

Complete Summary



GUIDELINE TITLE

Pain management. In: Evidence-based geriatric nursing protocols for best practice.

BIBLIOGRAPHIC SOURCE(S)

Horgas AL, Yoon SL. Pain management. In: Capezuti E, Zwicker D, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 199-222. [70 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Horgas AL, McLennon SM. Pain management. In: Mezey M, Fulmer T, Abraham I, Zwicker DA, editor(s). Geriatric nursing protocols for best practice. 2nd ed. New York (NY): Springer Publishing Company, Inc.; 2003. p. 229-50.

COMPLETE SUMMARY CONTENT

[SCOPE](#)

[METHODOLOGY](#) - including Rating Scheme and Cost Analysis

[RECOMMENDATIONS](#)

[EVIDENCE SUPPORTING THE RECOMMENDATIONS](#)

[BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS](#)

[IMPLEMENTATION OF THE GUIDELINE](#)

[INSTITUTE OF MEDICINE \(IOM\) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES](#)

[IDENTIFYING INFORMATION AND AVAILABILITY](#)

[DISCLAIMER](#)

SCOPE

DISEASE/CONDITION(S)

Pain, including:

- Acute pain
- Persistent pain
- Nociceptive pain
- Neuropathic pain

GUIDELINE CATEGORY

Evaluation
Management
Prevention
Treatment

CLINICAL SPECIALTY

Geriatrics
Nursing

INTENDED USERS

Advanced Practice Nurses

Allied Health Personnel
Health Care Providers
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To provide a standard of practice protocol for management of pain in hospitalized older adults

TARGET POPULATION

Hospitalized older adults

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment

1. Assumptions about pain in older adults
2. Review of medical history, physical exam, laboratory and diagnostic tests
3. Review of medications
4. Patient self-report of pain
 - Visual analog scale
 - Vertical verbal Descriptor Scale
 - Faces Pain Scale
5. Nonverbal and behavioral signs of pain
6. Patient and family reports of pain characteristics

Management/Treatment

1. Prevention
 - Facilitation of appropriate treatment
 - Education about use of analgesic medications and nonpharmacologic strategies to manage pain
2. Treatment guidelines
 - Pharmacologic
 - Nonpharmacologic
 - Combination approaches
3. Follow-up
 - Response to and effects of treatment

MAJOR OUTCOMES CONSIDERED

- Self report of pain relief
- Functional status
- Cognitive function
- Iatrogenic complications

[Top^](#)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Although the AGREE instrument (which is described in Chapter 1 of the original guideline document) was created to critically appraise clinical practice guidelines, the process and criteria can also be applied to the development and evaluation of clinical practice protocols. Thus the AGREE instrument has been expanded for that purpose to standardize the creation and revision of the geriatric nursing practice guidelines.

The Search for Evidence Process

Locating the best evidence in the published research is dependent on framing a focused, searchable clinical question. The PICO format—an acronym for population, intervention (or occurrence or risk factor), comparison (or control), and outcome—can frame an effective literature search. The editors enlisted the assistance of the New York University Health Sciences librarian to ensure a standardized and efficient approach to collecting evidence on clinical topics. A literature search was conducted to find the best available evidence for each clinical question addressed. The results were rated for level of evidence and sent to the respective chapter author(s) to provide possible substantiation for the nursing practice protocol being developed.

In addition to rating each literature citation to its level of evidence, each citation was given a general classification, coded as "Risks," "Assessment," "Prevention," "Management," "Evaluation/Follow-up," or "Comprehensive." The citations were organized in a searchable database for later retrieval and output to chapter authors. All authors had to review the evidence and decide on its quality and relevance for inclusion in their chapter or protocol. They had the option, of course, to reject or not use the evidence provided as a result of the search or to dispute the applied level of evidence.

Developing a Search Strategy

Development of a search strategy to capture best evidence begins with database selection and translation of search terms into the controlled vocabulary of the database, if possible. In descending order of importance, the three major databases for finding the best primary evidence for most clinical nursing questions are the Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medline or PubMed. In addition, the PsycINFO database was used to ensure capture of relevant evidence in the psychology and behavioral sciences literature for many of the topics. Synthesis sources such as UpToDate® and British Medical Journal (BMJ) Clinical Evidence and abstract journals such as *Evidence Based Nursing* supplemented the initial searches. Searching of other specialty databases may have to be warranted depending on the clinical question.

