



State-approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2019
Module V



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section

NCDHHS is an equal opportunity provider and employer.

Module V – Pain Teaching Guide

Objectives

- Define pain
- Explain the role of the nurse aide in pain management

Supplies

- Flip chart, flip chart paper, and markers (Activity #1V)
- Scotch/cellophane tape or glue sticks per each group of students, scissors, magazines, couple of markers per each group of students, 1 sheet of construction paper or a half-sheet of poster paper per student (Activity #2V)

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Set up computer/projector

Advance Preparation – Teaching Tips

- **Image Search:** Do an image search of visual pain scales using your favorite search engine and decide which images to project on the screen as a method to illustrate the various types of pain scales used.
- **Other Ideas:** Because everyone has experienced pain, teaching the concept of pain lends itself to active participation on the part of the learner. Decide whether to add extra activities, such as discussions, small group activities, etc., to the curriculum

Advance Preparation – Activities

- **#1V Self-reflection About Pain:** Before beginning this activity, write the following questions on a sheet of flip chart paper: What caused the pain? What was the effect, physically and emotionally, on you and others? How could the pain have been prevented? What was done in response to the pain?
- **#2V Pain Collage:** Students will be creating their own collages with their own sheets of paper but will be placed in groups in order to share supplies (magazines, tape/glue sticks, scissors, and markers). Decide how to divide students into groups of about three. Prepare supplies for each group – a sheet of construction paper or poster paper per student, tape/glue stick, scissors, a couple of markers, and several magazines.

**Module V – Pain
Definition List**

Pain – anything the patient says it is, occurring whenever the patient says it does

Module V – Pain	
<p>(S-1) Title Slide (S-2) Objectives 1. Define pain. 2. Explain the role of the nurse aide in pain management.</p>	
Content	Notes
<p>ACTIVITY #1V: Self-reflection About Pain</p> <p>Refer to instructor guide.</p>	
<p>ACTIVITY #2V: Pain Collage</p> <p>Place students in groups of about three. Distribute a sheet of construction paper or poster paper per student; and tape/glue stick, scissors, a couple of markers, and several magazines to each group. Ask each student to create a collage from pictures, words, phrases cut out from magazines and taped/glued to the paper based on the following topic – what do I think about or picture when I hear the word pain? Have each student show and talk about his or her completed collage for about 2 minutes.</p>	
<p>(S-3) Pain</p> <ul style="list-style-type: none"> • Margo McCaffery, a nurse and expert in the field of pain management defines pain as “anything the patient says it is, occurring whenever the patient says it does.” • Health care team does not define resident’s pain. • Most widely accepted symptom of pain is self-reported pain 	
<p>TEACHING TIP: Definition of Pain</p> <p>Relate the definition of pain back to the collages the students created and talked about. All collages will be about the student’s perception of pain.</p>	
<p>(S-4) Pain – Importance</p> <ul style="list-style-type: none"> • Believing what the patient says will lead to more effective evaluation and treatment of pain 	
<p>*(S-5) Pain – How Residents Might Describe Pain</p> <ul style="list-style-type: none"> • Aching • Burning • Creaky • Dull • Exhausting • Gnawing 	

Module V – Pain	
<ul style="list-style-type: none"> • Hurting • Miserable • Nagging • Numb • Penetrating • Radiating • Sharp • Shooting • Sore • Squeezing • Stabbing • Stiff • Tender • Throbbing • Tiring • Unbearable 	
<p>(S-6) Pain – Facts</p> <ul style="list-style-type: none"> • Pain may come with aging, but people do not have to live with unrelieved or unmanaged pain • Pain is significantly under-reported in nursing facilities especially among the oldest old, females, minorities and the cognitively impaired; although pain can be relieved in up to 90% of cases, a significant number of nursing home residents receive inadequate or no treatment • In nursing homes, 71-83% of residents experience pain; up to 80% experience pain that interferes with activities of daily living and quality of life • Caregivers, including nurses and nurse aides, commonly underestimate pain • Under rating and under treating pain can be neglect, negligence, or even elder abuse • Nursing homes that do not manage pain properly will be cited with a deficiency by long-term care surveyors; surveyors will interview nurse aides, the caregivers who work most closely with residents, about residents’ pain and how it is treated 	
<p>TEACHING TIP</p> <p>Before passing out handout, ask students:</p> <ul style="list-style-type: none"> • Tell me what a myth is. • Tell me what a misconception is. <p>HANDOUT #1V: Myths/Misconceptions Regarding Pain</p>	

