



Caregiver's Corner

Don't Let Pain Fall Through the Cracks

James Lett, MD, CMDR, talks about how to make sure your loved one has pain assessed and treated as they move through the care continuum.

As your loved one moves through the care continuum — from the hospital to a long-term care facility and back home — their issues, needs, and wishes may get lost in the shuffle, including needs around pain. Miscommunication and lack of information can result in things like missed diagnoses, reshuffled medication lists, and adverse drug events. You can work with your practitioner and the other team members to make sure all the dots are connected and the gaps are filled before there is a problem.

First, it's important to understand that pain is often undiagnosed in older adults, who don't always report their pain or discomfort. Perhaps they think it's just a normal part of aging (it's not), or they are worried that it will mean something bad (like they will need surgery), or they may feel they are expected to be brave and tolerant of pain. Individuals with dementia, delirium, or other cognitive impairments may be unable to verbally communicate their pain.

You can assist the care team by watching for and reporting any signs that pain may be present:

- Swelling, bruising, or red-ened skin.
- Lack of appetite.
- Irritability, moaning, whimpering, groaning, or crying.
- Rocking, rubbing a limb or other body part, or guarding a particular body part.
- Limping or resistance to moving or walking.



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Older adults do not always report their pain or discomfort.

- Restless sleep or inability to sleep.

The care team has pain assessment tools they can use to help determine the pain intensity and start the process of pinpointing the causes.

Secondly, keeping track of pain control during transitions is essential. For example, consider someone who is moving from the hospital to a nursing home for rehabilitation after hip surgery. Their pain must be assessed (or reassessed) when they enter the nursing home because the level may have substantially changed or the hospital may have used a different assessment tool.

If the nursing home team is not informed of a patient's full hospital history, they may start medications that conflict with other prescribed drugs. A medical review by a pharmacist can help ensure a patient receives the best medications.

The various therapists assigned for hip rehabilitation can help design a program to include nondrug interventions like music therapy or meditation.

You can work with the team to develop a personalized care plan for your loved one and identify the goals of care. For example, the interventions will be different for someone who wants to be able to walk a block with their dog, as compared with someone who wants to be able to dance at a grandchild's wedding or travel to Paris. The care team will work with you and your loved one to identify appropriate and realistic goals.

Before your loved one returns home after a facility stay, communicate with the care team about what needs and limitations they will have:

- Are there stairs or steps in the home? If so, how many? Will they have to use stairs to get to the bathroom, kitchen, or laundry room?
- Will they be living alone? Do they have pets?
- How will they get food and transportation and to their doctors' appointments?

All this is important to ensure that your loved one will be as safe and comfortable in their home as possible and to arrange any services or support they will need. It will help prevent accidents and identify issues that could cause them to go back to the hospital.

Remember that as your loved one moves through the care continuum, new reasons for

pain can arise. Each new pain should be investigated. So work with your practitioner at every stage to identify and treat pain when it occurs.

What to Ask Your Practitioner

- How do I make sure information moves with my loved one as they go from setting to setting?
- When should a pain assessment be done? What kind of assessment tools/scales are there, and which will be used in this situation?
- What do I do if I suspect my loved one is in pain, but they deny it?

What You Can Do

- Ask your loved one about pain and discomfort. Watch for signs of pain, even if they deny hurting.
- Make sure the practitioner knows if your loved one is taking anything for pain, including over-the-counter products.
- Work with your practitioner to identify safe ways your loved one can stay mobile and appropriately exercise.

For More Information

- Ellen Flaherty, "Pain Assessment for Older Adults." *Hartford Institute on Geriatric Nursing: ConsultGer*, June 2020. <https://hign.org/consultgeri/try-this-series/pain-assessment-older-adults>
- Ryan Hulla et al. "Pain Management and the Elderly." *Practical Pain Management* 17 (1), updated June 17, 2019. <https://www.practical-painmanagement.com/treatments/pain-management-elderly>