

Pain

It is common for residential aged care residents who are receiving a palliative approach to care to experience pain. Each resident's experience of pain will be different and many will experience more than one pain, such as headache, muscle aches and pains, and pain associated with particular diseases. Often residents do not tell staff that they are in pain and staff may not always notice, particularly if the resident is not able to communicate. Pain can therefore go untreated.

Key messages

- It is really important to notice and manage the resident's pain to ensure good quality of life.
- Pain is a very personal experience occurring when and where the resident says it does.
- Older people may deny 'pain', instead using words such as 'ache', 'soreness' and 'stabbing'.
- The resident's pain may be influenced by past experiences of pain, culture, spiritual beliefs, social relationships.

What can you do?

Careworkers spend the most time with residents and are often the first to notice if they seem to be uncomfortable or in pain. You can therefore play an important role in helping to manage their pain. The 'see, say, do, write and review' model is a useful guide that may help you.

'See': recognise and assess

- See if the resident appears to be in pain, particularly when they are moving – e.g. being dressed, turned in bed, walking.
- Ask the resident if they have any pain/ache/soreness, where it hurts and how bad it is. You can use a pain assessment tool(s) to do this if used in your facility and if that is part of your role.
- If the resident is not able to speak, look at their face and body for signs that show they are in pain – e.g. frowning, closed/tightened eyes, moaning, tears, holding the painful area, refusing to move or perhaps eat.

'Say': report your assessment

- Report the resident's pain to the nursing staff. Be as clear and detailed as possible.
- Immediately report any worsening pain or new signs that could be due to pain.

'Do': manage

- Gently help the resident to get into a more comfortable position and/or gently massage the painful area.

'Write': document your actions

- Write down what you did in the resident's assessment chart/clinical record, if that is part of your role.

'Review': evaluate and reassess as necessary

- Review your actions. Did they help? If 'yes', keep doing them regularly. If 'no', tell the nursing staff.

Why it works

- Supports the best possible care by helping to keep the resident comfortable.

Related pages

[Clinical Care Domains](#) – clicking here will open a printable version of a flipchart that gives an introduction to pain (see pages 9-24).

[Self-Directed Learning Package](#)

[\[Careworker\]](#) – clicking here will open a printable version of the package that discusses pain and providing care within the careworker's scope of practice (see pages 137-140).

[Self-Directed Learning Package for Careworkers](#) – clicking here will take you to an online version of the package.

[See, Say, Do, Write and Review: Five Key Actions for Careworkers to Support Residents](#) – clicking here will take you to a video (13 minutes) that demonstrates the 'see, say, do, write and review' model.

Relevant link

Residential Aged Care Palliative Approach Toolkit – www.caresearch.com.au/PAToolkit

