

# State-approved Curriculum Nurse Aide I Training Program

## MODULE V Pain

### Student Manual 2024 Version 2.0



## NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Health Service Regulation



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**HEALTH AND  
HUMAN SERVICES**



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
North Carolina Education and Credentialing Section

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## **Module V – Pain Definition List**

**Acute pain-** sudden pain that is short-term.

**Chronic pain-** pain that occurs more frequently over a longer period of time.

**Pain** – an unpleasant sensory and emotional experience that may occur with current or potential tissue damage.

**Self-reflection** – the act of considering your own feelings and behavior and the reasons behind them.

Module V – Pain	
Content	Notes
<b>(S-1 &amp; S-2) Title Slide and Objectives</b> 1. Define pain 2. Explain the role of the nurse aide in pain management	
<b>(S-3) Pain</b> <ul style="list-style-type: none"> <li>For the first time since 1979, International Association for the Study of Pain changed the definition of pain</li> <li>Pain is the “Unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage”</li> <li>Pain is personal and the patient should be respected when residents report any pain</li> <li>Health care team does not define resident’s pain</li> <li>Individuals learn their definition of pain through life experiences</li> <li>Most widely accepted symptom of pain is self-reported pain</li> </ul>	
<b>(S-4) Pain – Importance</b> <ul style="list-style-type: none"> <li>Listening to what the patient subjectively says will lead to more effective evaluation and treatment of pain</li> <li>Pain is often considered the 5<sup>th</sup> vital sign and is just as important as other vital signs</li> <li>Pain is subjective and is whatever the patient says it is and response to pain varies from patient to patient</li> <li>A nurse aide uses a pain scale to identify pain levels and then reports to the nurse. Discussed on S-16.</li> </ul>	
<b>(S-5) Pain – Facts</b> <ul style="list-style-type: none"> <li>Pain may come with aging, but people do not have to live with unrelieved or unmanaged pain</li> <li>Pain is significantly under reported in nursing facilities especially among the oldest old, females, minorities and the cognitively impaired; although pain can be relieved in most cases, a significant number of nursing home residents receive inadequate or no treatment</li> <li>In nursing homes, up to 83% of residents experience pain; up to 80% experience pain that interferes with activities of daily living and quality of life</li> <li>Many under report pain because they do not want to be a complainer or a burden to their loved one or caretaker</li> <li>Residents within long-term care facilities with pressure injuries are almost three times more likely to experience pain than other residents</li> <li>Residents who have poor nutritional intake are almost two times more likely to suffer pain than other residents</li> </ul>	

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<ul style="list-style-type: none"> <li>• Pain can increase the effects of a mental health condition such as depression and anxiety</li> <li>• Pain also increases sleep deprivation, obesity, and type 2 diabetes</li> <li>• Caregivers, including nurses and nurse aides, commonly underestimate pain</li> <li>• Under rating and under treating pain can be neglect, negligence, or even elder abuse</li> <li>• Nursing homes that do not manage pain properly will be cited with a deficiency by long-term care surveyors; surveyors will interview nurse aides, the caregivers who work most closely with residents, about residents' pain and how it is treated</li> <li>• How do we feel pain?</li> </ul>	
<p><b>(S-6) Pain – How Residents Might Describe Pain</b></p> <ul style="list-style-type: none"> <li>• Aching</li> <li>• Burning</li> <li>• Creaky</li> <li>• Dull</li> <li>• Exhausting</li> <li>• Gnawing</li> <li>• Hurting</li> <li>• Miserable</li> <li>• Nagging</li> <li>• Numb</li> <li>• Penetrating</li> <li>• Radiating</li> <li>• Sharp</li> <li>• Shooting</li> <li>• Sore</li> <li>• Squeezing</li> <li>• Stabbing</li> <li>• Stiff</li> <li>• Tender</li> <li>• Throbbing</li> <li>• Tiring</li> <li>• Unbearable</li> </ul>	
<p><b>(S-7) Pain – Factors Effecting Reactions to Pain</b></p> <ul style="list-style-type: none"> <li>• Religious beliefs and cultural traditions affect pain</li> <li>• Men and women may report pain differently and staff should consider these differences</li> <li>• Some residents, families and staff worry about drug side effects, addiction, and dependency; others fear bothering the nursing staff</li> </ul>	

