



Early detection and management of pain in older people in the acute care setting: An innovative approach to practice change

Isabel Higgins¹, Caroline Phelan², Fiona Hodson², Peter Summons¹, Jeanene Douglas², Linda Ritchard², Debbie Bruce², Glody Mabbott², Pauline Dobson²
 School of Nursing & Midwifery,
 University of Newcastle¹ Hunter New England Health²

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Background

- Pain is common in older people (Pautex et al., 2005)
- Hospitalised older patients experience high levels of unrelieved pain (Campbell et al., 2003)
- Pain assessment can be difficult in older people & under treatment is common (Pautex et al., 2005)
- Older people under report pain
 - Fear being labelled a complainer
 - Perception that health care workers too busy
 - No expectation for pain relief (Yates et al., 1998)

Background

- Assessment of pain by health care staff is rarely documented
- Absence of documentation may contribute to poor pain management
- Organisations do not make pain management part of their core business
- Health professionals outside of pain services do not assess or document pain

(NICS, 2003)

Background


- Pain hinders recovery
- Prolongs hospitalisation
- Associated with depression, anxiety, cognitive impairment, risk factor for delirium, decreased appetite, weight loss, sleep disturbance, gait problems, relationship problems

(Pautex et al., 2005; Strassels, Chen & Carr, 2002)


Aims

- To determine whether a multidisciplinary education program designed to focus on pain in older people improves the detection and management of pain in this group
- To evaluate the impact of promotional media “targeting pain”

Division of Medicine



Currently Targeting



[Chart audit data]

- Age
- Gender
- Relevant medical history
- Diagnosis
- Pain assessment
- Analgesia, nature and type, efficacy
- Nurse initiated strategies

[Participants]

- Older adults over 65 years admitted to medical/surgical ward
- Able to give informed consent
- Consenting staff:
 - Nurses
 - Physiotherapists
 - Speech pathologists
 - Medical officers

[Data analysis]

- Descriptive statistics for chart audit data
- Thematic analysis for qualitative data

[Findings – audit]

- Increase pain assessment by nurses
- Increased documentation in progress notes and observations charts
- Increased use in analgesics – paracetamol
- Efficacy noted
- No non pharmacological approaches noted pre or post audit

[Findings – patient]

- Survey n=10 (post only):
 - 5 had pain relief explained
 - Worst pain 6.4/10
 - 7 with pain that kept them awake
 - 6 with moderate pain in the past 24hrs
- Interviews n=4
 - satisfaction with care and attention to pain
 - Badges noted/observed

“it sort of allows you to talk about pain”

[Findings – patient interviews]

- What helps?
- Well, I play music...the TV, or reading, and if I can get a good book, I can get absorbed and...out of the range of the pain.
- So how have you, have you used those strategies whilst you've been here?
- Yes, yes...Television, reading...
- And I've attempted to read, I've finished a book...And yes, since I got the TV; I only had it yesterday, so I had the radio, but it wasn't successful, probably not in the right area or something.

[Findings – focus group]

- What sort of strategies do you use to manage pain in older patients?
- Positioning is really important, yeah, for pain relief.
- what do you mean by positioning?
- Well um, like I said with the sub-lux shoulder, you know, it's important that we keep that supported at all times, and that is important, it's something that we're very conscious of. Because that can happen; if we're not conscious of it, the person looking after is not conscious of the fact that, they can end up with a sub-lux shoulder so that's important, positioning is probably a major thing.

[Findings - focus group]

- I remember the in-service but...I don't remember taking anything away from it...I mean you know, we got the badge and we were told to be more on the lookout for patient's pain. And that's what I did.
- So, was there a presentation around what sorts of pain tools to use?
- I don't remember.
- It wasn't something that like stuck in my mind, and I thought was really good or really bad, I just...

[Conclusion]

- Badges appear to have some utility
- Need to consider patient moderated approaches to pain relief
- Need to consider MD approaches to education for pain management
 - How best to engage medical staff
 - Self directed learning packages - allows pacing
 - Case based scenarios have relevance
- Challenges

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