

Pain Scenarios



Arthritis

1. Mrs. Alice is a 78 year old farmer's wife that recently moved to your memory unit. She has Alzheimer's dementia and is visited by her husband often. Her medical history shows Hypertension, Arthritis, Alzheimer's dementia and urinary frequency with occasional incontinence. Her medications are Lisinopril, HCTZ, Donepezil, Quetiapine and Acetaminophen PRN. Since moving in, she has become a little belligerent when staff approach her and prefers to be left alone. She is withdrawing from favorite activities and is reluctant to get up and move about when invited. Her husband shares that until recently she has planted a vegetable garden and had fruit trees. She also enjoyed baking and country music. She and her husband belonged to a square dancing club.

RISK FACTORS	INTERVENTIONS
Decreased Mobility/Activity	Medication Review – Pain Medication Evaluation
Urinary Incontinence/Frequency	Activities – Music Therapy & Gardening
Withdrawing-Becoming Isolated	Toileting Schedule
Depression	Family Involvement
Recent Admission – New Surroundings	UA – Labs – r/t Frequency
Trust issues with new staff	Restorative Therapy/Therapies in General
Fall Risk	Interview Resident/develop person centered care plan
Arthritis	Sunshine
Constipation from Meds	Whirlpool bath
Tired/Worn Out	Routine Medications - Tylenol
Use of PRN Medications	Involve Husband-what helped at home with pain
Unable to Communicate due to Alzheimer's – cannot express pain	Vegetable Garden – Plants on windowsill
Dehydration	Have square dancers come to entertain
Increased Agitation	Have her help set table or clear table at dinner
Dignity Issues with Incontinence	Offer and monitor fluid intake and output
Possible Skin Problems	Find staff she trusts
Emotional Pain	Baking/Cooking Activity

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Diabetic Neuropathy

2. Mr. Bruce is a 93 year old former high school principal residing in your long term care neighborhood. He recently lost his wife of 60 years. His medical history shows he has diabetes, hypertension, osteoarthritis and depression. He takes several medications for these conditions. Recently he has demonstrated worsening agitation and insomnia. Recently he has been complaining of his shoes not fitting well and prefers to wear his slippers. He has fallen twice in the past 60 days when ambulating to the bathroom in his room. The staff requested his doctor order something to help him rest.

RISK FACTORS	INTERVENTIONS
Brittle Bones - Osteoarthritis	Toilet before bed and meals
Depression	Glucerna
Medications	Pain Assessment
Hypertension	Medication Review
Behaviors	UA – Labs
Urinary Incontinence	Fall risk assessment
Dementia	Hydration Program-watch intake and output
Agitation	Music and Memory
Possible UTI	Restorative Therapy
Dehydration	Physical Therapy Evaluation
Fall Risk	Emotional Support
Neuropathy	Nightlights
Age	Diversional Activities/Recreational Evaluation
Edema	Non Skid Footwear
Insomnia	Hip Protectors
Side Effects of Medications	Elevate Feet
	Root Cause Analysis of Agitation
	Check environment
	Muscle Rubs
	Podiatrist
	Pet Therapy

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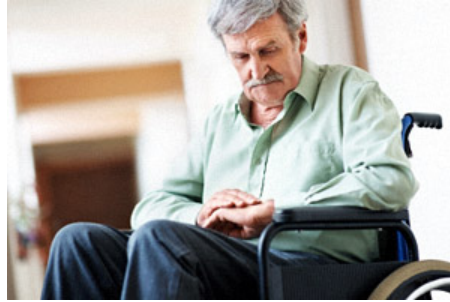


Migraines

3. Ms. Ester is an 85 year old former seamstress living in your skilled nursing neighborhood. She had a recent hospital admission for pneumonia and transitioned into your facility last Friday evening. Her hospital discharge records indicate a history of Hypertension, Diabetes, Migraines and Macular Degeneration. She takes medications for these conditions. Recently she has wanted to spend time alone in her room with the door and blinds closed and lights off. Her appetite has decreased and she is not joining activities when invited. Her pain medication is ordered PRN and she is reluctant to request it. She had stated on admission that she misses working because she enjoyed sewing before vision changes made it difficult to do.