Module V – Pain	
<p>Distribute to students and review myths/misconceptions regarding pain.</p> <p>Ask students:</p> <ul style="list-style-type: none"> • Have you ever heard or believed in any of the myths or misconceptions that are listed on the handout? If so, which ones? 	
<p>*(S-7) Pain – Factors Effecting Reactions to Pain</p> <ul style="list-style-type: none"> • Religious beliefs and cultural traditions affect pain; men and women may report pain differently; staff should consider these differences; some residents, families and staff worry about drug side effects, addiction and dependency; others fear bothering the nursing staff • Staff’s religious beliefs and cultural traditions affect how they view and manage residents’ pain. Resident may be in pain and staff member does not recognize it or believe it should be treated • Commonly held beliefs about opioids https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page.html https://www.ahrq.gov/data/infographics/opioids-impact-seniors.html 	
<p>*(S-8) Pain – Acute Pain</p> <ul style="list-style-type: none"> • Temporary, lasts for a few hours, or, at most, up to six months • Usually comes on suddenly, as a result of disease, inflammation or injury • Goes away when the healing process is complete 	
<p>*(S-9) Pain – Acute Pain</p> <ul style="list-style-type: none"> • Serves a purpose because it warns the body of a problem that needs attention • Identifying and treating the cause of acute pain is usually possible • When people are in acute pain, their discomfort tends to be obvious • In fact, acute pain can rev up the body and may cause pale sweaty skin and an increase in heart rate, respiratory rate and blood pressure 	
<p>(S-10) Chronic Pain</p> <ul style="list-style-type: none"> • Considered chronic when it is long-term, lasting for six 	

Module V – Pain	
<p>months or more</p> <ul style="list-style-type: none"> • Often comes on gradually, people may have a hard time pinpointing when it started and/or describing it to others • Chronic pain serves no purpose since it continues after the healing process is complete • Diagnosing the cause of chronic pain can be difficult and may persist despite treatment • When people are experiencing chronic pain, the source of their discomfort may not be obvious to others; they may just seem depressed. This is because chronic pain can slow down the body, causing a decrease in both heart rate and blood pressure 	
<p>(S-11) Pain – Common Causes</p> <ul style="list-style-type: none"> • Arthritis • Cancers • Headache pain • Ischemic pain • Neuropathic pain • Osteoporosis and associated fractures • Pain associated with contractures • Pain from other medical causes including ulcer disease, urinary tract infection, angina, constipation • Phantom limb pain • Physical therapy • Pressure sores • Recent surgeries • Wound dressing changes 	
<p>TEACHING TIP: Effects of Pain</p> <p>Ask students:</p> <ul style="list-style-type: none"> • Think of a time when you may have been in pain (injury, illness, childbirth, surgery, etc) • Other than hurting, how did the pain affect you? [Give students 60 seconds to think about answers without talking to the instructor or each other.] • Share your answers. [Write down answers on chalk or dry-erase board.] • Let’s see if there are other affects that have been identified that you did not think of. [Proceed to Slide #12] 	
<p>(S-12) Pain – Effects</p> <ul style="list-style-type: none"> • Giving up hope • Depression • Anxiety 	

Module V – Pain	
<ul style="list-style-type: none"> • Withdrawal • Decrease in or loss of appetite • Decrease in activities • Inability to sleep 	
<p>(S-13) Pain – Effects</p> <ul style="list-style-type: none"> • Restlessness/agitation • Refusal to participate in activities of daily living • Refusal to participate in treatment programs • Thoughts of suicide and/or suicide • Negative effect on immune system • May be higher risk for injuries, accidents or falls 	
<p>(S-14) Pain – Use of Medications</p> <ul style="list-style-type: none"> • Nurse aide reports complaints of pain to nurse so nurse can assess pain and medicate if appropriate 	
<p>(S-15) Pain – Nurse Aide Role in Pain Management</p> <ul style="list-style-type: none"> • Nurse aides play an important role in pain management • Nurse aides are at the bedside and often the people most likely to notice when a resident is acting differently or showing signs of pain • Nurse aides’ personal relationships with residents can be helpful in pain management • Nurse aides should take an active role in pain management • Pain should be controlled or alleviated whenever possible 	
<p>(S-16) Screening of Pain: When to Ask Residents About Pain</p> <ul style="list-style-type: none"> • During personal care • During transfers and ambulation • Following activities • At appropriate times after pain management therapies 	
<p>(S-17) Screening of Pain: What to Ask Residents About Pain</p> <ul style="list-style-type: none"> • Are you in pain, uncomfortable, hurting? • Where is the pain? Ask the resident to point to area • When did the pain start? • How long does the pain last; how often does it occur? • How bad is the pain? Pain scales: use the one available at facility (examples – 0-10 Numeric Rating Scale, Wong-Baker Faces Pain Rating Scale) • Does pain come and go? • Have you had this pain before? What helped relieve it? • Do you remember what you were doing when the pain started? 	

