

Pain and Older People in Residential Care Facilities

We have all experienced pain at some time in our lives. We may accidentally cut ourselves, are hurt from a fall, or get a minor burn. Generally the pain goes away as the injury heals. However, some people have ongoing pain. We call this persistent or chronic pain. This type of pain is common for people living in residential aged care.

Persistent pain affects a person in many negative ways. It is hard to enjoy life when you are constantly uncomfortable, so pain can affect how a person feels about themselves, their participation in activities, and their relationships with other people.

CAUSES OF PAIN

Pain can be caused by many different problems. One person may have more than one thing that causes pain in different parts of their body. Some of the common causes of pain for older people are as follows:

- Joint problems, e.g. osteoarthritis
- Back problems
- Nerve pain, e.g. diabetes
- Constipation
- Strain due to poor positioning
- Pressure sores
- Strokes
- Heart/chest pain, e.g. angina
- Immobility
- Poor circulation

IDENTIFYING PAIN

Staff need to always be aware of the possibility that a resident may be in pain. Some residents will be able to say that they have pain, while some residents will not. All care staff have a responsibility to identify residents in pain. For those residents who can talk about their pain, it is important to:

- Know each resident well and maintain their trust
- Allow them to speak about their concerns, including pain, on a regular basis
- Observe for signs of pain
- Listen to how they describe their pain and document this
- If pain is identified, you should report this to a nurse and a comprehensive pain assessment should be done

Any time you see change in a resident – for example, their behaviour is different from normal or they are making faces they were not making before – it is important to think about whether that change might be because they are experiencing pain.

**See change,
think pain**

Ask each resident about pain often

Do this in a quiet environment without distraction, make eye contact with the resident, and allow sufficient time. Focus on asking about current pain, rather than past pain. Ask at least two questions phrased in different ways. Different people use different words to describe pain, so ask questions like:

Are you in pain?

Does it hurt anywhere?

Are you feeling uncomfortable?

Do you have aching or soreness?

Report and document any information a resident gives about their pain.

Observing for signs of pain

Remember to also watch the resident for any changes in behaviour that may be a sign of pain. Noticing these signs of pain ('red flags') is part of being vigilant for pain. A resident can experience pain at any time: when they are resting or moving, or during day or night.

For residents living with dementia, as their dementia gets worse, we start to rely more on observing for these signs of pain. Some residents living with dementia may not display any behaviour change at all if they are in pain, or they may express their pain in ways that appear to be behavioural and psychological symptoms of dementia (BPSD). If you notice any changes for residents living with dementia (for example, a resident begins acting in a way that is not normal for them), record your observations and report them to a nurse.



Signs of pain ('red flags') may include:

Facial expressions

E.g. grimacing, wincing, squinting

Vocal sounds

E.g. groaning, crying or words like 'ouch'

Changes in interpersonal interactions

E.g. aggression, becoming withdrawn

Body movements

E.g. limping, rubbing, pulling away or guarding

Changes in mood

E.g. crying, confusion, distress,

Changes in activity patterns or routines

E.g. refusing food, increased rest or wandering

ASSESSING PAIN

Once pain is identified, a comprehensive pain assessment is done. Usually a nurse or other trained professional will conduct the assessment. After this, more simple pain assessments can be done to see how the resident's pain is going and if treatments are helping. Depending on the organisation, care workers may be trained to assist with some aspects of the pain assessment, such as using simple pain tools. See **For Care Workers: Fact Sheet 2 - Assessing Pain** for more information about pain assessments.

WHAT TO DO WHEN A RESIDENT IS IN PAIN

Helping a person in pain

As a care worker, there are a number of things that you can do to help residents with pain.

- Be aware at all times of changes in residents with whom you work regularly and know well.
- Listen to residents when they talk about having pain.
- Discuss the problem with the resident's family, they may have ideas and suggestions about ways to help.
- Showing caring and understanding can help a resident trust telling you they are in pain.
- Report problems to the nursing staff or to the resident's doctor to assist in getting early treatment for the resident.
- Report pain verbally at handover, over the phone, and/or by writing on a pain chart or in the resident's notes.
- Have all of the necessary information ready to report to the nurse or doctor.
- Reassure the resident that they are safe (you do this by what you say and what you do).
- Monitor how the resident responds to any treatments and document this.
- Notify a nurse if basic comfort measures have been tried but are not working.