

**Health
Promoting
Hospitals & Health Services**



**Veneto
Region
Network**

WORKSHOP

PAIN MANAGEMENT in NON COMMUNICATIVE PATIENTS



Simone Tasso M.D.

HPH Italian Veneto Region Coordinator

19th HPH International Conference

TURKU (FINLAND) June 2, 2011

About 20 years ago

W.H.O : 90 % pain can be treated

NOW

43%-91% patients have pain



Michelangelo,
Sistine Chapel 1508-1512

“Inadequate attention to pain control is unethical,
clinically unacceptable and wasteful in term of cost”

Donal M Phillips , Jama 2000; 284:428-429

Why pain management in HPH ?



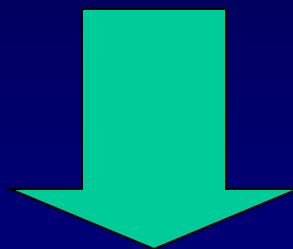
Wolfgang Heimbach, Sick – XVII Century –
Hamburg, Kunsthalle

HPH & Pain Management

For facing this problem in a comprehensive way, it is necessary to work on the three categories suggested by Budapest Declaration:

- **Staff**: because there is still an uncorrect treatment and inadequate belief on pain and its treatment (pain as an instrument for monitoring disease)
- **Patients** : because they need to be informed in correct way (side effects, tolerance)
- **Community** should be involved to change this inadequate belief

How can we measure pain level?



Pain scales

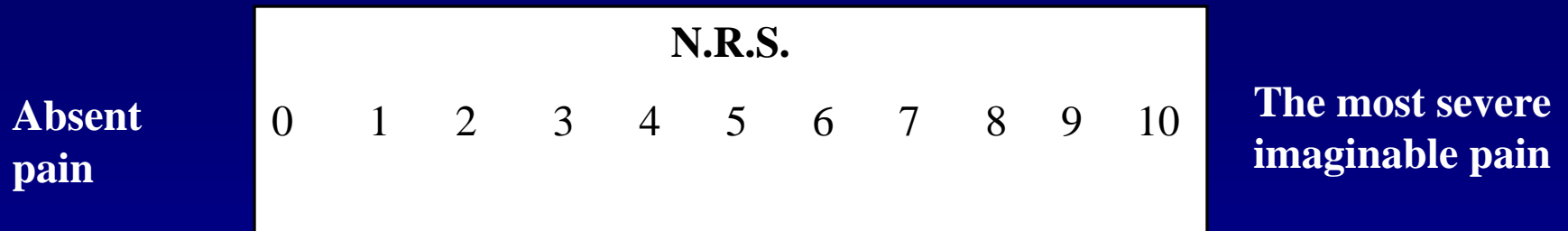
COMMON PAIN SCALES ARE BASED ON VERBAL COMMUNICATION

Health Personnel needs to ask at
least a question to report
the pain level

ADULT PAIN SCALES

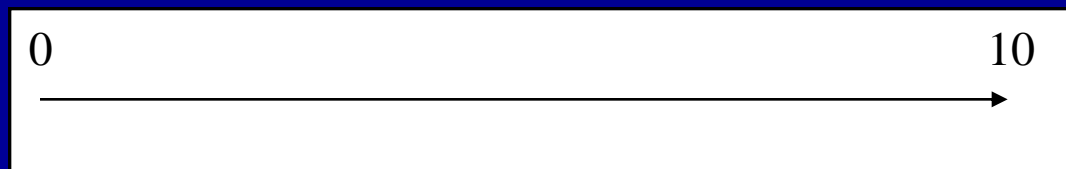
N.R.S.

- Numerical Rating Scale (NRS) for adult patient



V.A.S.

- Visual Analogic Scale (VAS) for adult patient



CHILDREN PAIN SCALE

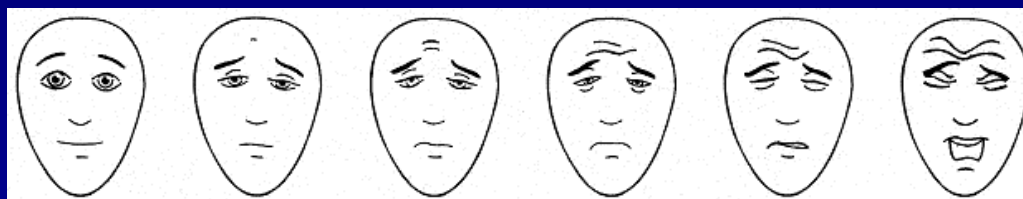
Bieri Scale

(for children 4-7 years old)

Young children do not understand the meaning of numbers

- What is the face that is like your pain ?

