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Developed by: National LCP Office, New Zealand (Working Group in alphabetical order) L Angus, J Boxall, C Fowles, F Gillies, B Marshall and A Roguski.
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MHA
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Information Pamphlet Pain



The information provided in this pamphlet concentrates on assistance that family members can provide other than medication.

Assessment

The Patient/Resident is able to communicate

- Ask if they experience pain on rest.
- Observe for non-verbal signs of pain
- Assess pain using an appropriate tool e.g. OLDCART.

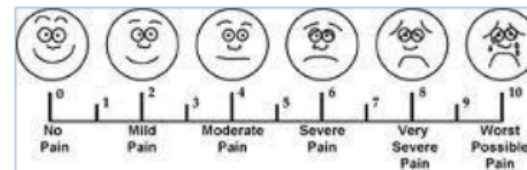
Onset:	When did it start?
Location:	Where is it and does it radiate?
Duration:	How long does it last? Intermittent or continuous?
Characteristics:	Describe the pain.
Aggravating factors:	What makes it worse?
Relieving factors:	What makes it better?
Treatment:	Medications/non pharmacological interventions.

Enquire about their pain and illness history, and examine for bruises, swelling or breaks in the skin.

The Patient/Resident is unable to communicate

Observe for non-verbal evidence of pain:
Facial Expressions – use FACES pain scale.
Vocalisations – grunting, groaning.
Body movements – fidgeting, moving legs.
Altered interactions – agitated.
Change in routine – doesn't want to move.
Mental status changes – appears more confused or restless

Abbey Pain scale can be accessed from dementiacareaustralia.com



Management

1. Acknowledging that each patient experiences pain individually.
2. Repositioning patients for comfort can help reduce stiffness and muscular aches as well as providing pressure relief. Appropriate pressure relieving aids can be supplied.
3. Guided imagery and distraction can help reduce some types of pain by helping to relax or distract the patient. Distraction therapy comes in many forms e.g. guided audio cds, tv, music, reminiscence etc. Remember that music played should be the patient's own choice.
4. Heat and/or cold can often help ease pain e.g. wheat pack. Care should be taken with the temperature to prevent burning.
5. Massage, touch can be beneficial. Those giving massage should have an understanding of what is beneficial and what may cause harm. It is important to be aware that some patients may not be comfortable with massage or touch.
6. Prayer and mindfulness meditation can be beneficial in reducing pain or existential suffering depending on spiritual or cultural perspectives of the patient.
7. Time spent reassuring patient and being quietly alongside them can reduce pain level.