



Pain Transition Planning

University of Illinois at Chicago



Purpose

- To present a transition plan for a participant with pain.
- Included examples of a plan that can be adapted for participants with pain.
- The plan does not contain information and/or management of conditions other than pain.



Case Study

- Casey is a long term resident of Maple Nut Nursing Home. She was transferred there after a fall and fractured hip with hip pinning. She has been gaining strength and was transitioned out. Recently she was diagnosed with breast cancer.



Case Study

- Casey underwent a mastectomy for an aggressive form of breast cancer. She was discharged home with a drain and wound care instructions.
- Her other medical conditions include:
 - Anxiety, depression, constipation

Case Study-Medications

Pain medications

- MS Contin 15 mg every 12 hours (A long acting form of morphine)
- Tylenol # 3 1-2 tablets every 4 hours as needed (A short acting medication)
- Tylenol 500 mg 2 every 4 hours as needed

Other medications

- Lexapro 10 mg daily
- BuSpar 10 mg BID
- Colace (docusate sodium) 1 BID
- Milk of Magnesia 2 tablespoons QHS



Case Study: Sensory needs/impairments:

- Bilateral hearing aids for decreased hearing acuity.
- Pain medication for pain she rates as 3 most days but can get as high as 8, especially at night.
- She cries on occasion not sure she can live with the ongoing pain.



Case Study

- Hospitalizations: only once since transitioning out. She was admitted for mastectomy surgery.
- Emergency room visits: none since transition.
- Participant has had a Personal Emergency Response System (PERS) in place since transition from Maple Nut Nursing Home.



Case study

- Casey also underwent radiation treatment for her breast cancer.
- 6 months after Casey's wounds have already healed she is still experiencing pain that she describes as burning and tingling.
- Her physician, Dr. Smith, has added Neurontin (gabapentin) to her medication list hoping to decrease use of the MS Contin.



Pain-related Questions on the MFP Risk Assessment – Form H

Q # 42 – Does the participant have a history of falls or a potential risk for falling?

Q # 43 – Does the participant require special infection precautions?

Q # 49 – Does the participant need assistance with or close monitoring of medications?



Pain-related Questions on the MFP Risk Assessment – Form H

- Q # 58 – Does the participant have chronic pain that affects Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs)?
- Q # 64 – Does the participant have chronic constipation or any other bowel issues that need monitoring for worsening symptoms?
- Q # 65 – Does the participant have an important, serious health issue not addressed through previous questions?



Mitigation Planning: Q # 42 – Does the participant have a history of falls or a potential risk for falling?

Risk Indicators include:

- Participant is at risk due to disabilities, medical conditions or a history of falls.
- **Why select this indicator?**
 - Casey may still be weak from previous fall and surgery, also, she is on medications that can result in sedation and increased risk for falls.

Mitigation Planning: Q # 42 – Does the participant have a history of falls or a potential risk for falling?

Mitigation Strategies include

- Assess and monitor participant's risk for falls by completing a Falls Risk Assessment.

Mitigation Plan Tasks include:

- TC or home care can complete Falls Risk Assessment first day participant returns home from hospital.
- TC/home care will share results of Falls Risk Assessment with each other and discuss with participant.
- Falls Risk Assessment will be completed with any change in participant's status or medications.

Mitigation Planning: Q # 43 – Does the participant require special infection precautions?

Risk Indicators include:

- Participant has a suppressed immune system that requires special precautions to prevent infections (e.g. HIV/AIDS, or undergoing cancer treatments).

Why select this indicator?:

Casey has a wound from the mastectomy, a drain that is in place and will be undergoing treatment for her cancer. While they may give her wounds time to heal, her cancer treatment can slow wound healing and decrease the ability of her immune system to fight off infections. Narcotics can cause respiratory suppression and risk for pneumonia.

Mitigation Planning: Q # 43 – Does the participant require special infection precautions?

Mitigation Strategy:

- Arrange for and monitor home care nursing.

Mitigation Plan tasks include:

- Home care nursing can be arranged for prior to participant being discharged from the hospital.
- TC will verify that homecare has been ordered and will verify that visits will start the day of or day after discharge from the hospital.
- Home care nursing can perform wound management and instruct participant/caregiver in management of wound and signs and symptoms of infection: redness, swelling, increase or change in pain, thick, yellow drainage.

Mitigation Planning: Q # 49 – Does the participant need assistance with or close monitoring of medications?

Risk Indicators include:

- Participant has complicated medication schedule.

Why select this indicator?:

- Casey has both routine medications for pain and constipation **and** as needed medications for pain and constipation. Two of her pain medications contain acetaminophen (Tylenol) and she can overdose on acetaminophen which can cause liver damage. Overuse of pain medications can result in falls, sedation, respiratory sedation, even coma.

Mitigation Planning: Q # 49 – Does the participant need assistance with or close monitoring of medications?

Mitigation Strategy:

- Arrange for and monitor education on the importance of taking medication(s) as prescribed, proper administration, side effects and overdose precautions.

Mitigation Plan Tasks include:

- While home care nursing is involved in participant care they can provide education on medications and monitor for side effects (sedation, confusion, respiratory sedation, increasing constipation or diarrhea) and overdose.
- TC will verify with participant that she understands what each medication is for, when to take each one and what side effects are of each one.
- TC will arrange or assist participant in arranging a visit with Dr. Smith 555----- for review of medication list and schedule, for change in needs of medication (increase or decrease in pain).

Mitigation Planning: Q # 58 – Does the participant have chronic pain that affects Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs)?

Risk Indicators include:

- Participant takes medications to help manage pain.

Why select this indicator?

Casey has multiple medications order for relief from pain.