Absent pain



The most severe imaginable pain

0

2

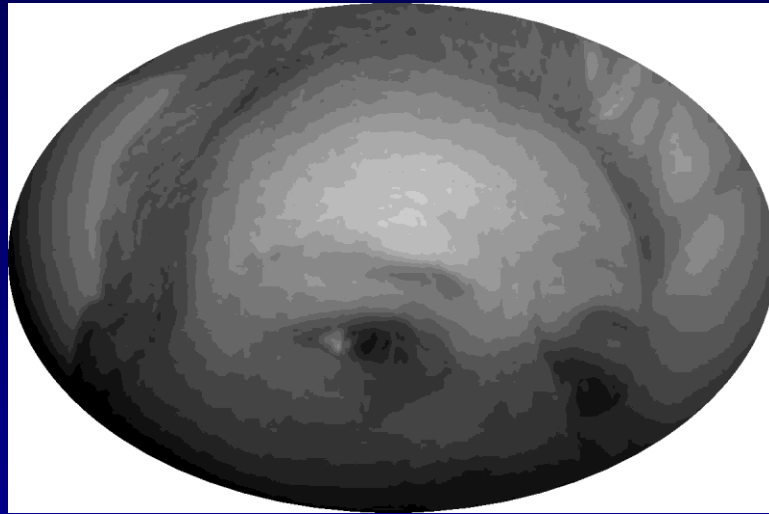
4

6

8

10

How can we measure pain level in NON communicative patients?



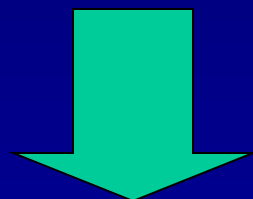
How do they perceive pain ?

NON communicative patients are often old frail and with dementia



**Inadequate beliefs especially in this kind
of patients**

**both
in staff
and community**



People with demetia don't perceive pain

Do they perceive pain ?

Pain thresholds are not altered,
but pain tolerance is
significantly increased



Huffman, J. C. & Kunik, M. E. (2000). Assessment and understanding of pain in patients with dementia. Gerontologist, 40, 574 – 581.

What do they understand ?

- Demented individuals experience the same pain sensations as non-demented individuals, *but fail to interpret such sensations as painful*



Huffman, J. C. & Kunik, M. E. (2000). Assessment and understanding of pain in patients with dementia. Gerontologist, 40, 574 – 581.

In the most severe levels of dementia, patients are similar to aphasic patients who perceive the sound but don't understand the meaning



There are problems also in
the lower level of
dementia



People with dementia are less likely to report pain.

Dementia Progress

As dementia progresses:

- speech ability may decline so that the person can no longer communicate their thoughts, feelings and needs
- patients may not understand questions
 - may not recall that they have been in pain
 - may be not be able to interpret and understand the feelings they are having

*Sampson E, Kitchen G, Pain in Dementia – Factsheet,
North West Dementia Centre. Univ. Manchester*

Dementia Patients are at High Risk for Under-Diagnosis of Pain

Dementia Patients are at High Risk for Under-Treatment of Pain

Pain is Under-Treated in these
patients

- In Homes
- In Hospitals
- In Nursing Homes

More important in the future

WHY ?

AGEING & DEMENTIA

Although dementia is not caused by aging itself— most researchers regard it as resulting from injuries, infections, brain diseases, tumors, or other disorders— it is quite common in older people.

www.minddisorders.com

The prevalence of dementia increases rapidly with age; it doubles every five years after age 60.

Dementia affects only 1% of people aged 60–64 but 30%–50% of those older than 85. About four to five million persons in the United States are affected by dementia as of 2002.

Surveys indicate that dementia is the condition most feared by older adults in the United States.

Increasing for the rapid ageing of population

What can we do to help these patients ?

The HPH Project of the Italian Veneto Region

First step

The research of the tools

Tools (chronological order)

Doloplus (Wary et al.)

ECPA (Alix et al.)

ECS (Baulon et al.)

Observation Pain Behaviour Tool (Simons & Malbar)

CNPI (Feldt)

PACSLAC (Fuchs et al.)

