



THE SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE™

Pain Management

in the Post-Acute and Long-Term Care Setting

Teaching Slides

A Special Presentation for the Practitioner

NOTICE

- We recognize that people who reside in PALTC facilities are residents. Throughout these teaching slides, we use the term **patient(s)** because we address individuals within the context of treating a medical condition.
- These teaching slides are for discussion and education **ONLY**.
- These slides must not be used without consulting and supervision of a qualified physician.
- There is no liability on the part of the teaching tool on AMDA – The Society for Post-Acute and Long-Term Care Medicine, successors, representatives or officers.
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- **MATERIAL PRESENTED IS NOT A SUBSTITUTE FOR EXPERIENCE & JUDGEMENT OF CLINICIANS OR CAREGIVERS.**
- Materials presented are not standards of practice, but help enhance clinicians ability to practice.

The Society for Post-Acute and Long-Term Care

GUIDELINE DOMAINS

RECOGNITION

- Identifies the presence of a risk or condition.

ASSESSMENT

- Clarifies the nature and causes of a condition or situation and identifying its impact on the individual.

TREATMENT

- The selection and provision of appropriate interventions for that individual.

MONITORING

- The review of the course of a condition or situation as a basis for deciding to continue, change, or discontinue interventions.

PREVELENCE OF PAIN

- Acute and chronic pain are common in the post-acute and long-term care (PALTC) setting, and they affect measures of patients' wellbeing such as mood and the ability to perform activities of daily living. As many as 80% of LTC patients have at least one condition associated with pain.
- Pain is frequently undertreated in cognitively impaired patients. Patients with cognitive impairment often manifest pain with nonverbal signs such as grimacing or frowning their brow.
- Pain management should be considered a patient's right in the PALTC setting.
- Opioids should be used judiciously, taking into account the risks vs. benefits, goals of care and the pain's impact on the patient's functional ability.
- Given the heterogeneous patient population in the PALTC setting, from acute postoperative pain to the frail and imminently dying, various state and federal regulations and the current "opioid crisis," optimal pain management in this setting is often challenging.

IMPACT OF PAIN

- **Persistent pain** with inadequate treatment is associated with many adverse outcomes in older adults, including:
 - Functional impairment
 - Falls (can be an adverse outcome)
 - Slow rehabilitation
 - Mood changes (depression and anxiety)
 - Decreased socialization
 - Poor sleep and appetite disturbance
 - Greater healthcare use and costs

RECOGNITION

Step 1: Is Pain Present?

- **Evaluate the patient for pain**
 - Upon admission
 - During periodic scheduled assessments
 - After acute events such as falls
- **The best indicator of the pain experience is the *patient's own report* (when able to provide)**
- **It is helpful to ask about pain in different ways, such as:**
 - Are you feeling any aching or soreness?
 - Do you hurt anywhere?
 - Are you having any discomfort?
 - Have you taken any medications for pain?
 - Have you had any aching or soreness that kept you up at night?
- **It may help to specify a time, such as “right now” for patients with dementia.**

Resources and Educational Tools

AMDA – The Society for Post-Acute and Long-Term Care Medicine



<https://paltc.org>

Pain Management in the LTC Setting Clinical Practice Guideline. AMDA 2012.

Pain Management in the PALTC Setting Pocket Guide. AMDA 2018.

Know-it-All Before You Call in the PALTC & Assisted Living Settings – Data Collection Cards. AMDA 2018.

Know-it-All When You're Called Diagnosing System. AMDA 2011.

