

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

PAIN MANAGEMENT IN NURSING HOMES FACT SHEET

Pain is a subjective experience that is often dismissed, under-reported, or mismanaged in nursing homes. *Nursing home residents are at high risk for having pain that may affect function, impair mobility, impair mood, or disturb sleep, and diminish quality of life.*¹

In order to help residents attain or maintain their highest practicable level of well-being and to prevent or manage pain, the facility, to the extent possible must: evaluate when residents experience pain, identify the cause(s), and treat or prevent pain. This fact sheet explains evaluation, underlying causes, and interventions (non-pharmacological and pharmacological) of pain management in nursing homes.

Note: Information below is directly quoted or paraphrased from the Code of Federal Regulations (CFR), federal guidance, or other resources (see footnotes). Federal standards are applicable to all residents in licensed U.S. nursing homes, including short-term, long-term, private pay, Medicaid, Medicare, or privately insured.

Pain Management

42 C.F.R. § 483.25 (k)

The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, residents' comprehensive person-centered care plan, and residents' goals and preferences.

COMMON INDICATORS OF PAIN:²

The facility is responsible for conducting an evaluation of the resident when admitted and through ongoing assessments. *Expressions of pain may be verbal or nonverbal and are subjective.*

- ✓ Verbal descriptions by residents such as feeling pressure, gnawing, cramping, stabbing, ripping, “pins and needles,” burning, or throbbing
- ✓ Negative expressions such as crying, moaning, or yelling
- ✓ Negative facial expressions such as frowning, grimacing, wincing, or clenching
- ✓ Difficulty eating, walking, or sleeping
- ✓ Changes in vital signs such as high blood pressure, heart rate, and respiratory rate

¹ Centers for Medicare & Medicaid Services, <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-longterm-care-facilities.pdf>.

² Centers for Medicare & Medicaid Services, <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>.

COMMON CAUSES OF PAIN:

Pain management with pharmacological interventions may *reduce pain and enhance the quality of life, but do not necessarily address the underlying cause of pain*. Therefore, understanding and treating the cause should be considered to prevent and manage pain.

- ✓ Pressure injury and pressure ulcer
- ✓ Turning and repositioning
- ✓ Infection
- ✓ Back injury
- ✓ Diabetic neuropathy
- ✓ Multiple sclerosis

NON-PHARMACOLOGIC INTERVENTIONS:

- ✓ Ensure comfortable positioning, adjust room temperature
- ✓ Provide ice packs, cold compresses, hot packs, massages, baths, or rehabilitation therapy
- ✓ Provide frequent exercise to prevent contractures and joint stiffness or immobility; and
- ✓ Offer education and coping techniques, relaxation and diversion techniques, and spiritual support

PHARMACOLOGICAL INTERVENTIONS:

- ✓ Acetaminophen (I.e., Tylenol)
- ✓ Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen
- ✓ Opioids such as morphine, codeine, and oxycodone
 - *Opioids or other potent analgesics have been used for residents who are actively dying, those with complex pain syndromes, and those with more severe acute or chronic pain that has not responded to non-opioid analgesics or other measures*

Opioid Use Warning:

Opioids should be prescribed with caution due to increasing rates of opioid misuse and overdose. If opioids are necessary, the lowest dose possible should be given for the shortest possible duration. The use of opioids and benzodiazepines in combination should be avoided, unless residents are receiving palliative care, due to fatal risk of respiratory depression.

Side effects of opioids to be monitored:

- Opioid tolerance (to achieve the same pain relief, higher doses are required)
- Opioid dependence
- Extreme sensitivity to pain
- Constipation, nausea, and/or vomiting
- Dizziness, confusion and/or sedation

Racial & Gender Biases: Numerous studies have found significant racial and gender biases in pain management. For example, women and Black individuals are less likely to be given opioids or other pain treatment compared to men and other races.¹ Biases in pain management can lead to fatal consequences such as misdiagnosing a surgical emergency or heart attack.¹ For more information on reducing biases, see IPRO NQIIC's [Stigma and Implicit Bias Toolkit](#).

PAIN MANAGEMENT REGIMEN:

The pain management regimen is tailored to each resident and developed by an interdisciplinary team. Approaches to using analgesics for pain management include:

- ✓ Administering lower doses of medication initially and titrating the dose slowly upward,
- ✓ Administering medications “around the clock” rather than “on demand” (PRN); or
- ✓ Combining longer acting medications with PRN medications for breakthrough pain.