Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY:	**SUBJECT:**	**SECTION:**
Resident Care	**Pain Management Protocol**	**P**
		POLICY:
		3
DATE:	**Administrator:**	
September 2004		
REVISION DATES:	**Director of Care:**	
October 2025		

PAIN MANAGEMENT PROTOCOL

PURPOSE:

To provide assessment and monitoring guidelines for pain management in order to provide optimal comfort, dignity and quality of life. It is the right of each resident to experience the maximum pain relief possible for that resident.

PROCEDURE:

1. All residents are assessed on admission for pain and if pain is present, pain management will begin immediately. The use of an analgesic will be ordered and dispensed with the degree of comfort documented on the appropriate tools.

2. Residents have pain mapping done on admission, re-admission, quarterly with the MDS assessment and when pain is indicated by verbal complaint or observation of behaviour change or condition change, including acute illnesses and end of life care and after the administration of any analgesic. The Registered Staff will determine the need for implementation of the Pain Mapping and assessment and update to the Care Plan.

3. N Adv Can - RNAO Pain: Screening, Assessment and Management / Indicators for completing pain assessment:
    a. resident states they have pain or have a history of chronic unexpressed pain
    b. family/staff/volunteers indicate pain presence
    c. diagnosis of chronic painful disease
    d. distress related behaviours

4. A pain scale of 0 – 10 will be used to measure the degree of the pain experienced by the resident. If non cognizant the PAINAD is used and is measured from 0-10.

5. Residents with a pain level of 4 out of 10 require interventions necessary to attempt to reduce the pain to 2 or 0.

6. Residents' representatives are encouraged to give input/information for assessment.

7. **Acute Pain -** All complaints of pain or symptoms of pain will be assessed immediately by the Registered Staff. Pain mapping is initiated immediately and the medical directive for

pain control is used. Resident will be reassessed for effectiveness of medication, and the effect will be documented. If ineffective after 2 doses, the physician will be notified.

8. **For Chronic pain -** All residents who have observed pain or who are on regular doses of analgesic will be assessed using one of the two pain assessment tools. Residents receiving PRN analgesics frequently will be assessed. The physician will be notified on rounds if a PRN analgesic is being given regularly and requires a regular order. If the PRN medication is proving to be not effective on the pain mapping the physician will review and assess for a different medication.

9. The resident will also be assessed for any equipment that will aid in their pain relief, this may include a pressure relief mattress, pressure relief cushions, warm blankets, and any other equipment/devices/therapies available to aid in pain relief.

10. Documentation will indicate the effectiveness of non-pharmacological interventions (i.e. music therapy, massage, heat, cold, repositioning, etc.)

11. The Leamington Mennonite Home is sensitive to the religious and ethno-cultural beliefs and values of residents as they relate to pain management.

12. An interdisciplinary pain management/palliative care team meets monthly.

13. Yearly pain education will be provided for all staff. In addition, Registered Staff and PSWs will receive education when a new product or treatment is initiated.