

New York State  
Department of Health  
Dementia Grants Program

Pain Assessment Manual

Long Island State Veterans Home  
John J. Foley Skilled Nursing Facility

## **Use of the Pain Assessment Scale**

The Long Island State Veterans Home (LISVH) / John J. Foley Skilled Nursing Facility (JJF) Pain Assessment Scale (see attachment 1) was developed for use in residents with dementia. The scale may be used by direct care providers such as CNA's, LPN's and RN's, and does not require formal training or supervision. It is a simple, quick and reliable tool to assess pain in residents with dementia.

To use the instrument, the direct care provider should observe the resident in each of the five (5) categories listed on the scale. An "x" should be placed in the appropriate box that corresponds to the observed facial expression, behavior, mood, body language or activity level. A total score is then determined. A score of "0" indicates the absence of pain. A score of "1" or greater indicates the presence of pain and requires further evaluation. Interventions include direct CNA action, nurse notification, and physician / physician assistant / nurse practitioner treatment.

## **Pain Syndromes**

There are four basic categories of pain. Nociceptive pain is characterized by stimulation of pain receptors by injury or inflammation. Examples of this type of pain are arthritis, skin ulceration and mechanical injuries. Neuropathic pain involves the peripheral or central nervous system and is exemplified by diseases such as postherpetic neuralgia, diabetic neuropathy and post-CVA pain. Mixed or undetermined pain syndromes are characterized by illnesses such as tension/migraine headaches, as well as vasculopathic entities. Psychogenic pain syndromes may be seen in residents with somatization disorder or hysterical reactions.

## **Pain Diagnosis & Treatment**

The use of the LISVH / JF Pain Assessment Scale provides a useful technique for the detection of pain in the cognitively impaired resident population. Because the scale is easy to use and requires a minimal amount of caregiver time to perform, direct care providers can swiftly determine change in a residents' condition. Early intervention may provide more effective treatment of pain and improve the residents' function and/or quality of life.

The interdisciplinary team approach for the treatment of pain is utilized for residents with dementia. Non-pharmacologic interventions are the preferred first step in the management of pain. Examples of these therapies are summarized below.

### **Nursing**

- relaxation
- repositioning
- distraction
- periodic naps
- tub bath
- emotional support

### **Social Service**

- behavioral / cognitive intervention
- one-to-one session
- peer support group

### **Other Therapies**

- spiritual care
- prayer
- comfort food

### **Occupational / Physical Therapy**

- hot / cold therapy
- electrical stimulation
- massage therapy
- range of motion treatment
- exercise

### **Recreation Therapy**

- music therapy
- aroma therapy
- pet therapy
- group work
- humor/activity therapy

Pharmacologic treatments are utilized as either a second step to ineffective non-pharmacologic therapies or in conjunction with these methods. Pharmacologic management may be summarized as follows:

- ❑ select the appropriate analgesic drug
- ❑ prescribe the appropriate dose
- ❑ administer via appropriate route
- ❑ utilize standing doses and administer PRN doses for breakthrough pain
- ❑ titrate the dose of the drug
- ❑ prevent, anticipate and manage the side effects of the drug
- ❑ use appropriate adjuvant drug
- ❑ start low, go slow

The WHO Three-Step Analgesic ladder (attachment 2) provides a useful guideline for the pharmacologic treatment of pain in residents with dementia.

**Attachment 1:**

<b>Long Island State Veterans Home John J. Foley Skilled Nursing Facility PAIN SCALE FOR DEMENTIA RESIDENTS</b>		
<b>CATEGORY</b>	<b>SCORE</b>	
	<b>0</b>	<b>1</b>
<b>1. FACIAL EXPRESSION</b>	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Scared / Fearful
<b>2. BEHAVIOR</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Calling Out / Moaning
<b>3. MOOD</b>	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Whiny
<b>4. BODY LANGUAGE</b>		<input type="checkbox"/> Tense / Rigid
<b>5. ACTIVITY LEVEL</b>	<input type="checkbox"/> Moves easily	<input type="checkbox"/> Hand Wringing
<b>TOTAL SCORE [ ]</b> <b>(0 – 5)</b> <b>(For score of 1 or greater, pain evaluation is required)</b>		

**DIRECTIONS:**

- Observe resident in each of the five (5) categories
- Place an "X" in the appropriate box
- Record total score

Attachment 2:

Three-Step Analgesic Ladder of the World Health Organization.

