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Developing a Pain Assessment Tool for People with Dementia and Communication Difficulties

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Introduction And Background

- **THE AIM of the project was to identify and implement a pain assessment tool sensitive to the cognitively impaired patient in acute care settings.**

This Practice Development project examined and trialled observational pain assessment tools for people with dementia.

A group of clinicians identified lack of a formal pain assessment tool as a problem for the increasing number of older patients admitted to the hospital with cognitive impairment and dementia.

- Effective Communication is essential for obtaining pain relief (McDonald et al. 2005).

Cognitively impaired patients may not be able to articulate and convey the way they feel (Curvo et al. 2007).

- Some older people are unable to describe and report their pain due to sensory and cognitive impairment making communication difficult (Help the Aged 2008).

Method

The method and approaches used were based on a participatory action research (PAR) methodology.

Changing pain assessment practice required accessibility and support from the medical and clinical team, therefore influential clinicians responsible for pain assessment practice participated in the decisions made relating to the project and formed a multi-professional steering group. PAR is a process using stages of planning, acting, observing, reflecting and re-planning (Glasson et al. 2006).

Activity

1. An examination of the literature relating to observational pain assessment tools. Summary of literature examining some observational pain assessment tool.

2. They were evaluated by staff on the wards.

Evaluation of Pain Assessment Tools by Ward Staff

<table>
<thead>
<tr>
<th>SCALE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checklist of nonverbal pain indicators (CNPI) observation score (Feldt 2000)</td>
<td>Used on hip fracture patients (n=68); Not pain specific, no grading of pain. Scores on movement and on rest. Devised for use in acute care (trauma) Simple layout</td>
</tr>
<tr>
<td>PAINAD Pain Assessment In Advanced Dementia (Warden et al 2003)</td>
<td>Small sample size all male and white. Tested in nursing homes and specialist dementia care units. Complicated to use and misleading. Liked the layout of the tool. Simple format</td>
</tr>
<tr>
<td>PADE Pain Assessment for the Dementing Elderly (Villanueva et al 2003)</td>
<td>2 studies involving 25 and then 40 residents over 10 day period. Long-term care and extended amount of time required. Lists of questions i.e. 23 and 2 over pages long</td>
</tr>
</tbody>
</table>

Conclusion

- **The PAINAD and the Abbey scales were rated equally by clinicians.**

- **The CNPI assessment tool was devised for acute care but in practice and when compared to other tools it was not useful.**

- **Some patient’s relatives did describe pain problems to nursing staff that had not been identified by the assessment tools.**

- **The family or usual carer have not been included in previous pain assessment scales and it was felt by everyone involved in the project that this was an important factor.**

An assessment tool combining The Abbey and PAINAD has been produced which includes information from someone who knows the individual well and has been named BPAT.

- **A proof of concept study is currently underway at University Hospital South Manchester. BPAT has also been trialled and positively evaluated in other trauma units. Further validation studies are proposed.**

BPAT

<table>
<thead>
<tr>
<th>BOLTON PAIN ASSESSMENT SCALE</th>
<th>For patients with communication problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF PATIENT</td>
<td>WARD</td>
</tr>
<tr>
<td>NAME/DATE OF PERSON COMPLETING SCORE</td>
<td>Date and Time</td>
</tr>
<tr>
<td>SCORE</td>
<td>ABSENT</td>
</tr>
<tr>
<td>VOCALISATION</td>
<td>none</td>
</tr>
<tr>
<td>FACIAL EXPRESSION</td>
<td>Sniffing, looking tense, or relaxed</td>
</tr>
<tr>
<td>CHANGE IN BODY LANGUAGE</td>
<td>None</td>
</tr>
<tr>
<td>BEHAVIOURAL CHANGE</td>
<td>None</td>
</tr>
<tr>
<td>PHYSIOLOGICAL CHANGE</td>
<td>Normal</td>
</tr>
<tr>
<td>PHYSICAL CHANGES</td>
<td>None</td>
</tr>
</tbody>
</table>

TOTAL: Score = 0-12

SCALING | 0 = NO PAIN | 3-7 MILD PAIN | 8-13 MODERATE PAIN | 14-16 SEVERE PAIN

References

- Fuchs-Lacelle S, Hadjistavropoulos T (2004), Development and preliminary validation of the pain assessment checklist for seniors with limited ability to communicate (PACSLAC) Pain Management Nursing, 1 (2) 5-16

“Observing behaviour is an aspect of all pain assessment, but when patients are unable to communicate, observation of pain behaviours may be the only means of obtaining information” (Ruder 2010).

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