PAINAD (Warden et al)

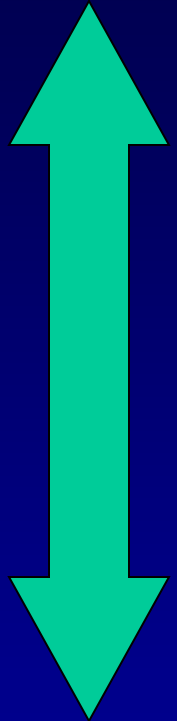
RaPID (Sign & Orrell)

Abbey Pain Scale (abbey et al)

NOPPAIN (Snow et al)

**Pain Assessment Scale for use cognitively impaired
adults (Davies et al)**

1992



2004

There are several tools created with the aim to measure pain in these patients:

They are based on capturing non verbal signs:

Facial expression: Grimacing, frowning, sad, tense, frightened

Behavioural changes: restlessness, repetitive behaviours, pacing, wandering, fidgeting

Mood changes: Depression and withdrawal

Body Language guarding, bracing, rubbing or holding the painful part of the body

Vocalisms: shouting out repeatedly, screaming, crying , groaning

What Instrument did we choose ?

NOPPAIN (Snow 2004)

(Non Communicative Patient's Pain Assessment Instrument)

WHY ?

The NOPPAIN scale appears:

- easy to administer**
- brief**
- combines text and pictures to make it easier to understand**
- underlines the importance of pain assessment during daily care (focus on nurses)**
- requiring very little training**
- a video gold standard was created to support the training of the nurses**

How does it work ?

NOPPAIN

4 sections:

1 Activity Check list

2 Pain Behaviour

3 Pain Intensity

4 Total score :
summing 1+2+3

NOPPAIN

Non-Communicative Patient's Pain Assessment Instrument)

Name of Evaluator:	
Name of Resident:	
Date:	
Time:	

DIRECTIONS: Nursing staff member should complete at least 5 minutes of daily care activities for the resident while observing for pain behaviors. This form should be completed immediately following care activities.

I. Activity Chart Checklist		A	B
Check "Yes" or "No" for each item in columns A and B		Did you do this?	Did you see pain when you did this?
A. Put the resident in bed OR saw the resident laying down		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Turned the resident in bed		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Transferred the resident (bed to chair, chair to bed, standing or wheelchair to toilet)		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
D. Sat the resident up in bed OR saw the resident sitting		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
E. Helped the resident stand OR saw the resident stand		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
F. Dressed the resident		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
G. Fed the resident		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
H. Helped the resident walk OR saw the resident walk		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
I. Bathed the resident OR gave the resident a sponge bath		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

I. Pain Behavior	
What did you see and hear during care?	
Pain Words? "That hurts!" "Ouch!" "Stop that!" Did you see this? <input type="checkbox"/> Y <input type="checkbox"/> N 	Pain Faces? • grimaces • winces • furrowed brows Did you see this? <input type="checkbox"/> Y <input type="checkbox"/> N
How intense were the pain words? 0 1 2 3 4 5 Lowest Possible Intensity Highest Possible Intensity	How intense were the pain faces? 0 1 2 3 4 5 Lowest Possible Intensity Highest Possible Intensity
Pain Noises? moans groans grunts cries gasps sighs Did you see this? <input type="checkbox"/> Y <input type="checkbox"/> N 	Bracing? • rigidity • holding • guarding Did you see this? <input type="checkbox"/> Y <input type="checkbox"/> N
How intense were the pain noises? 0 1 2 3 4 5 Lowest Possible Intensity Highest Possible Intensity	How intense was the bracing? 0 1 2 3 4 5 Lowest Possible Intensity Highest Possible Intensity
Rubbing? massaging affected area Did you see this? <input type="checkbox"/> Y <input type="checkbox"/> N 	Restlessness? • frequent shifting • rocking • inability to sit still Did you see this? <input type="checkbox"/> Y <input type="checkbox"/> N
How intense was the rubbing? 0 1 2 3 4 5 Lowest Possible Intensity Highest Possible Intensity	How intense was the restlessness? 0 1 2 3 4 5 Lowest Possible Intensity Highest Possible Intensity

SCORING Add up the number of "Yes" boxes you checked in column B	TOTAL 1 <input type="text"/>
--	--

SCORING: a. Add up the number of "Yes" boxes you checked	TOTAL 2a <input type="text"/>
b. add up the numbers you circled on the intensity scales	TOTAL 2b <input type="text"/>

III. Pain Intensity

Rate the resident's pain at the highest level you saw it today

0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Moderate Severe Worst Possible Pain

TOTAL 3

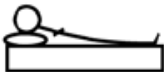

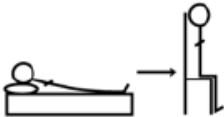


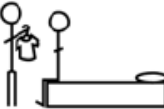



If a resident reported they have pain, or their NOPPAIN score is 3 or more report the resident to the nurse for a comprehensive exam.