It bears noting that the database architecture can be exploited to limit the search to articles tagged with the publication type "meta-analysis" in Medline or "systematic review" in CINAHL. Filtering by standard age groups such as "65 and over" is another standard categorical limit for narrowing for relevance. A literature search retrieves the initial citations that begin to provide evidence. Appraisal of the initial literature retrieved may lead the searcher to other cited articles, triggering new ideas for expanding or narrowing the literature search with related descriptors or terms in the article abstract.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Care report/program evaluation/narrative literature reviews

Level VI: Opinions of respected authorities/Consensus panels

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METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

[Top^](#)

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note from the National Guideline Clearinghouse (NGC): In this update of the guideline, the process previously used to develop the geriatric nursing protocols has been enhanced.

Levels of evidence (I – VI) are defined at the end of the "Major Recommendations" field.

Assessment Parameters

- Assumptions
 - The majority of hospitalized older patients suffer from both acute and persistent pain.
 - Older adults with cognitive impairment experience pain but are often unable to verbalize it (Smith, 2005 [**Level I**]).
 - Both patients and health care providers have personal beliefs, prior experiences, insufficient knowledge, and mistaken beliefs about pain and pain management that:
 - Influence the pain management process
 - Must be acknowledged before optimal pain relief can be achieved (American Geriatric Society [AGS], 2002 [**Level VI**]).
 - Pain assessment must be regular, systematic, and documented in order to accurately evaluate

treatment effectiveness (AGS, 2002 **[Level VI]**).

- Self-report is the gold standard for pain assessment (AGS, 2002 **[Level VI]**).
- Strategies for pain assessment
 - Review medical history, physical examinations, and laboratory and diagnostic tests to understand the sequence of events contributing to pain (AGS, 2002 **[Level VI]**).
 - Assess present pain, including intensity, character, frequency, pattern, location, duration, and precipitating and relieving factors (AGS, 2002 **[Level VI]**).
 - Review medications, including current and previously used prescription drugs, over-the-counter drugs, and home remedies. Determine which pain control methods have previously been effective for the patient. Assess patient's attitudes and beliefs about use of analgesics, adjuvant drugs, and nonpharmacological treatments (AGS, 2002 **[Level VI]**).
 - Use a standardized tool to assess self-reported pain. Choose from published measurement tools, and recall that older adults may have difficulty using 10-point visual analog scales. Vertical verbal descriptor scales or faces scales may be more useful with older adults (Taylor et al., 2005 **[Level V]**).
 - Assess pain regularly and frequently, but at least every 4 hours. Monitor pain intensity after giving medications to evaluate effectiveness.
 - Observe for nonverbal and behavioral signs of pain, such as facial grimacing, withdrawal, guarding, rubbing, limping, shifting of position, aggression, agitation, depression, vocalization, and crying. Also watch for changes in behavior from patient's usual patterns (Taylor et al., 2005 **[Level V]**).
 - Gather information from family members about the patient's pain experiences. Ask about patient's verbal and nonverbal/behavioral expressions of pain, particularly in older adults with dementia.
 - When pain is suspected but assessment instruments or observation is ambiguous, institute a clinical trial of pain treatment (i.e., in persons with dementia). If symptoms persist, assume pain is unrelieved and treat accordingly (Herr, et al., 2006 **[Level VI]**).

Nursing Care Strategies

- Prevention of pain
 - Assess pain regularly and frequently to facilitate appropriate treatment (AGS, 2002 **[Level VI]**).
 - Anticipate and aggressively treat for pain before, during, and after painful diagnostic and/or therapeutic treatments (AGS, 2002 **[Level VI]**).
 - Educate patients, families, and other clinicians to use analgesic medications prophylactically prior to and after painful procedures (AGS, 2002 **[Level VI]**).
 - Educate patients and families about pain medications, their side effects and adverse effects, and issues of addiction, dependence, and tolerance (AGS, 2002 **[Level VI]**).
 - Educate patients to take medications for pain on a regular basis and to avoid allowing pain to escalate (AGS, 2002 **[Level VI]**).
 - Educate patients, families, and other clinicians to use nonpharmacological strategies to manage pain, such as relaxation, massage, and heat/cold (AGS, 2002 **[Level VI]**).
- Treatment guidelines
 - Pharmacologic (AGS, 2002 **[Level VI]**)
 - Older adults are at increased risk for adverse drug reactions.
 - Monitor medications closely to avoid over- or under-medication.
 - Administer pain drugs on a regular basis to maintain therapeutic levels; avoid as occasion requires (prn) drugs.
 - Document treatment plan to maintain consistency across shifts and with other care providers.
 - Use equianalgesic dosing and World Health Organization (WHO) three-step ladder to obtain optimal pain relief with fewer side effects (WHO, 1996).

