PAIN MANAGEMENT, SLEEP, AND COMFORT

To feel good, we need to get enough sleep, be physically comfortable, and be free from pain. Health care is now focusing more on these three factors. If a resident is in pain, they are not comfortable. Their sleep and activities will be disrupted. This will affect the quality of their life. In many health care settings, including long term care facilities, pain is thought of as the fifth vital sign. This means that residents are asked about pain when they are admitted and then routinely. Their pain is assessed at least weekly and whenever their condition changes. Thinking of pain as a vital sign— along with temperature, pulse, respiration, and blood pressure—reminds staff to ask residents often about their pain. This is important because residents do not always mention their pain if they are not asked.

How residents perceive and respond to pain is influenced by their cultural or religious background and beliefs. Your own beliefs also affect how you think residents should respond to pain. As a nurse assistant caring for residents who are in pain, you must evaluate your own attitudes about pain. How you react to a resident when they report pain may affect the quality of their life. Your reporting of a resident’s pain may make the difference in whether it is managed or not.

Pain management is a key part of your residents’ care. Studies show that unrelieved pain can affect healing and rehabilitation. Pain also affects socialization, ambulation, length of stay in a nursing home, and overall well-being. In addition, pain can create problems with the resident’s immune system and other body systems. This means pain can affect how the body fights infection. This can cause further deterioration in the resident’s health.

In this chapter you will learn about pain management. You have an important role in communicating information about the resident’s pain. You will learn what you can do to help a resident with chronic pain. You will learn about different measures to relieve pain, increase the resident’s comfort, and promote sleep (Fig. 21-1).
Have you ever thought that someone did not believe what you were saying? Did you try to convince the person to believe you? Imagine that you are in pain and are trying to convince your caregivers—who have the capability to relieve your pain—that you are feeling pain. What if they do not believe you? How would that make you feel? Would you be able to trust them? Could you have a positive relationship with them? What would your quality of life be like?

PAIN

In the past, pain was often viewed as a symptom of something else, another condition or disease. Health care professionals often ignored the pain and focused only on treating the underlying cause. But in today’s health care, pain should never be ignored. Pain is recognized as a devastating health problem. Health care professionals today focus on finding better ways to treat pain. More research is also being done today to find new ways to help manage pain and bring relief.

Pain cannot be measured like temperature or pulse. Pain is whatever the resident says it is. Pain is what the resident feels. You must accept what a resident says about the pain they feel and its severity. Report their pain the same way as they tell you it makes them feel. You cannot interpret someone else’s pain yourself. Believe what the resident says.

Consider this: You see a resident walking down the hall laughing. Because they are laughing, you do not believe they really are in pain, so you do not report their complaint of pain. Now consider a different resident who reports to you that they experience pain when they walk.

You see this resident crying and holding onto the railing in the hall as they walk.

Would you think differently about these two residents’ pain? Can you be sure one is in pain and the other is not? Would one of them receive pain treatment because you reported it, while the other would not because you did not report their pain? What you report can determine whether residents are treated properly. You must not try to judge their pain. Remember: you cannot know what they actually feel inside. It is your responsibility to report whatever the resident states, regardless of whether you believe them or not.

Sometimes residents need pain medications around the clock. That means they must receive the medication on schedule. This is the best way to treat their pain even if the nurse must wake them up in the middle of the night. You may think that waking the resident is not a good thing. But if the resident’s pain increases because they missed a dose of medication, it may then become difficult to control their pain.

Screening for Pain

Most facilities have pain assessment tools that residents can use to rate their pain. A number scale is often used for adults. You ask the resident, “If zero is no pain and 10 is the worst pain possible, what is your pain right now?” It may be easier for some residents, especially residents who do not speak English, to use a visual pain scale like the one shown in Figure 21-2, next page. Other scales may be used for residents with impaired cognitive ability. A resident’s pain should be assessed at least weekly and whenever their condition changes. Let the charge nurse know how much pain the resident is experiencing so that a more detailed pain assessment can be performed.

The charge nurse, along with other members of the interdisciplinary team, may assess the resident’s pain. Residents are asked about the following pain qualities:

- The location of their pain
- What their pain feels like, using terms such as:
  - “achy”
  - “throbbing”
  - “sore”
  - “burning”

Pain — bodily sensation that causes suffering and distress
When the pain started
• Whether the pain is always there or if it comes and goes
• What makes the pain worse or better
• How the pain affects their walking, eating, sleeping, and mood

The interdisciplinary team uses all this information to create a plan to help relieve the resident’s pain.

Pain management is the responsibility of the whole team. The charge nurse may ask you to report when the resident complains of pain or to observe how the resident responds after being given a pain medication. The physician or another member of the interdisciplinary team may prescribe complementary (nonmedical) or alternative therapies for pain relief. These may include the application of heat or cold. The charge nurse will explain your responsibilities with these therapies. Later in this chapter you will learn strategies for pain relief that can be administered along with medications or instead of them.