Mitigation Planning: Q # 58 – Does the participant have chronic pain that affects Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs)?

Mitigation Strategies include:

- Arrange for and monitor caregiver assistance with Activities of Daily Living and/or Instrumental Activities of Daily Living.
- Arrange, verify and monitor appointment(s) with healthcare provider for new onset or worsening symptoms.
- Arrange and monitor home care nursing.
- Provide participant and/or caregivers with a list of emergency contact service personnel.

Mitigation Planning: Q # 58 – Does the participant have chronic pain that affects Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs)?

Mitigation Strategy - Arrange for and monitor caregiver assistance with Activities of Daily Living and/or Instrumental Activities of Daily Living.

Mitigation Plan tasks include:

- TC to complete review of participant's ability to perform ADLs/IADLs day of discharge from hospital.
- TC and participant to develop plan of needs and how to meet those needs with caregiver assistance.
- Caregiver schedule will be completed and will include name of caregiver, tasks to be completed and frequency of task completion.
- Home health care aid may be an option for assistance with bathing dressing while home care is involved in patient management.

Mitigation Planning: Q # 58 – Does the participant have chronic pain that affects Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs)?

Mitigation Strategy - Arrange, verify and monitor appointment(s) with healthcare provider for new onset or worsening symptoms.

Mitigation Plan Tasks include:

- Participant's first follow up physician visit post-discharge from hospital is with Dr. Smith 555-8484 3 days after discharge. Appointment was made for patient prior to leaving the hospital
- Participant will notify Dr. Smith, homecare nurse and TC of any changes in wound (increase drainage, warmth, redness, change in pain) or inability to take pain medications due to side effects (nausea, vomiting, sedation, gait instability, respiratory sedation) or medication not effective in managing pain.
- Participant will notify TC of any changes in medication or plan of care made by Dr. Smith, including next MD visit.

Mitigation Planning: Q # 58 – Does the participant have chronic pain that affects Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs)?

Mitigation Strategy - Arrange and monitor home care nursing.

Mitigation Plan Tasks include:

- Home care nursing can be arranged prior to discharge from hospital.
- TC to verify that home care nursing has been ordered and will start day of or day after discharge.
- Home care nursing will provide education on pain management and monitor use of pain medications while they are involved in care.
- Home care nursing will assist participant to contact healthcare provider if pain is not controlled with current medications or participant develops side effects (nausea, vomiting, constipation, sedation, respiratory sedation).
- Home care nursing will contact or assist participant in contacting TC with changes in plan of care or changes in need of ADLs/IADLs assistance.

Mitigation Planning: Q # 58 – Does the participant have chronic pain that affects Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs)?

Mitigation Strategy - Provide participant and/or caregivers with a list of emergency contact service personnel.

Mitigation Plan Tasks include:

- TC will complete, or update, Forms K (MFP 24 Hour Back-Up Plan) and L (Personal Resource List) day of discharge from hospital.
- TC will provide copy to participant on same day.
- TC and participant will both be responsible for updating forms with changes in caregivers and/or providers.

Mitigation Planning: Q # 64 - Does the participant have chronic constipation or any other bowel issues that need monitoring for worsening symptoms?

Risk Indicators include:

- Participant takes laxatives or enemas on a regular basis.

Why select this indicator:

- Participant is to take Colace twice daily and milk of magnesia at bedtime for chronic constipation possible from use of narcotics for management of pain. Constipation can become worse or participant could develop diarrhea from overuse of medications and be at risk for dehydration and/or falls.

Mitigation Planning: Q # 64 - Does the participant have chronic constipation or any other bowel issues that need monitoring for worsening symptoms?

Mitigation Strategies:

- Arrange for and monitor education on the importance of taking medication(s) as prescribed, proper administration, side effects and overdose precautions. See Q # 49.
- Arrange, verify and monitor appointment(s) with healthcare provider for new onset or worsening symptoms.

Mitigation Plan Tasks include:

- Participant will notify Dr. Smith, homecare nurse and TC of any changes in constipation, diarrhea, other bowel issues, or inability to take medications.
- Participant will notify TC and homecare of any changes in medication or plan of care made by Dr. Smith, including next MD visit.

Mitigation Planning: Q # 65 – Does the participant have an important, serious health issue not addressed through previous questions?

Risk Indicators include:

- Participant has undiagnosed signs or symptoms.

Why select this indicator?:

- Casey is on medications for depression and anxiety, chronic pain is associated with both. She needs ongoing monitoring for signs and symptoms that reveal her depression and anxiety are either controlled or uncontrolled.

Mitigation Planning: Q # 65 – Does the participant have an important, serious health issue not addressed through previous questions?

Mitigation Strategy –

- Arrange, verify and monitor appointment(s) with healthcare provider for new onset or worsening symptoms.

Mitigation Plan Tasks include:

- TC will complete Depression scale with participant at first home visit after discharge, after any medication change, and with change in participant symptoms.
- TC will share results of Depression Scale with Dr. Smith 555-8484 and home care nursing.
- Participant will notify Dr. Smith, homecare nurse and TC of any changes in symptoms: crying, feelings of hopelessness or helplessness, increase in anxiety.
- Participant will notify TC (and homecare) of any changes in medication or plan of care made by Dr. Smith, including next MD visit.



Follow-Up

- Follow-up for participant's with pain either chronic or acute needs to be proactive and well planned.
- Pain can be hard to control and once it is out of control a hospitalization may be needed to get it back into control.
- Narcotics can be very sedating and cause respiratory sedation. Participants are at risk for falls and respiratory illnesses.
- Adjunctive medications, gabapentin and acetaminophen, also have side effects and need to be monitored as well.