NOPPAIN SCORING

TOTAL 1 + TOTAL 2a + TOTAL 2b + TOTAL 3 = NOPPAIN SCORE

+ + + =

Section 1

I. Activity Chart Checklist Check "Yes" or "No" for each item in columns A and B		A Did you do this?	B Did you see pain when you did this?
A. Put the resident in bed OR saw the resident laying down		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Turned the resident in bed		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Transferred the resident (bed to chair, chair to bed, standing or wheelchair to toilet)		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
D. Sat the resident up in bed OR saw the resident sitting		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
E. Helped the resident stand OR saw the resident stand		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
F. Dressed the resident		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
G. Fed the resident		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
H. Helped the resident walk OR saw the resident walk		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
I. Bathed the resident OR gave the resident a sponge bath		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SCORING Add up the number of "Yes" boxes you checked in column B			TOTAL 1 <input type="text"/>

Section 2

II. Pain Behavior

What did you see and hear during care?

Pain Words?

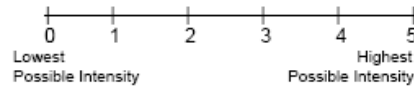
- "That hurts!"
- "Ouch!"
- "Stop that!"



Did you see this?

Y N

How intense were the pain words?



Pain Faces?

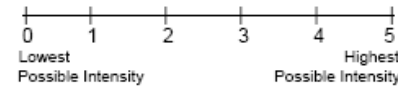
- grimaces
- winces
- furrowed brows



Did you see this?

Y N

How intense were the pain faces?



Pain Noises?

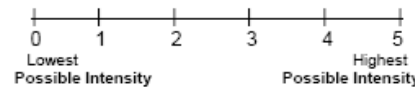
- moans groans
- grunts cries
- gasps sighs



Did you see this?

Y N

How intense were the pain noises?



Bracing?

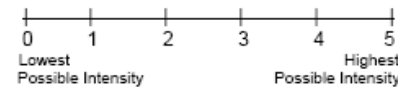
- rigidity
- holding
- guarding



Did you see this?

Y N

How intense was the bracing?



Rubbing?

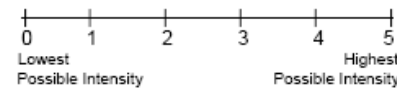
- massaging affected area



Did you see this?

Y N

How intense was the rubbing?



Restlessness?

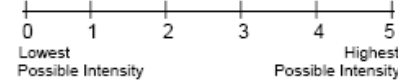
- frequent shifting
- rocking
- inability to sit still



Did you see this?

Y N

How intense was the restlessness?



SCORING:

