

Pain Management for Seniors in Community Based Care Settings



LIZ VON WELLSHEIM, RN, MA,
MSN, GNP
ELDERHEALTH & LIVING
382B S. 58TH ST. SPRINGFIELD,
OR 97478
541-747-4858



www.elderhealthandliving.com

Sources/Causes of Pain



- **Disease history**
 - ✦ Arthritis (OA/RA)
 - ✦ Peripheral neuropathy
 - ✦ Parkinsonism
 - ✦ Post Stroke
 - ✦ Post Fracture
 - ✦ Post surgery
 - ✦ Bed rest (24 hr. 7-10% muscle tone loss)
 - ✦ Post herpetic neuralgia

Sources/ Causes of Pain cont.



- **Functional causes**
 - ✦ Weight bearing ability, tolerance
 - ✦ Repositioning ability, caregivers technique, frequency
 - ✦ Adaptive equipment; *transfer pole, grab bars/railings, Merry walker vs. wheelchair vs. automatic locking wheelchair, walkers, electric lift seats, lift stick*
 - ✦ Floor surfaces, shoes or no shoes
 - ✦ Braces

Signs of Pain



- **Obvious signs;**
 - ✦ Crying, moaning, grimacing, frowning
 - ✦ Verbalizing “ouch” “my back hurts”
 - ✦ Rubbing painful body part
 - ✦ Guarded posture/gait, limping
 - ✦ Not using affected body part (hand, arm, leg)

Signs of Pain cont.



- **Less Obvious Signs of Pain;**
 - ✦ Irritability
 - ✦ Anger
 - ✦ Restlessness
 - ✦ Agitation
 - ✦ Weight loss or gain
 - ✦ Depression/despair

Physical Examination/Assessment



- Review chart for pain diagnosis
- ADL's WATCH & DO;
 - ✦ Roll side to side in bed can patient do independently, is there pain, care giver technique
 - ✦ Transfer in and out of bed (*bed height, floor surface, transfer pole?*) pain/ caregiver?
 - ✦ **GAIT BELTS ALL LET'S TRANSFER EACH OTHER!!**
 - ✦ Observe walking (*furniture grabbing, limp, walker placement*)
 - ✦ Observe dressing: (*bra, buttons, socks and shoes*)

Physical Examination/Assessment cont.



- Listen/look/touch
 - ✦ Listen for crepitus, sounds of pain, caregiver's instructions
 - ✦ Look at joints, posture, gait, body alignment, caregiver's technique and attitude
 - ✦ Touch skin, back, joints, limbs for heat, cold, swelling, range of motion

Treatment/Interventions



- Determine the patient's GOAL around his/her pain
- Heat/cold? How?
- Teach positioning, body alignment in and out of bed, lots of pillows, draw sheet
- Teach to move, importance of moving and how to transfer/walk etc.
- Adaptive equipment
- Distractions, music/books on CD's/visitors/TV?

Tylenol to Morphine



- Tylenol to Morphine

- Tylenol 500-650mg 4 times a day

- ✦ Liver toxicity, belief of prn effectiveness

- ✦ NSAID's short or long acting

- Ibuprofen/Naprosyn/Celebrex/Mobic

- ✦ GI Bleed, kidney failure, ?PPI?

Tylenol to Morphine cont.



- Tramadol/ Ultram 25-50mg 3 times a day, nice pain and anxiety reduction effect
 - Interacts with everything; SSRI's, Diuretics, Tricyclic antidepressants
- Codeine, only use for IBS
- Hydrocodone new regulations on the amount of Tylenol allowed in dual med., pick 5/325mg **1-2 tabs**, 7.5/325 1tab, 10/325mg 1tab all every 6hrs. Prn or routine
 - Confusion, constipation, falls

Tylenol to Morphine cont.



- Oxycodone 5-10mg every 6hrs
- Oxycontin 10 to ? Every 12 hrs
- Oxyfast 20mg/mL 0.5mL every 2 hrs
prn (*prefill oral syringes*)
 - *Orthostatic hypotension, confusion, falls, constipation, addiction*

Tylenol to Morphine cont.



- **Fentanyl/Duragesic 12mcg to 100mcg patch change every 24 hrs.**
 - Acute confusion if narcotic naive patients, slow onset, interacts with MAO inhibitors. Increase levels of SSRI's, thiazide diuretics. Decreases effectiveness with St John's wart, kava kava, larg amounts of grapefruit juice (1qt. or more/day)
 - Constipation, confusion, falls

Tylenol to Morphine cont.



- **Morphine**

- MSContin dose 15-90mg every 8-12 hrs
- Roxanol 20mg/mL dose 0.5mL(10mg) to 1mL(20mg)
- Morphine suppositories 10mg/supp. Every 2-4hrs.
 - ✦ All can cause confusion, instability/falls, constipation

Adjunctive Therapies



Muscle relaxants for spasms only (Flexaril?,
Meprobamate?)

Antiseizure meds, Neurontin, Trileptal, Lyrica

Antidepressants, SSRI's (Prozac, Zoloft,
Paxil), Serotonin/norepinephrine
(Cymbalta)

Lidoderm patches (technically only for post
herpetic neuralgia)

Adjunctive Therapies cont.



- Heat, rice pack, heating pad, Bengay
- Cold, only for immediate post injury anti-inflammatory effect
- Reposition/WALK-MOVE
- Music/distractions