RISK FACTORS	INTERVENTIONS
Headaches	Monitor weight
Social/Emotional Pain and Isolation	Occupational Therapy
Diabetes Neuropathy / Ulcers	Talk to resident about favorite foods
Pneumonia	Talk to resident about reluctance to take PRN meds
Arthritis pain in hands from sewing	Start with One-on-One activities in resident's room
Reluctant to take PRN medications	Family involvement-ask about resident's routine
Age	Teach to ask for help when needing assistance
Decreased appetite / Weight Loss	Monitor blood pressure
Visual Deficit	Decrease clutter in room – Make pathways
Fall Risk	Have call light within reach
Orthostatic Issues	Allow her time to eat or assist her with eating
Isolation	No loud noises or sudden movements
Constipation due to Pain Meds	Emotional support and Spiritual Counseling
Malnutrition Risk	Elevate legs so feet do not swell
Insomnia	Route medications for migraines – Tylenol, etc.
Side Effects of Medications	Find out routine prior to hospitalization and what helped with pain prior to hospitalization
Fear	Heat/Cold Therapy – Sunshine or Ice on neck and forehead
Depression	Medication Assessment
Macular Degeneration	Sunshine
Immobility	Optometrist Consultation
	Disease Management
	Lighting - nightlights

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Bone Cancer

4. Mr. William is a 76 year old retired English Teacher who was recently admitted to your long term care neighborhood for hospice care. His wife is no longer able to care for him at home. His medical history shows a prior Myocardial Infarction with a pacemaker, Hypertension, Enlarged Prostate and Bone Cancer that spread from a tumor removed from his lung. He was living at home with his wife until recently and is becoming increasingly weak and his pain is increasing. He takes over 10 different medications for his heart condition, hypertension, and BPH. His analgesic regimen includes a Fentanyl patch every 72 hours for pain and as needed Hydrocodone/APAP. The Nursing Staff reports that he is “crabby” and difficult to get up for meals and activities. He shares that he always enjoyed teaching his students and enjoyed bird watching and gardening in his spare time and since retiring.

RISK FACTORS	INTERVENTIONS
Cardiovascular disease	Individualized pain control/assessment
Pain from Bone Cancer	Work towards highest level of function
Enlarged Prostate	Activities directed to resident’s likes – Maybe teaching or leading an activity
Crabby – Emotional pain	Family interviews to minimize transition in change of lifestyle and participation
Decreased Activity – Impaired Mobility	Pharmacy Consultation
10 different medications – possible interactions	Whirlpool bath
Emotional Status – Depression	Relaxation and sleep
Possible constipation due to so many meds	Pet bird therapy or even a feeder outside window
Helplessness – Depression	Routine laxatives/stool softeners
Change in lifestyle	Involve respiratory therapy – regular assessments
High risk for infections and respiratory problems	Encourage mobilization
Weakness	Monitor input and output
Fall risk	Monitor sleep pattern
Malnutrition / weight loss	Air mattress
Blood pressure issues	Therapies / Social Worker / Chaplain
	Outside time – Gardening, Watching birds
	Food likes and dislikes
	Meds PRN before activities

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Chronic Pain

5. Ms. Karen is a 62 year old woman living in your home. She is medically disabled and has lived in your long term care neighborhood since she was discharged from the hospital after a stroke two years ago. She spends most of the day up and propelling herself about in a wheel chair. She requires assistance with transfers due to residual weakness on her left side. She enjoys getting out of her room and participates in most activities. She has recently been requesting her prescribed pain medicine and muscle relaxant more frequently; almost always before the next dose is due. The Nursing Staff think she is watching the clock for the next dose and has labeled her as a 'drug seeker'. Before her stroke she was quite active and enjoyed spending time outside and often walked in her garden with her dog.

RISK FACTORS	INTERVENTIONS
Left side weakness	Pain med assessment
Fall Risk – needs assistance to transfer	Offer Non-narcotic pain interventions
Skin problems from sitting in wheelchair all day	Whirlpool bath
Seeking pain med more often so possible decreased effect??	Outdoors – Sunshine – Gardening
Immobility on own	Pet Therapy
Social Isolation due to medical disability	Increase physical activity
Depression due to lifestyle change after stroke	Massage
Preconceived labels from staff	Distraction
Inability to participate in activities without staff help	Emotional Support
Constipation – meds and immobility	Physical Therapy / Occupational Therapy
UTI risk	Change routine
Back Pain	Counseling
	Staff education on labeling “drug seekers”
	Family involvement
	Labs
	Massages
	Heat and/or Cold Therapy
	Parallel Bard Jig
	Raised Bulb Bed