*

- No Pain
- Mild Pain
- Moderate Pain
- Severe Pain
- Very Severe Pain
- Worst Possible Pain
Measuring Pain

Descriptive, Numeric, Analog Pain Rating Scales

10 cm No Pain/Worst Pain Scale
Measuring Pain

Descriptive, Numeric, Analog Pain Rating Scales

0-5 No Pain/Worst Pain Scale

0 1 2 3 4 5

No Pain

Worst Pain Imaginable
Measuring Pain

Descriptive, Numeric, Analog Pain Rating Scales
Measuring Pain

Descriptive, Numeric, Analog Pain Rating Scales

0-10 Numeric Pain Distress Scale

- No Pain
- Distressing Pain
- Unbearable Pain
Measuring Pain

Descriptive, Numeric, Analog Pain Rating Scales

10 cm Descriptive Pain Distress Scale

Annoying | Dreadful | Agonizing
None | Uncomfortable | Horrible
Measuring Pain

Descriptive, Numeric, Analog Pain Rating Scales

10 cm Visual Analog Scale (VAS)

No Pain

Pain as Bad as it Could Possibly Be

Measuring Pain

Descriptive, Numeric, Analog Pain Rating Scales

http://www.intelihealth.com/IH/ihtIH/WSIHW000/29721/32087.html#verbal
220207
Measuring Pain

The McGill Pain Questionnaire is a very common pain scale. It asks the resident to describe the pain he or she feels in a very specific manner.

http://www.chcr.brown.edu/pcoc/Physical.htm#McGill%20Pain%20Questionnaire
Measuring Pain

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throbbing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Shooting</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Stabbing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sharp</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Cramping</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Gaping</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hot-Burning</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Aching</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Heavy</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Tender</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Splitting</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Tingling-Prickling</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sickening</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Scaring</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Paralyzing-Cruel</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

II. Present Pain Intensity (PPI) - Visual Analog Scale (VAS). Tick along scale below for pelvic pain:

<table>
<thead>
<tr>
<th>Worst possible pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
</tr>
</tbody>
</table>

III. Evaluative overall intensity of total pain experience. Please limit yourself to a description of the pain in your pelvic area only. Place a check mark (✓) in the appropriate column:

<table>
<thead>
<tr>
<th>Evaluative</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

IV. Scoring:

<table>
<thead>
<tr>
<th>S-PRI (Sensory Pain Rating Index)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
</tr>
</tbody>
</table>

There is also a short form of the McGill scale.

http://www.med.umich.edu/obgyn/repro-endo/Lebovicresearch/PainSurvey.pdf
Measuring Pain

What problems do you see with Descriptive, Numeric and Analog Pain Rating Scales?

The resident’s perception of pain may be affected by several factors:

- The time of day
  - Boredom
  - Fatigue
- Emotional issues
- Other medical conditions
Measuring Pain

What problems do you see with Descriptive, Numeric and Analog Pain Rating Scales?

The resident’s reporting of pain may be affected by several factors:

- Language issues
- Personal beliefs about pain
- A desire to avoid complaints or minimize work for staff
- Emotional issues
- Other environmental conditions
Measuring Pain

What problems do you see with Descriptive, Numeric and Analog Pain Rating Scales?

There is good evidence that Likert scales which rate pain from 0-10 are reliable indicators of pain for residents to use.

Measuring Pain

What problems do you see with Descriptive, Numeric and Analog Pain Rating Scales?

If your resident is unable to use a Likert scale, it is best to use a behavioural scale such as the Doloplus or Abbey scales (shown in later slides).

Don’t forget that you will want to measure the before and after any treatment you give to reduce pain. Measuring the effectiveness of your treatment is crucial!
Measuring Pain

The first behavioural scale you may find very familiar.