a. Add up the number of "Yes" boxes you checked

TOTAL 2a

b. add up the numbers you circled on the intensity scales

TOTAL 2b

Section 3

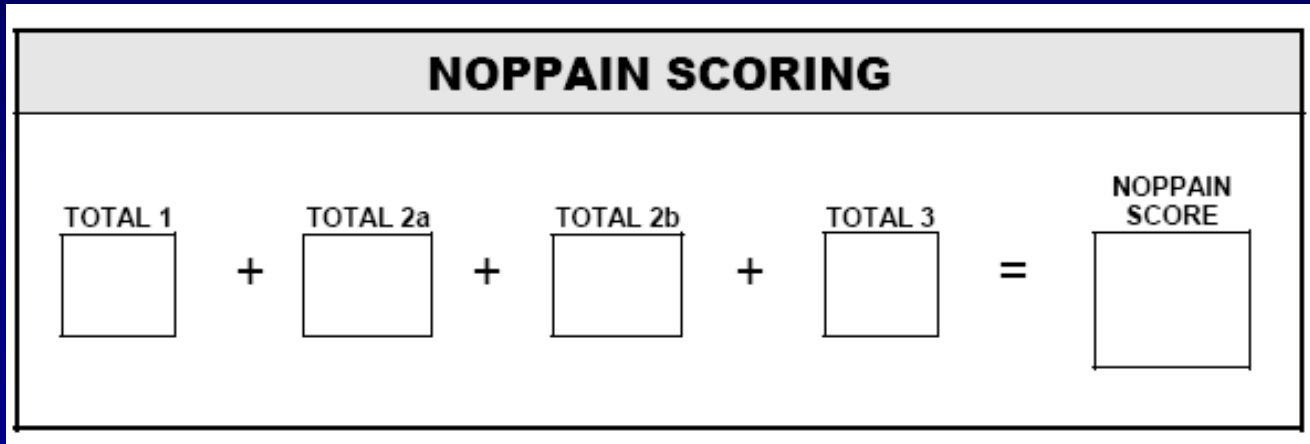
III. Pain Intensity
Rate the resident's pain at the highest level you saw it today

0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Moderate Severe Worst Possible Pain

