



## Pain Management

*BQIS Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life. This document provides general information on the topic and is not intended to replace team assessment, decision-making, or medical advice. This is the second of four Fact Sheets regarding palliative care.*

### Intended Outcomes

To provide information related to the definition, purpose, interventions, and strategies that are considered pain management.

### Definitions

**Pain:** An uncomfortable sensation by which the peripheral nervous system (PNS) warns the central nervous system (CNS) of injury or potential injury to the body.

**Pain management:** A process of providing care that alleviates or reduces pain.

**Palliative care:** The active, all-encompassing care of individuals to provide relief of and prevention of pain and discomfort.

### Facts

- Pain is an intensely unpleasant experience that only the person experiencing it can know.
- Pain is subjective; each individual has their own way of expressing pain.
- Individuals with intellectual or developmental disabilities (IDD) often have trouble verbally communicating pain and are often unable to verbally express the location or intensity of the pain.
- Individuals with IDD often express pain with:
  - Increased or decreased motor activity, e.g., involuntary movement, resistance to movement, lying down, touching hurting body part
  - Facial activity, e.g., eyes closed tight, tense face, grimacing, furrowed eyebrows
  - Social-emotional indicators, e.g., wanting to be left alone, refusing to do usual activities, signs of fear, distress, or anxiety, signs of frustration or irritability, low mood or depression
  - Non-verbal expression, e.g., crying, screaming, moaning, groaning
  - Physiological indicators, e.g., respiration, tears, facial redness
  - Verbal expression that is location-specific, e.g., “My head hurts”, or non-location specific “I don’t feel good.”



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- Aggression, e.g., throwing things, destroying property, tantrums, acting out, challenging behavior
- Eating/sleeping changes, e.g., eating more or less than usual, sleeping more or less than usual
- Additional symptoms depending on the individual
- Pain almost always causes anxiety or fear at first.
- Pain is worsened by anxiety and tension, depression, and sleeplessness.
- The key to effective pain management is assessment and frequent reassessment, including information regarding location of pain, intensity, radiation, aggravating factors, timing, and quality.
- A comprehensive plan for pain relief should always include ways to relieve emotional distress and promote relaxation.
- Consistent staff allows more familiarity with the individual for better identification of pain and any subsequent changes, assessment of an individual's condition, and anticipation of an individual's needs.

### Recommended Actions and Prevention Strategies

1. Report to nurse or supervisor immediately if there is:
  - Uncontrolled or increased level of pain
  - Change in levels of consciousness, including confusion or agitation
2. Make sure all persons in the individual's life are able to recognize general signs/symptoms of pain for that person including:
  - Changes in behavior or ability to complete usual tasks that may indicate discomfort
  - Usual signs of discomfort for the individual
3. Make sure staff are competent in completing pain rating scales and pain management diaries including knowing:
  - How often to reassess
  - Who and when to notify when pain is not controlled or if there is any new onset of pain
4. Maintain regular monitoring of pain diaries for trends and indicators of what is and is not effective for pain relief and what needs to be changed.



5. With regards to pain medication, make sure all staff are trained to know:
  - Dosages and indications of medications
  - Physician-ordered frequency for medications
  - How to safely give multiple pain relieving medications as per physician orders
  - How to evaluate effectiveness and report unsatisfactory pain relief
  - How to watch for negative effects of medication
  - How to manage controlled substances
  - What to do to make sure needed medications are in the home at all times
6. Make sure staff are knowledgeable of appropriate pain-reducing measures other than pain medications. For example:
  - Soft music, massage, positioning, heat, ice, distraction, relaxation therapy, and promoting good sleep patterns, as approved by the physician
7. Use services of physical therapy and/or occupational therapy to provide some comfort measures/therapies



## Learning Assessment

The following questions can be used to verify a person's competency regarding the material contained in this Fact Sheet:

1. True or false: Every individual perceives pain differently.
2. True or false: The key to effective pain management is assessment and reassessment.
3. True or false: Monitoring pain for trends is not helpful in the overall management of pain.

## References

Adams, D. and Oliver, C. (2011). *The expression and assessment of emotions and internal states in individuals with severe or profound intellectual disabilities*, *Clinical Psychology Review*, 31, 293-306. Retrieved 08/20/2015 from: [http://eprints.bham.ac.uk/1426/1/Adams\\_%26\\_Oliver\\_\(2011\).\\_The\\_expression\\_and\\_assessment\\_of\\_CPR.pdf](http://eprints.bham.ac.uk/1426/1/Adams_%26_Oliver_(2011)._The_expression_and_assessment_of_CPR.pdf)

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Masterson, M. (2011). *Understanding pain in patients with intellectual disabilities*. *American Nurse Today*, 6 (10). Retrieved 08/19/2015 from <http://www.americannursetoday.com/understanding-pain-in-patients-with-intellectual-disabilities/>

## Related Resources

*Palliative Care Series Fact Sheets: "General Considerations", "Comfort Measures", "Adaptive Equipment"*

*Pain Assessment Rating Scale*

*Pain Management Diary*

## Learning Assessment Answers

1. True
2. True
3. False