

# Changing the Face of Pain: Pain Management in Seniors

Tuesday May 27, 2014



BC CARE PROVIDERS  
ASSOCIATION

# Introduction of Panelists

- \* **Kim Knight**

- \* Clinical Pharmacist, Victoria General Hospital

- \* **Neemet McDowell**

- \* Clinical Pharmacist, Safeway Operations, Sobeys Inc. & President-Elect for the Canadian Society of Consultant Pharmacists

- \* **Alvin Singh**

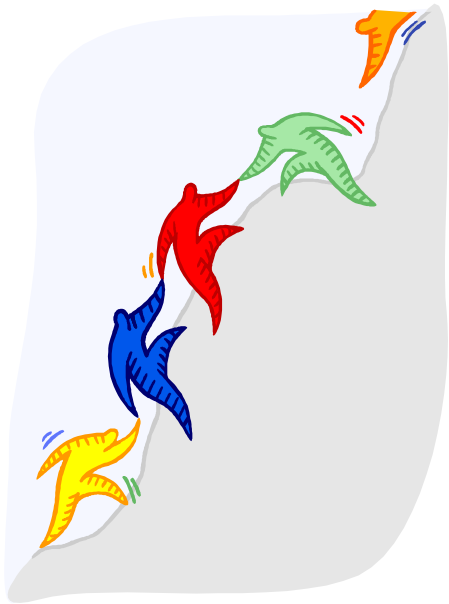
- \* Clinical Lead Pharmacist B.C., Medical Pharmacies Group Ltd.

# Disclosures

- \* Kim Knight
  - \* No disclosures
- \* Neemet McDowell
  - \* No disclosures
- \* Alvin Singh
  - \* No disclosures

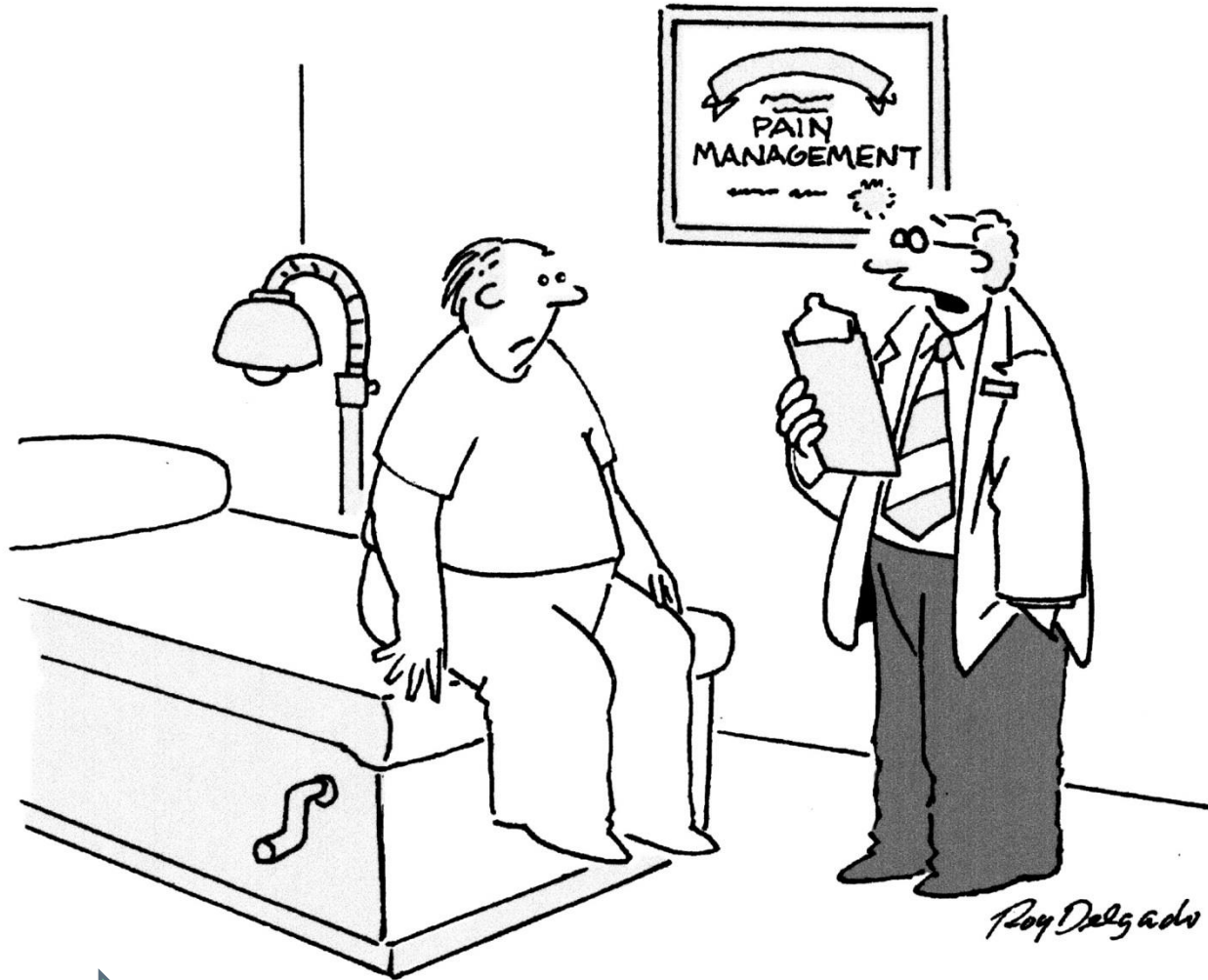
# Contact Us!