- Nonpharmacologic (AGS, 2002 [**Level VI**])
 - Investigate older patients' attitudes and beliefs about, preference for, and experience with nonpharmacological pain treatment strategies.
 - Tailor nonpharmacologic techniques to the individual.
 - Cognitive-behavioral strategies focus on changing the person's perception of pain (e.g., relaxation therapy, education, and distraction), and may not be appropriate for cognitively impaired persons.
 - Physical pain relief strategies focus on promoting comfort and altering physiologic responses to pain (e.g., heat, cold, transcutaneous electrical nerve stimulation [TENS] units) and are generally safe and effective.
- Combination approaches that include both pharmacological and nonpharmacological pain treatments are often the most effective.
- Follow-up assessment
 - Monitor treatment effects within 1 hour of administration and at least every 4 hours.
 - Evaluate patient for pain relief and side effects of treatment.
 - Document patient's response to treatment effects.
 - Document treatment regimen in patient care plan to facilitate consistent implementation.

Definitions:

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Care report/program evaluation/narrative literature reviews

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CLINICAL ALGORITHM(S)

None provided

[Top^](#)

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for selected recommendations.

[Top^](#)

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Patient

- Absence of pain or pain that is at a level that the patient judges as acceptable
- Maintenance of the highest level of self-care, functional ability, and activity level possible
- Absence of iatrogenic complications, such as falls, gastrointestinal upset/bleed, or altered cognitive status

Nurse

- Demonstration of ongoing and comprehensive pain assessment
- Documentation of prompt and effective pain management interventions
- Documentation of systematic evaluation of treatment effectiveness
- Demonstration of knowledge of pain management in older patients, including assessment strategies, pain medications, nonpharmacological interventions, and patient and family education

Institution

- Evidence of documentation of pain assessment, intervention, and evaluation of treatment effectiveness
- Evidence of referral to specialists for specific therapies (e.g., psychiatry, psychology, biofeedback, physical therapy or pain treatment centers)
- Evidence of pain management resources for staff (e.g., care planning and pain management references, pain management consultants)

POTENTIAL HARMS

Older adults are at increased risk for adverse drug reactions.

[Top^](#)

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

[Top^](#)

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

[Top^](#)

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Adapted from:

- American Geriatrics Society Panel on Chronic Pain in Older Adults. (1998). The management of chronic pain in older persons. *Journal of the American Geriatrics Society*, 46, 635-651.
- Glen, V. L. & St. Marie, B. (2002). Overview of pharmacology. In B. St. Marie (Ed.), *American Society of Pain Management Nurses: Core curriculum for pain management nursing*. Philadelphia: W. B. Saunders Company.
- McCaffery, M. & Portenoy, R. (1999). Nonopioids. In M. McCaffery & C. Pasero (Eds.), *Pain clinical manual (2nd ed.)*. St. Louis: Mosby.

DATE RELEASED

2003 (revised 2008 Jan)

GUIDELINE DEVELOPER(S)

Hartford Institute for Geriatric Nursing - Academic Institution

GUIDELINE DEVELOPER COMMENT

The guidelines were developed by a group of nursing experts from across the country as part of the Nurses Improving Care for Health System Elders (NICHE) project, under sponsorship of The John A. Hartford Foundation Institute for Geriatric Nursing.

SOURCE(S) OF FUNDING

Supported by a grant from The John A. Hartford Foundation.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Authors: Ann L. Horgas and Saunjoo L. Yoon

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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This is the current release of the guideline.

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [Hartford Institute for Geriatric Nursing Web site](http://www.hartfordinstitute.org/geriatricnursing/).

Copies of the book *Geriatric Nursing Protocols for Best Practice*, 3rd edition: Available from Springer Publishing Company, 536 Broadway, New York, NY 10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web: www.springerpub.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Assessing pain in older adults. Try this: best practices in nursing care to older adults. 2007. Electronic copies available from the [Hartford Institute for Geriatric Nursing Web site](http://www.hartfordinstitute.org/geriatricnursing/).

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on February 2, 2004. The information was verified by the guideline developer on March 12, 2004. This summary was updated by ECRI on October 4, 2004 following the withdrawal of the drug Vioxx (Rofecoxib) and again on January 12, 2005 following the release of a public health advisory from the U.S. Food and Drug Administration regarding the use of some non-steroidal anti-inflammatory drug products. This summary was updated on April 15, 2005 following the withdrawal of Bextra (valdecoxib) from the market and the release of heightened warnings for Celebrex (celecoxib) and other nonselective nonsteroidal anti-inflammatory drugs (NSAIDs). This summary was updated by ECRI on June 16, 2005, following the U.S. Food and Drug Administration advisory on COX-2 selective and non-selective non-steroidal anti-inflammatory drugs (NSAIDs). This summary was updated by ECRI on June 23, 2008. The updated information was verified by the guideline developer on August 4, 2008.

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[Top^](#)

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[Top^](#)