You have a key role helping the interdisciplinary team assess a resident’s pain. Listen carefully to how the resident defines their pain. The charge nurse or other health care professional evaluates the resident’s pain, but you should report any other signs or nonverbal cues to pain that you see in the resident or that they tell you about. Encourage residents to talk openly about their pain. They should understand that pain is not a normal part of aging. They should never be made to feel they should hide their pain. Pain can be managed, and they have the right to pain treatment.

In some situations, a resident may try to hide their pain because their culture or religion encourages that. Always respect the resident’s cultural and religious views while you work with the team to address the pain. Remember that it is crucial to report their pain so that it can be treated appropriately.

Understanding Pain

The severe pain from some forms of cancer has led health care professionals to improve our understanding of pain and how to manage it. Pain used to be defined in three categories: (1) acute pain, such as caused by a sprain, strain, infection, inflammation, or surgical procedure; (2) chronic pain, such as caused by arthritis; and (3) malignant pain, such as in cancer.

More recently, pain research defines pain in relation to different forms of nervous system damage. This approach helps the interdisciplinary team more effectively treat residents’ pain. Certain medications or alternative strategies for comfort and pain relief work better with one kind of pain than with another. In this way, the team can use the best pain management strategies for the resident’s specific kind of pain.

Your role in pain management is to always report information about the resident accurately and in a timely manner, and to perform other strategies as directed.

Common Resident Concerns About Pain

Some residents have certain beliefs about pain and its treatment. These beliefs may interfere with reporting their pain and good pain management. Table 21-1 lists common misconceptions or beliefs about pain as well as the facts. Be aware of these misconceptions and beliefs. When appropriate, talk about them with your residents.

Reporting Pain Accurately

Pain is very subjective. In Chapter 8, Documentation Principles and Procedures, you learned that subjective information is what the resident tells you. For example, a resident may tell you that they could not sleep all night because they had pain in their hip. You must report this subjective information exactly as the resident stated it. In
### TABLE 21-1
MISCONCEPTIONS ABOUT PAIN AND ITS TREATMENT

<table>
<thead>
<tr>
<th>MISCONCEPTIONS ABOUT PAIN</th>
<th>FACTS ABOUT PAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>“If I take too much pain medicine I will get addicted.”</td>
<td>The risk of addiction is rare (less than one in 10,000 people) when pain medications are taken for pain.</td>
</tr>
<tr>
<td>“Pain is inevitable as you get older—I just have to live with it.”</td>
<td>As you age, conditions that cause pain become more common. But pain is not normal. Good pain relief is possible for all types of pain.</td>
</tr>
<tr>
<td>“The nurses and nurse assistants are so busy—I don’t want to bother them by asking for pain medication.”</td>
<td>The nurses and nurse assistants want to know about your pain. The staff want to provide the best treatment possible.</td>
</tr>
<tr>
<td>“If my pain medicine doesn’t work as well as it used to, it means I am getting immune or addicted to it.”</td>
<td>Sometimes people get used to a medicine. This is called tolerance—not addiction. If tolerance happens, staff can increase the dose or change to a different pain medicine.</td>
</tr>
<tr>
<td>“It is better to save pain medicine for when the pain gets really bad.”</td>
<td>If a resident waits too long to take pain medicine, they may actually need a stronger medicine or higher dose. Taking pain medicine on a regular schedule may help prevent pain.</td>
</tr>
<tr>
<td>“It’s easier to cope with the pain than with the side effects of pain medication, especially constipation.”</td>
<td>Pain medicine, particularly narcotics, can cause constipation. But constipation can be prevented and treated with stool softeners and laxatives. Worries about side effects should not stop the resident from taking pain medicine for their pain.</td>
</tr>
</tbody>
</table>

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### TABLE 21-2
SIGNS OF PAIN

<table>
<thead>
<tr>
<th>OBSERVATION</th>
<th>SIGNS OF PAIN</th>
</tr>
</thead>
</table>
| The resident’s facial expression | • Frown, wrinkled forehead  
• Furrowed brow  
• Grimace  
• Expression of fear  
• Expression of sadness  
• Tense muscles around the mouth and eyes (Fig. 21-3) |
| The resident’s physical movements | • Restlessness, fidgeting, agitation  
• Absence of movement, slow movements  
• Cautious movements, guarding, or bracing  
• Rigidity, generalized tension  
• Rubbing a body part |
| What you might hear | • Groaning, moaning  
• Crying  
• Noisy breathing  
• Saying things like “Ouch!” or “Don’t touch me” |

Fig. 21-3 – A resident with a facial expression such as a frown, grimace, or expression of sadness may be in pain.
In this case, you would tell the charge nurse that the resident said they could not sleep all night because they had pain in their hip. The charge nurse may ask you questions such as: “Is the resident up now? Did they say they felt pain when you helped them with their ADLs? Do they show any other signs of pain?” Then you would tell the nurse what you observed, being careful to identify subjective and objective information.

