



Mid North Coast Rural Palliative Care Project – Care Assistant Palliative Approach Course 2005

Contribute to symptom Management

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Purpose

- To assist staff to provide care for the physical symptoms commonly experienced by the resident in the palliative phase of aging

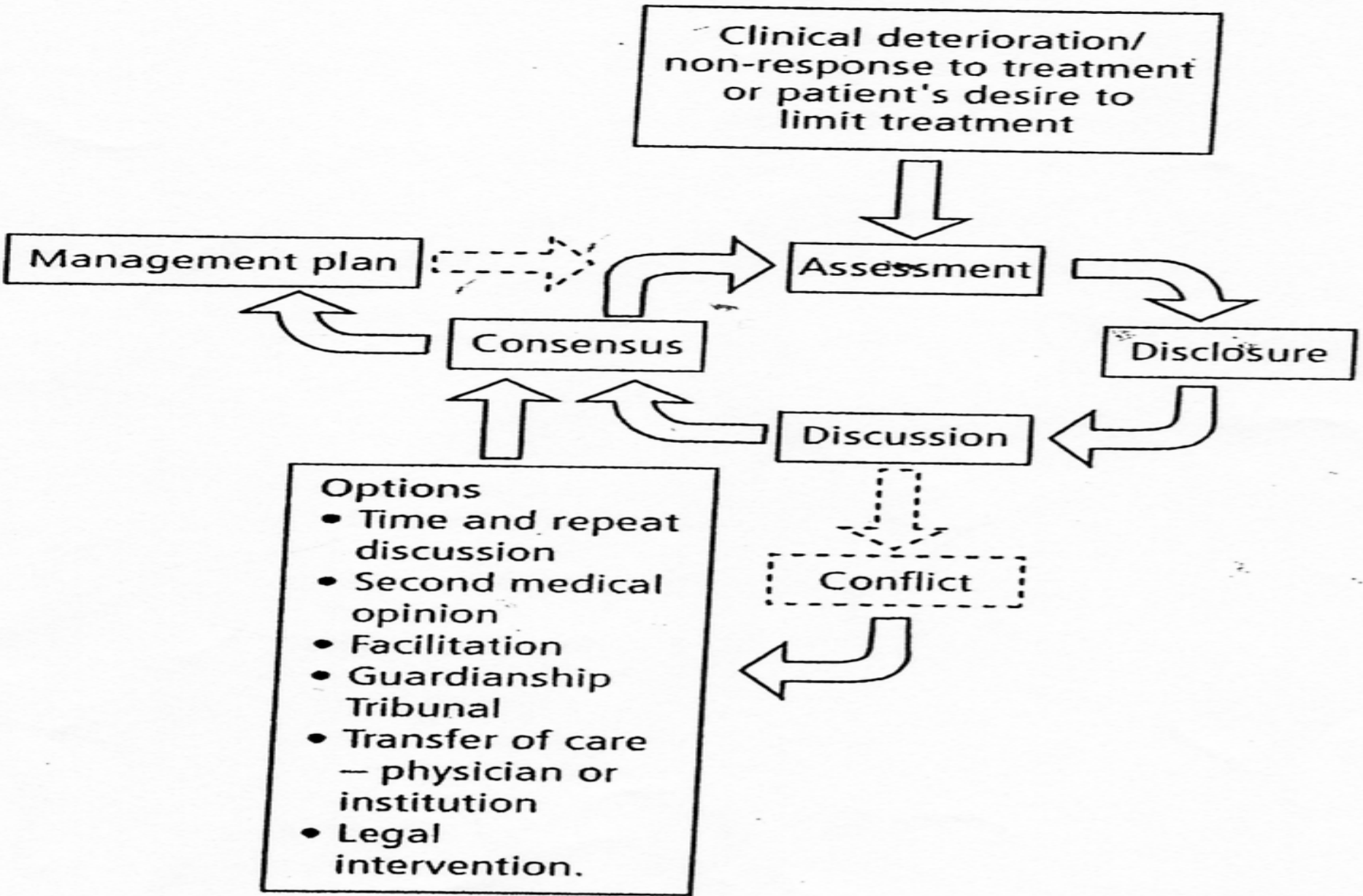
Outcomes

1. Implement planned care to achieve identified outcomes
2. Assist in managing the physical symptom of pain
3. Assists in managing physical symptoms other than pain

1. Implement planned care to achieve identified outcomes

- What changes may occur at the palliative phase?
- How do we define the difference between a care plan and an advanced care plan?
- What process can we use to assist in end of life decision making?
- Consider the following from NSW Department of Health 2005 www.health.nsw.gov.au/pubs

5.1 Process of end-of-life decision-making



Implement planned care to achieve identified outcomes

Staff also need to be aware of other legal requirements including;

1. Accurate documentation
2. Enduring power of attorney
3. Guardianship

Remember Advanced Care Planning may take time so needs to be implemented early in the Palliative Approach



2. Assist in managing the physical symptoms of pain

What is pain?