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<ul style="list-style-type: none"> <li>• Staff's religious beliefs and cultural traditions affect how they view and manage residents' pain. Resident may be in pain and staff member does not recognize it or believe it should be treated</li> <li>• The most recent data links aged 65 and older residents to the highest rate of opioid-related admissions to hospitals</li> </ul>	
<p><b>(S-8) Pain – Acute Pain</b></p> <ul style="list-style-type: none"> <li>• Serves a purpose because it warns the body of a problem that needs attention</li> <li>• Identifying and treating the cause of acute pain is usually possible</li> <li>• When people are in acute pain, their discomfort tends to be obvious</li> <li>• In fact, acute pain can rev up the body and may cause pale sweaty skin and an increase in heart rate, respiratory rate, and blood pressure</li> <li>• Temporary, lasts for a few hours, or, at most, up to six months</li> <li>• Usually comes on suddenly, as a result of disease, inflammation, or injury</li> <li>• Goes away when the healing process is complete</li> </ul>	
<p><b>(S-9) Chronic Pain</b></p> <ul style="list-style-type: none"> <li>• Considered chronic when it is long-term, lasting for six months or more</li> <li>• Often comes on gradually, people may have a hard time pinpointing when it started and/or describing it to others</li> <li>• Diagnosing the cause of chronic pain can be difficult and may persist despite treatment</li> <li>• When residents are experiencing chronic pain, the source of their discomfort may not be obvious to others; they may just seem depressed. This is because chronic pain can slow down the body, causing a decrease in both heart rate and blood pressure</li> </ul>	
<p><b>(S-10) Pain – Common Causes of Geriatric Pain</b></p> <ul style="list-style-type: none"> <li>• Many older populations live with at least one chronic condition that causes pain. <ul style="list-style-type: none"> <li>– Arthritis</li> <li>– Cancers</li> <li>– Diabetes</li> <li>– Shingles</li> <li>– Teeth or gum disease</li> <li>– Stroke</li> <li>– Muscle or circulatory diseases like varicose veins</li> <li>– Headache pain</li> </ul> </li> </ul>	

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<ul style="list-style-type: none"> <li>– Ischemic pain (due to reduced or lack of blood flow)</li> <li>– Neuropathic (nerve) pain</li> <li>– Osteoporosis and associated fractures</li> <li>– Herniated discs</li> <li>– Pain associated with contractures</li> <li>– Pain from other medical causes including ulcer disease, urinary tract infection, angina, constipation</li> <li>– Phantom limb pain</li> <li>– Physical therapy</li> <li>– Pressure injuries (tissues)</li> <li>– Post-operative pain</li> <li>– Parkinson's Disease</li> <li>– Fibromyalgia</li> <li>– Multiple Sclerosis</li> <li>– Wound dressing changes</li> </ul>	
<b>(S-11) Pain – Effects (1)</b> <ul style="list-style-type: none"> <li>• Giving up hope</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Withdrawal</li> <li>• Decrease in or loss of appetite</li> <li>• Decrease in activities</li> <li>• Inability to sleep</li> </ul>	
<b>(S-12) Pain – Effects (2)</b> <ul style="list-style-type: none"> <li>• Restlessness</li> <li>• Agitation</li> <li>• Change in facial expressions, grimacing</li> <li>• Change in pulse rate, respiratory rate, or blood pressure</li> <li>• Refusal to participate in activities of daily living</li> <li>• Refusal to participate in treatment programs</li> <li>• Thoughts of suicide and/or suicide</li> <li>• Negative effect on immune system</li> <li>• May be higher risk for injuries, accidents or falls</li> </ul>	
<b>(S-13) Pain – Use of Medications</b> <ul style="list-style-type: none"> <li>• Nurse aide reports complaints of pain to nurse</li> <li>• The nurse assesses pain and medicates if appropriate</li> </ul>	
<b>(S-14) Pain – Nurse Aide Role in Pain Management</b> <ul style="list-style-type: none"> <li>• Nurse aides play an important role in pain management</li> <li>• Nurse aides are most often the first to identify a change in a resident's behavior that may indicate pain</li> <li>• Nurse aides' personal relationships with residents can be helpful in pain management</li> <li>• Nurse aides should take an active role in pain management by learning how to screen for pain</li> </ul>	