Table 21-2, previous page, describes some common signs of pain you may observe. But always remember that regardless of what you observe or do not observe, pain is what the resident says it is.

**Pain That Is Left Untreated**

Each resident feels pain differently and responds in their own way. You may hear someone say that one resident has a “high pain threshold” while another has a “low threshold.” The reasons for such differences are very complex and not fully understood. Researchers believe that cultural influences, the brain’s release of *endorphins*, and previous experiences with pain all may play a role in pain sensation, along with other individual factors.

Regardless of differences among residents, pain that is not relieved can lead to terrible problems. As mentioned earlier, the resident’s immune system is compromised by unrelieved pain. Pain also affects other body systems. Because of the constant effect of pain on the nervous system, even the lightest touch can cause a resident more pain. The charge nurse can give you more information about how the body is affected by unrelieved pain.

A resident in pain is not happy. They cannot get comfortable and relax. They do not sleep well. They may feel that the quality of their life is poor. If a resident’s pain is not managed, the resident may experience some or all of the following feelings:

- Fear
- Depression
- Anxiety
- Helplessness
- Hopelessness
- Distress
- Decreased will to live

**Pain Treatment**

The most common treatment of pain is medication. Many drugs are available today to treat residents’ pain. Typically, a combination of drugs is used to manage pain caused by cancer or chronic illness. The physician and other members of the team select what drugs to use. Your input about the resident’s experience is a key part of this decision. The team must clearly understand what type of pain the resident is experiencing and other information about the resident’s pain. In addition to communicating your knowledge about the resident’s pain, you also are responsible for reporting any side effects, or undesired effects, of the pain medication on the resident. Box 21-1 lists some possible side effects.

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**Endorphins** – natural morphine-like substances released by the brain during exercise, which can alter one’s feeling of pain
Your role with nondrug therapies depends on your experience. The charge nurse or the physical therapist will train you in techniques used in your facility. The charge nurse and other team members decide what alternative or complementary therapies to use for each resident. You may be asked to report how effective the treatment is in comforting the resident or relieving pain.

If the physician prescribes heat or cold application, follow the guidelines on the use of heat or cold therapy in Chapter 24.

**PROMOTING COMFORT AND SLEEP**

Research has shown that frequent sleep disturbances, such as getting up to go to the bathroom, may affect the body’s natural pain inhibitors and cause more pain. This is especially so with women. You are responsible for helping all residents to feel comfortable and get enough sleep. The techniques listed in Box 21-2 can be used with all residents to help promote comfort and sleep in addition to relieving pain. You can also help control the resident’s environment in the following ways to help make them comfortable and to promote sleep:

- Ask the resident about their room temperature. Be sure the room is not too hot or too cold. Remember that what you consider a comfortable temperature yourself may be different from what the resident finds comfortable. Be sure the resident has enough blankets nearby so that they can pull up more covers if they get cold during the night. If residents cannot do this by themselves, be sure to check on them throughout the night.
- Limit noise at night. Do not not talk to others in the resident’s room or outside their door.
- Lower the lights in the hallways. Close the resident’s door if appropriate. Be sure to pull window shades and close curtains so that outside lights do not shine in the resident’s window.
- Pay attention to any odors. Make every effort to empty bedpans, change soiled linens, and manage incontinence in a timely manner.
- Encourage residents to use the bathroom before going to bed at night.

In addition to these guidelines, encourage the resident to rest during the day. This can simply mean quiet time reading or listening to music. Understanding how the resident likes to relax and to prepare for sleep will help you know what to do for the resident.

