

# Quality indicators for pain management in residential aged care facilities



## 1. Screening for pain on admission

All residents should be screened for pain during the initial evaluation period because older people commonly have pain unrecognised by health care providers.

## 2. Regular screening and treatment for pain

All residents should be screened for pain regularly as older people commonly have pain that goes unrecognised by health care providers.

## 3. History and physical examination for pain

If a resident has a newly-reported painful condition, then a targeted history and physical examination should be performed to inform appropriate treatment and to provide significant relief and improve quality of life and health status.

## 4. Addressing risks of nonsteroidal anti-inflammatory drugs (NSAIDs)

If a resident has been prescribed a NSAID, the medical record should indicate whether the recommendations on pages 81 - 82 of Chapter 6 have been followed. A review or stop order should be placed after two weeks requiring review by the prescribing practitioner. Oral nonsteroidal anti-inflammatory drugs are no longer recommended for long-term use.

## 5. Preventing constipation in patients using opioid analgesia

If a resident with pain is treated with opioids, then he or she should be offered a regular bowel regimen. The medical record should document the potential for constipation or explain why bowel treatment is not needed. Opioid analgesics may produce constipation that can cause severe discomfort and contribute to inadequate pain treatment because patients may then minimise analgesic use.

## 6. Reassessment and documentation of pain intervention

If a resident is treated for a painful condition, then he or she should be assessed for a response because initial treatment may not be successful and reassessment will be needed to achieve the most favourable outcome. Intervention and effectiveness should always be documented in patient clinical notes.