“Pain is always subjective. Each individual learns the application of the word through experience in early life. It is unquestionably a sensation in a part of the body, but is also always and unpleasant and therefore an emotional experience...”

(Merskey, H 1979)

Classification of Pain

- Acute pain: result of injury or disease fractures, falls, cardiac pain, surgery
- Chronic Pain: malignant disease of an aging population therefore of greater incident with increased age
- Non malignant: degenerative, osteoarthritis, diabetic neuropathy, osteoporosis, CVA, shingles

Barriers

- What are some of the myths and barriers to pain assessment in the elderly?

Barriers to Adequate Pain Management in the Elderly

- Communication difficulty
- Under reporting of pain by the resident
- Stoicism
- Profession complacency – neglect
- Concurrent illnesses
- Sensory impairment

Misconceptions of Pain in the Older Person

- Pain is a natural outcome of growing old
- Pain perception decreases with age
- If the elderly patient does not report pain then they do not have pain
- Those with dementia or cognitive impairment do not feel pain, and their reports are probably invalid

Pain Assessment

- Assessment – pain management is enhanced by comprehensive assessment of the residents pain and evidence – based analgesic decision making.
- Assessment tools can focus on the whole person and when used correctly, by a skilled person, can be important in determining the residents pain.

Assessment Tools - Abbey Pain Scale

- For measurement of pain in people who are ***cognitively impaired*** observe for:
 - Vocalisation
 - Facial expression
 - Change in body language
 - Behavioural change
 - Physiological change
 - Physical change
 - Pain can lead to Behavioural changes in residents

Abbey Pain Scale

How to use the scale; While observing the resident score questions 1-6

Score Values Absent 0, Mild 1, Moderate 2, Severe 3

Q1. Vocalisation (eg whimpering, groaning, crying)

Q2. Facial Expression (eg looking tense, frowning, grimacing, looking frightened)

Q3. Change in Body Language (eg fidgeting, rocking, guarding part of body, withdrawn)
Severe

Abbey Pain Scale

Q4. Behavioural Change (eg increased confusion, refusing to eat, alteration in usual patterns)

Q5. Physiological Change (eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)

Q6. Physical Changes (eg skin tears, pressure areas, arthritis, contractures, previous injuries)

Add scores for Q1 to Q6 = Total Pain Score

Scores 0 - 2 = No pain; 3 -7 = Mild; 8 -13 = Moderate; 14+ = Severe

The type of pain; Chronic or Acute or Acute on Chronic

Assessment tools-PAINAID

Pain Assessment in Advanced Dementia (Central Coast Adaption)

- Five categories
 1. Breathing
 2. Negative Vocalisation
 3. Facial Expression
 4. Body Language
 5. Consolability

PAINAID

- For each of the five rows determine a score of 0,1,2 based on presenting behaviour. Total score the score out of ten.
- The score needs to be considered with reference to previous behaviour, recent events, known medical history and medications administered.
- If discomfort / pain is determined then document the action taken and evaluate the effectiveness of this

What methods are there to assist in managing the physical symptom of pain?

- Medications
- Aromatherapy
- Heat and cold
- Massage
- Music
- Acupuncture
- Touch
- Repositioning
- Spiritual care
- TENS machine

"Pain is a more terrible lord than even death itself"

- Albert Schweitzer

- A detailed assessment is the cornerstone of all pain management
- Review and reassess frequently



3. Symptoms other than Pain

- At the end stage of life the management goals of disturbing symptoms are more focused and depend on the early recognition and assessment.
- Using the case study of Mr. D. formulate a nursing care plan for the following symptoms;
- | | | |
|-------------------|-----------------|-----------------|
| Group 1 Nutrition | Group 2 Fatigue | Group 3 Dyspnea |
| Hydration | Bowels | Skin |
| Cachexia | Swallowing | Oral |

Conclusion

Caring for the residents physical symptoms using a palliative approach requires;

- Accurate Assessment
- Clear Documentation
- Open Communication and
- A team approach.

References

- Abbey J, DeBellis A, Esterman A, Parker D, Giles L, Lowcay B, The Abbey pain scale: a 1 minute numerical indicator for people with end-stage dementia *International Journal of Palliative Nursing*, (2004), vol 10, no1
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- Warden V, Hurley A.C, & Volicer L. (2003) Development and Psychometric evaluation of the pain assessment in Advanced dementia (PAINAD) scale. *Journal of the American Medical Directors Association*,4, 9-15.