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<ul style="list-style-type: none"> <li>Identifying best practices for pain management includes nurse aides recognizing verbal and nonverbal cues for possible pain</li> <li>Studies prove that the more nurse aides understand about pain, the less pain nursing home residents experience</li> <li>Pain should be controlled or alleviated whenever possible</li> </ul>	
<p><b>(S-15) Screening of Pain: Asking Residents about Pain When</b></p> <ul style="list-style-type: none"> <li>During personal care</li> <li>During transfers and ambulation</li> <li>Following activities</li> <li>At appropriate times after pain management therapies</li> <li>Are you in pain, uncomfortable, or hurting?</li> <li>Where is the pain? Ask the resident to point to area</li> <li>When did the pain start?</li> </ul> <p><b>How</b></p> <ul style="list-style-type: none"> <li>How long does the pain last; how often does it occur?</li> <li>Does pain come and go?</li> <li>Have you had this pain before? What helped relieve it?</li> <li>Do you remember what you were doing when the pain started?</li> </ul>	
<p><b>(S-16) Screening of Pain Level</b></p> <ul style="list-style-type: none"> <li>How bad is the pain? Pain scales: use the one available at facility (examples – 0-10 Numeric Rating Scale, Wong-Baker Faces Pain Rating Scale)</li> <li>How does the nurse aide determine if the resident is nonverbal or has dementia?</li> <li>Monitor for the following symptoms in nonverbal residents or those with dementia <ul style="list-style-type: none"> <li>Frowning, sad or appearance of fear</li> <li>Grimacing</li> <li>Odd expression</li> <li>Blinking frequently</li> <li>Gritting teeth together</li> <li>Moaning or calling out for help</li> <li>Breathing heavy</li> <li>Upset when touched or moved</li> <li>Angry outbursts</li> </ul> </li> </ul>	
<p><b>(S-17) Comfort Measures – Nurse Aide’s Role (1)</b></p> <ul style="list-style-type: none"> <li>Warm or cold packs (if approved by nurse)</li> <li>Massage</li> <li>Repositioning</li> </ul>	

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<ul style="list-style-type: none"> <li>• Soothing activities</li> <li>• Meditation and spiritual support</li> </ul>	
<b>(S-18) Comfort Measures – Nurse Aide’s Role (2)</b> <ul style="list-style-type: none"> <li>• Supportive listening</li> <li>• Gentle touch</li> <li>• Music</li> <li>• Soft lighting</li> <li>• Decreased noise</li> </ul>	
<b>(S-19) Comfort Measures – Nurse Aide’s Role (3)</b> <ul style="list-style-type: none"> <li>• Conversation with active listening</li> <li>• Favorite foods or drinks</li> <li>• Help with personal cleanliness</li> <li>• Reminiscing</li> <li>• A walk</li> <li>• Guided imagery</li> <li>• Deep breathing and relaxation exercises</li> </ul>	
<b>(S-20) Care of the Resident the Cognitively Impaired Resident in Pain</b> <ul style="list-style-type: none"> <li>• Observe for signs (listed as most frequent occurring to least frequent occurring) <ul style="list-style-type: none"> <li>– Change in facial expression, especially grimacing</li> <li>– Restless body movement</li> <li>– Change in behavior based on individual</li> <li>– Moaning</li> <li>– Tense muscles</li> <li>– Agitation</li> <li>– Combative/angry (pulls away when touched)</li> </ul> </li> <li>• Report what is observed to the nurse immediately</li> <li>• When you find something that works, let the nurse and other nurse aides know</li> <li>• Work as a team with other staff members</li> </ul>	



## **Handout #V6 Myths/Misconceptions Regarding Pain**

- Acknowledging chronic pain is a sign of personal weakness
- Chronic pain is a punishment for past actions
- Chronic pain means death is near
- If you take a narcotic for pain, death must be near
- If there is not a reason for pain, then the pain is all in one's head
- Chronic pain always indicates the presence of a serious disease
- Acknowledging pain will lead to a loss of independence
- Discuss the opioid epidemic
- Older adults, especially the cognitively impaired, have a higher tolerance for pain
- Older adults, especially the cognitively impaired, feel less pain.
- Older adults and the cognitively impaired cannot accurately self-report pain
- Residents in long-term care say they are in pain in order to get attention
- Older adults are likely to become addicted to pain medication
- Pain management is a form of chemical restraint
- Once you start pain medications, you always have to increase the dose
- Healthcare providers do an adequate job of providing adequate pain control
- A resident who is sleeping is not in pain
- A resident who is watching television or laughing with visitors is not in pain
- Alterations in vital signs are reliable indicators of pain in a patient
- Unrelieved pain is a part of getting older. The older adult just needs to learn to live with pain
- Chronic pain may inconvenience older adults, but will do them no real harm