**Fig. 21-4** — Exercise like stretching helps residents manage their pain.
**BOX 21-2. NONDRUG THERAPIES FOR PAIN**

- **Heat/cold application** involves using dry or moist heat or cold on a specific area to relieve pain or increase the resident’s comfort.
- **Vibration** can be used to promote comfort or help relieve pain. This form of electrical massage is applied lightly or with pressure on various body areas. Different types of vibrating devices are available for different parts of the body.
- **Massage** is a method of relaxation that can be used to help residents relax both physically and mentally. A three-minute backrub using slow, rhythmic strokes is a safe and effective way to decrease pain and promote relaxation.
- **Acupuncture** is an ancient Chinese healing method. The acupuncturist inserts very thin needles in specific body sites. Acupuncture is said to allow energy to flow to or from areas that do not have enough energy or have too much energy. Acupuncture is believed to help restore and regulate the body’s energy balance.
- **Distraction** is a technique used to direct a resident’s attention away from pain. With distraction, the resident deliberately focuses on something other than the pain and thus responds less to it (Fig. 21-5). Talking, books, movies, and social activities are all distractions.
- **Humor** is an enjoyable and often effective form of distraction that can be used to get the resident’s mind off their pain.
- **Relaxation** techniques are methods that help reduce anxiety, muscle tension, and pain. Such techniques include meditation, music, massage, and deep breathing (Fig. 21-6).
- **Guided imagery** is a healing technique that uses words and sometimes music to bring the body and mind to a relaxed and focused state.
- **Animals** provide relaxation and companionship and help distract a resident’s attention from pain.

**Fig. 21-5 — Encouraging residents to participate in activities they enjoy can help distract them from their pain.**

**Fig. 21-6 — Meditation can help residents relax and reduces their pain.**
IN THIS CHAPTER YOU LEARNED:
• Your responsibility for reporting pain
• Signs you might see when a resident is in pain
• Common side effects of pain medications
• Complementary or alternative measures to help manage pain
• That hot and cold applications are used to decrease pain
• Ways to promote comfort and sleep

SUMMARY
In this chapter you learned how important it is for a resident to sleep well, be comfortable, and be free from pain. Your role of reporting the resident’s pain is critical, so that treatments can be given to relieve their pain. In addition to drug therapy, many alternative measures can help promote sleep, make the resident comfortable, and relieve pain.

PULLING IT ALL TOGETHER
Your responsibility to report information can make the difference in how residents are treated. Consider these examples:

Example 1. Mrs. Bailey is a resident newly admitted to your facility. She has Alzheimer’s disease and can no longer safely care for herself. At the end of your shift you report to the charge nurse that she seemed irritable and stubborn. You do not report that she was hugging her knees and resisted releasing them when you tried to help her go to the bathroom, dining room, and her arts and crafts group.

Example 2. At the end of your shift you report to the charge nurse that Mrs. Bailey was rocking in the bed and holding her knees when you tried to help her with activities of daily living.

In example 1 you reported your opinion.
In example 2 you reported the facts.
Now think about what could happen in each situation. In the first example, your opinion could result in the resident being labeled as difficult. In the second example, reporting the facts would prompt the charge nurse to assess the resident. This assessment is preferable, because it might discover that Mrs. Bailey has pain in her knees from an old injury.
CHECK WHAT YOU’VE LEARNED

1. What is considered the fifth vital sign?
   A. Pain.
   B. Anxiety.
   C. Hearing.
   D. Mental status.

2. How residents perceive and respond to pain is influenced by:
   A. Their nutritional status.
   B. Sunlight.
   C. The clothing they are wearing at the time.
   D. Their cultural or religious background and beliefs.

3. How can you help a resident manage their pain?
   A. Make the lights in their room as bright as possible.
   B. Report any signs or symptoms of pain to the charge nurse.
   C. Offer them plenty of snacks and beverages between meals.
   D. Turn the television up loud.

4. Why is it important to manage a resident’s pain?
   A. Untreated pain makes residents sleepy.
   B. Untreated pain can cause Alzheimer’s disease.
   C. Untreated pain can lead to hypothermia.
   D. Untreated pain can put a resident at increased risk of illness.

5. Mrs. Samuelle doesn’t ask for pain medication, even though she has chronic pain from arthritis in her hip. What is a possible reason for why she tolerates her pain?
   A. Her roommate never asks for pain medication.
   B. In her family, complaining about pain is a sign of weakness.
   C. Staff in long term care facilities cannot administer pain medication.
   D. Pain will make her immune system stronger.

6. If a resident tells you their knee hurts, but they don’t show any signs of pain, you should think they are:
   A. Disoriented.
   B. Telling you the truth.
   C. Addicted to pain medication.
   D. Just trying to get your attention.

7. A possible side effect of pain medication is:
   A. Sleeplessness.
   B. Constipation.
   C. Acute sensitivity to light.
   D. Increased respiratory rate.

8. The technique of distraction may include:
   A. Sneaking up on a resident to startle them.
   B. Watching a movie.
   C. Acupuncture.
   D. Taking a Sitz bath.

9. Which of these nondrug therapies can help reduce painful swelling?
   A. Exercise.
   B. Vibration.
   C. Music therapy.
   D. Cold application.

10. How can you help residents sleep well at night?
    A. Give each resident a sleeping pill.
    B. Limit noise and conversations in the hallway.
    C. Give each resident a glass of warm milk before bed.
    D. Never go into a resident’s room during the night.

(Answers to “Check What You’ve Learned” are in the Instructor’s Manual.)