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**Time to move!**

**Get ready to collaborate!**



" Have you tried enjoying the aches and pains ? "

# Session Overview

- \* Fact or Fiction – You Decide!
- \* Case Introduction
- \* Clinical Tips and Pearls

How?

- \* Collaboration, Open Discussion & Group Interaction

# Objectives

- \* Increase awareness of information gaps
- \* Develop patient-specific goals
- \* Identify pitfalls during care transitions and changes in therapy
- \* Implement clinical pearls in professional practice
- \* Motivate and inspire critical thinking in seniors' pain management



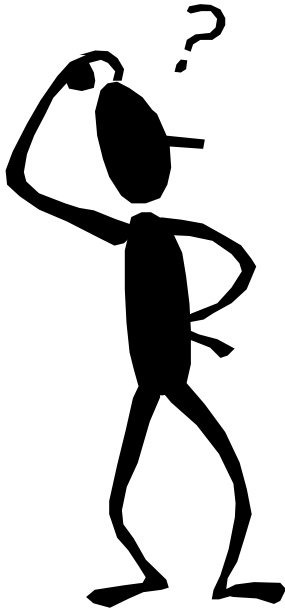
# Fact or Fiction?

If the client or resident isn't reporting pain, this means pain is not a priority, and pain medication should be avoided...



# Fact or Fiction?

In the elderly, the benefits of narcotics do not outweigh the risk of side effects.



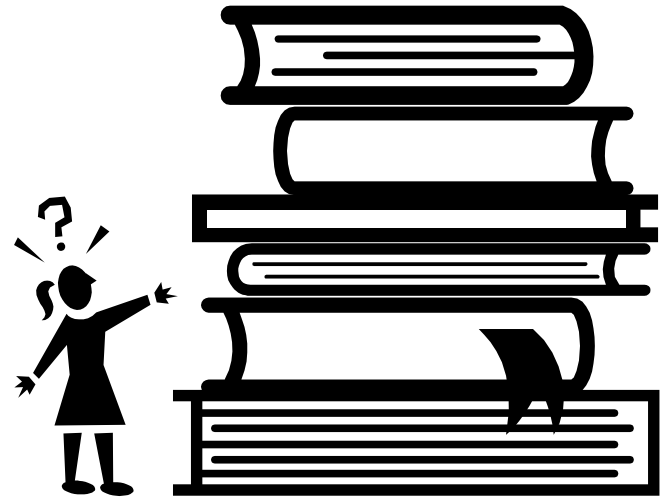
# Fact or Fiction?

For the elderly, pain is to be expected.



# Fact or Fiction?

Regularly scheduled, or long acting narcotics might be a good option in the elderly.



# Meet Your Resident...

- \* 86 year old female, speaks no English
- \* Admitted to hospital from assisted living
- \* Pubic fracture

# Question & Group Discussion

Is there a problem here?

# Time Limits

- \* Group Discussion for 3 Minutes
- \* Prepare Summary
- \* Group Presenter

# Clinical Pearl #1

- \* Investigation for relevant information
- \* Sources of information
  - \* Resident or client, family, caregivers, other staff members
  - \* Assessments
- \* Identification of Barriers
  - \* Language
  - \* Beliefs
  - \* Others...



# The Story Continues...

- \* From the team - nursing and physiotherapy
  - \* Pain on turning, prefers left side, grimacing, refusal of pain meds
- \* From daughter/translator
  - \* Patient doesn't want to bother staff, wants to be a good patient, but daughter says that pain is quite severe

# Questions & Group Discussion

What is possible for this patient?

# Time Limits

- \* Group Discussion for 3 Minutes
- \* Prepare Summary
- \* Group Presenter



# Clinical Pearl #2

- \* **Goals of therapy and treatment plan**
  - \* Control pain, improve function, stabilize mood and improve sleep
- \* **Education**
  - \* Support clients by discussing achievable goals

# Principles of Pain Management with Medication

- \* Start low, go slow, but go
- \* Timing of analgesia
- \* Adequate trial
- \* Anticipate & prevent adverse outcomes
- \* Multiple drugs & interactions

# Clinical Pearl #3

- \* Missing Link: Monitor & Reassess
- \* Documentation
- \* Communication during transitions of care
- \* Rock the boat – dose decrease?



# Critical Thinking Challenge...

Based on today's session, what is first new strategy you will apply today to help seniors in your care who are struggling with managing pain?

How will you “change the face of pain”?

**Write This Down!**

# Summary

- \* Investigate & seek the right information
- \* Goals of therapy through client-focused care
- \* Monitor, reassess & document
- \* Understanding principles of pain - myths and pain management



# Email Addresses

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# Thank you!

