Pain: Initial Screening/Ongoing Screening for Pain

Key Steps | **Key Elements**

Identify residents who need a comprehensive assessment of pain.

Designate person responsible for screening for pain.

Evaluate the facility admission/readmission tools to see if it addresses the question of whether or not the resident has any pain.

- Standardize the screening process for pain at admission/ readmission.
- The single most reliable indicator of the existence of pain is the individual's self-report.
- Use an appropriate tool (with regard to cognitive status, ability to communicate, etc.) to assess level of pain.

[According to the AGS Clinical practice guidelines, almost all long-term care residents have predisposing factors for developing pain. For this reason a high index of suspicion regarding the presence of pain is warranted. By screening for pain regularly you should identify residents in pain promptly.]

N

Y

Go to the *Comprehensive Assessment of Pain* flow diagram.

Continue with ongoing screening for pain.

- Determine schedule for ongoing screening (i.e., daily, weekly, monthly). Ex. Ask the resident once a day the question: Do you have pain? Record the response using either a 0-10 scale or 0-5 scale based on facility policy.
- If the resident has cognitive impairment use appropriate tool.
- Screen for pain with each MDS/quarterly assessment.
- Screen for pain with any change in condition.
- Pay special attention to those residents with high risk for pain diagnosis:
  - Degenerative joint disease
  - Arthritis
  - Peripheral vascular disease
  - Pressure ulcers
  - Immobility/contractures
  - Amputations
  - Osteoporosis with compression fractures
- Elderly often describe pain in the following manner without ever using the word pain:
  - Burning
  - Aching
  - Stabbing
  - Cramping
- Designate responsibility and accountability for ongoing screening.
- Go to *Daily Monitoring of Pain and Response to Pain Management Plan* flow diagram.

Does resident have new onset of pain?

N

Y

Go to the *Comprehensive Assessment of Pain* flow diagram.

Key

Y = Yes

N = No

MO-06-05-PAIN May 2006 This material was prepared by Primaris, the Medicare Quality Improvement Organization for Missouri, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.