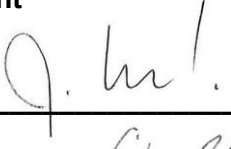


Leamington Mennonite Home  
Long Term Care

**POLICY AND PROCEDURE**

|                                                       |                                                                                                             |                                             |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>CATEGORY:</b><br>Resident Care                     | <b>SUBJECT:</b><br>Pain Assessment                                                                          | <b>SECTION:</b><br>P<br><b>POLICY:</b><br>1 |
| <b>DATE:</b><br>September 2004                        | <b>Administrator:</b>     |                                             |
| <b>REVISION DATE:</b><br>September 2010, October 2025 | <b>Director of Care:</b>  |                                             |

**PAIN ASSESSMENT**

**PURPOSE:**

To achieve an optimum comfort level for each resident, ensuring that pain is assessed and appropriate interventions are used to relieve pain, either acute or chronic.

**PROCEDURE:**

- **Initial Assessment**

- On admission, pain mapping is initiated on the EMARS and done for 3 days. The mapping is evaluated by Registered Staff and the N Adv Can - RNAO Pain: Screening, Assessment and Management is completed in Point Click Care. If resident is receiving opioids, then the N Adv Can - RNAO Pain: Opioid Therapy assessment will also be completed. If pain is noted it is treated with prescribed medication, therapies, assistive aids, equipment and if it is not relieved by these interventions, the physician will be notified.

- **Acute Pain**

- All complaints of pain or symptoms of pain will be assessed immediately by the Registered Staff. Medical directives for pain control are used, and the appropriate pain scale tool is initiated immediately upon administration. Follow up post administration using the same tool will be noted in the EMARS. If medication is ineffective after 2 doses, the physician will be notified. If pain is severe and unrelieved, the Physician will be notified immediately.

- **Chronic Pain**

- Residents receiving PRN analgesics frequently will be assessed using the appropriate pain scale tool in the EMARS. Follow up post administration using the same tool will be noted in EMARS. 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 proven to not be effective the physician will be notified and assess for a different medication after 2 doses.
  - Cognitive residents who can verbalize pain will be assessed using the Pain Scale Tool in the EMARS when a PRN analgesic is given. Follow up post administration using the same tool will be noted in the EMARS. The

Physician will be updated if the PRN medication is ineffective and ensure pain is controlled on rounds or sooner if required.

- The non-cognitive resident will be assessed using the PAINAD Scale for the Cognitively Impaired in EMARS. Effectiveness of analgesia and other therapeutic interventions, adaptive aids and equipment will be documented on the EMARS. Follow up post administration using the same tool will be noted in the EMARS.

- **End Stage/Crisis Pain**

- For Palliative care the Registered staff will evaluate resident using the appropriate pain tool in the EMARS. Follow up post administration using the same tool will be noted in the EMARS. If the PRN medication is proven to not be effective the physician will be notified and assess for a different medication after 2 doses.

- **Education**

- 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.