CHAMP: Bedside Teaching

ASSESSING PAIN

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Teaching Trigger:

During daily rounds, when obtaining history, ask the patient if he/she is feeling pain. If a patient responds affirmatively, OR, for patients with advanced cognitive impairments, exhibits a change in behavior, there may be pathology contributing to pain.

Clinical Question:

How do you assess pain in older adults, regardless of cognitive status?

Teaching Points:

1) Every older adult should be screened for pain when hospitalized (“the Fifth Vital Sign”)
2) Even patients with moderate, and some with advanced dementia, may be able to reliably report pain
3) Assume persons with dementia feel pain the same as cognitively intact persons
4) Find the patient’s Preferred Pain Terminology
   • hurting, aching, stabbing, discomfort, soreness
5) Use a Pain Scale that works for the individual
   • Numeric Rating Scale
   • Verbal Descriptor Scale
   • Faces Pain Scale
   • Pain thermometer
6) In patients with advanced dementia:
   (a) Formal assessment tools may not be useful
   (b) Identify Unique Pain Signature
       • How does the patient usually act?
       • What changes are seen when they are in pain?
       • Communication across caregiver settings is key!
   (c) Look for Nonverbal Pain Indicators
       • Changes in interpersonal interactions
       • Changes in mental status
       • Changes in usual activity
   (d) Perform timely, thorough physical exam
   (e) Insure basic comfort needs are being met
   (f) Rule out other causative pathologies
   (g) Consider empiric analgesic trial