It is the WONG-BAKER Faces Scale.
Measuring Pain

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

0 1 2 3 4 5 6 7 8 9 10

Verbal Descriptor Scale

NO PAIN MILD PAIN MODERATE PAIN MODERATE PAIN SEVERE PAIN WORST PAIN POSSIBLE

WONG-BAKER FACIAL GRIMACE SCALE

Alert Smiling No humor serious flat Furrowed brow pursed lips breath holding Wrinkled nose raised upper lips rapid breathing Slow blink open mouth Eyes closed moaning crying

CAN BE IGNORED INTERFERES WITH TASKS INTERFERES WITH CONCENTRATION INTERFERES WITH BASIC NEEDS BEDREST REQUIRED

http://www.anes.ucla.edu/pain/FacesScale.jpg
Measuring Pain

What is the main problem with this scale?

Most staff who use this scale use it to measure what they see. In fact, the scale is to be used by residents to identify their pain. If your resident cannot express his or her feelings, this pain scale is not appropriate.
Measuring Pain

What are the other problems with this scale?

It is very subjective.

First of all, not all residents react the same to pain and may find the concept of measuring their pain by a picture difficult.

Secondly, residents with dementia may have unusual responses to pain.
Measuring Pain

Another popular scale is the DOLOPLUS from France.

There are three subscales with a total of 10 items:
- Somatic reactions
- Psychomotor reactions
- Psychosocial reactions
Measuring Pain

• Somatic reactions
  Somatic complaints (verbal reports)
  Protective body postures adopted at rest
  Protection of sore areas
  Expression
  Sleep pattern
Measuring Pain

- Psychomotor reactions
- Washing and/or dressing
- Mobility
Measuring Pain

- Psychosocial reactions
- Communication
- Social life
- Behavioral problems
Measuring Pain

The Doloplus scale can also be adjusted to reflect specifics about individual residents.

Since it uses several factors in its assessment of pain, it may give a more complete picture of your resident’s pain. However, it is a copyrighted scale and can be expensive to use.
Measuring Pain

Measuring Pain

A newer pain scale that you might see is called the Abbey pain scale, from Australia.

http://www.dementiacareaustralia.com/docs/Abbey_Pain_Scale.pdf
Measuring Pain

No matter what scale you use, make sure your are consistent in your application.

Unless you measure accurately before and after you provide treatment, you will not know if your intervention was effective.
Measuring Pain

If you want to learn more about pain scales, look at the following best practice guidelines:
RNAO. (2002). *Assessment and management of pain*. Toronto: RNAO.

You can also access this online at: [http://www.rnao.org/Storage/29/2351_BPG_Pain_and_Supp.pdf](http://www.rnao.org/Storage/29/2351_BPG_Pain_and_Supp.pdf)
Measuring Pain

Measuring Pain

Measuring Pain

Measuring Pain

Online resources:
www.rnao.org
www.aapainmanage.org
www.ampainsoc.org
www.pain.com
www.halcyon.com/iasp
www.hpccconnection.ca
www.chpca.net
www.hppcn.ca
http://www.ontariopalliativecare.org/
http://www.hospice.on.ca/
Measuring Pain

This week, use the third brainstorm at the beginning and end of the shift to help your staff team understand how we measure pain. Be sure to introduce the pain scale used by your Long-Term Care Home.

Our goal is that we will all participate in discussion and that we improve our observation of pain in our residents.
We have talked about hidden pain and some causes of pain. While we can’t measure pain as we do weight or other objective symptoms, we can observe behaviours which help us to understand pain better. Let’s look at this scale which we use to measure the behaviours of pain. Let’s use our resident, _____________ as an example. How many of these behaviours have you seen in her? Are you aware of any other behaviours she might show when she is in pain?
Measuring Pain

Be aware that we often have a culture where we discount pain in the elderly. Address this if it surfaces. Encourage the staff to think about each resident’s specific behaviours which may indicate pain. Remind staff that a condition such as stroke may mask or alter physical responses.
Measuring Pain

For additional information, contact:

Wendy MacDougal  
Best Practice Co-ordinator  
Long Term Care, Central West Region  
Ministry of Health and Long Term Care  
The Village of Winston Park  
695 Block Line Road  
Kitchener, ON N2E 3K1  
cell: 519-577-0855  
fax: 519-576-8990  
bpc@winstonpark.net