TOTAL 3

Section 4



THE VIDEO



Scene D



Scene A



Scene B



Scene F

The HPH Project of the Italian Veneto Region

Second Step

Work on staff

THE EDUCATIONAL TRAINING

TRAINING CONTENTS

Theoretical Contents

Introduction on HPH

What is the HPH Network

The importance of Pain Management in HPH

The Polycentric Survey of HPH Veneto Region

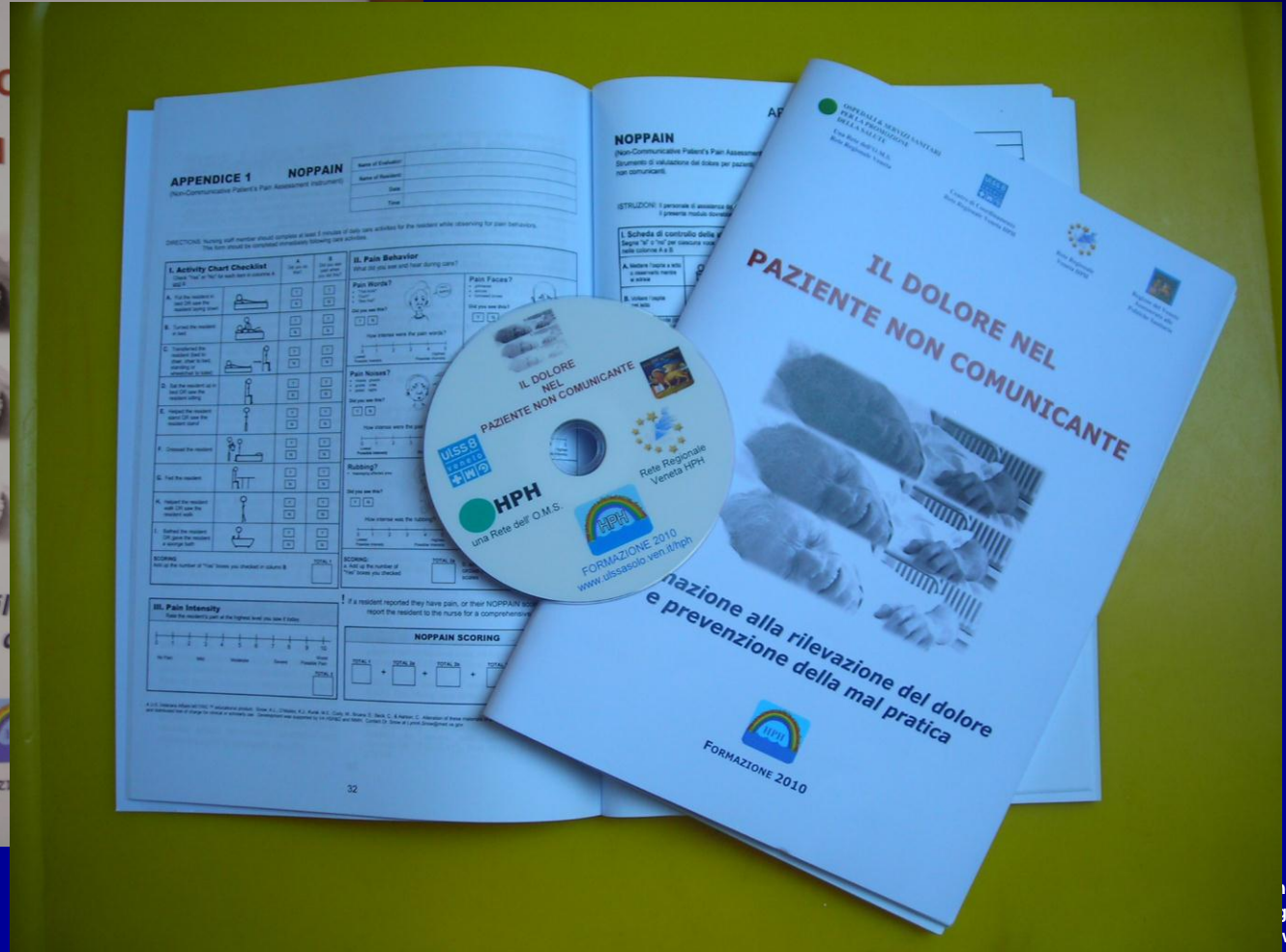
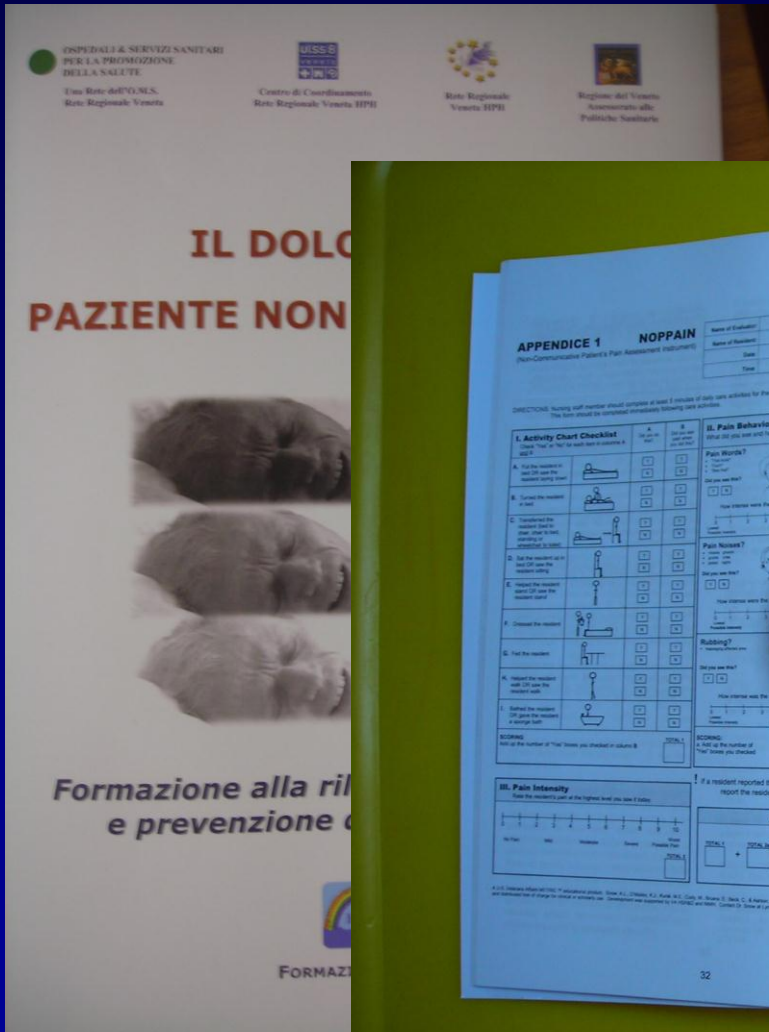
Physiopathology and pharmacology of pain

Dementia Patients

”Practical” Contents

Supported by a Manual and DVD with video on
NOPPAIN + INTRODUCTION HPH

MANUAL & DVD



The HPH Project of the Italian Veneto Region

Third Step

Work on the Community

Celebration of the World Relief Day

(last Sunday of May)



Stand in hospital entrance to present our Project

Conference : May 24, 2010

Guest of honour :

NOPPAIN's Author (prof.Snow)

Listening all the main point of views:

Mayors of our Community

University: dean & students

Nurse Hospital Doctors & GPs

Nurses Associations, Medical Association

Directors of Nursing Homes & Medical Hosp.Dir.

Alzheimer Family Associations



THE END