Module V – Pain	
<p>TEACHING TIP #4V: Image Search</p> <p>Do an image search of visual pain scales using your favorite search engine and project a variety of images on the screen as a method to illustrate the various types of pain scales used.</p>	
<p>*(S-18) Comfort Measures – Nurse Aide’s Role</p> <ul style="list-style-type: none"> • Supportive talk • Gentle touch • Music • Soft lighting • Decreased noise 	
<p>*(S-19) Comfort Measures – Nurse Aide’s Role</p> <ul style="list-style-type: none"> • Warm or cold packs (if approved by nurse) • Massage • Re-positioning • Soothing activities • Prayer and spiritual support 	
<p>(S-20) Comfort Measures – Nurse Aide’s Role</p> <ul style="list-style-type: none"> • Listening and conversation • Favorite foods or drinks • Help with personal cleanliness • Reminiscing • A walk 	
<p>(S-21) Care of the Resident Who is Cognitively Impaired and Who is in Pain</p> <ul style="list-style-type: none"> • Observe for signs (listed as most frequent occurring to least frequent occurring) <ul style="list-style-type: none"> ○ Change in facial expression, especially grimacing ○ Restless body movement ○ Change in behavior based on individual ○ Moaning ○ Tense muscles ○ Agitation ○ Combative/angry (pulls away when touched) • Report what is observed to the nurse immediately • When you find something that works, let the nurse and other nurse aides know • Work as a team with other staff members 	
<p>TEACHING TIP: Other Ideas</p> <p>Teaching the concept of pain lends itself to learner participation, such as discussions, small group activities, etc., because everyone has experienced pain.</p>	

Handout #1V Myths/Misconceptions Regarding Pain

- Acknowledging chronic pain is a sign of personal weakness
- Chronic pain is a punishment for past actions
- Chronic pain means death is near
- If you take a narcotic for pain, death must be near
- If there is not a reason for pain, then the pain is all in one's head
- Chronic pain always indicates the presence of a serious disease
- Acknowledging pain will lead to a loss of independence
- Discuss the opioid epidemic
- Older adults, especially the cognitively impaired, have a higher tolerance for pain
- Older adults, especially the cognitively impaired, feel less pain.
- Older adults and the cognitively impaired cannot accurately self-report pain
- Residents in long-term care say they are in pain in order to get attention
- Older adults are likely to become addicted to pain medication
- Pain management is a form of chemical restraint
- Once you start pain medications, you always have to increase the dose
- Healthcare providers do an adequate job of providing adequate pain control
- A resident who is sleeping is not in pain
- A resident who is watching television or laughing with visitors is not in pain
- Alterations in vital signs are reliable indicators of pain in a patient
- Unrelieved pain is a part of getting older. The older adult just needs to learn to live with pain
- Chronic pain may inconvenience older adults, but will do them no real harm

Activity #1V Instructor Guide

Self-reflection About Pain

Purpose: This activity helps raise awareness of pain - how common it is, what causes pain, and the impact of pain.

Supplies and Equipment:

For this activity,

- Flip chart paper and markers
- Students' own paper and pens or pencils, for note-taking

Instructor Preparation:

Before beginning this activity, write the following questions on a sheet of flip chart paper:

- What caused the pain?
- What was the effect, physically and emotionally, on you and others?
- How could the pain have been prevented?
- What was done in response to the pain?

Explanation of the Activity:

Step 1: Explain to students that this activity will help them to reflect on their own experiences with pain.

Step 2: Tell students: Think back about your life and remember a time when you had pain, either chronic or acute. As this activity will involve discussing your pain with other students, identify an instance of pain that you feel comfortable discussing.

Step 3: Have students pair-up with the person sitting next to them. Ask them to tell each other the story of their pain, and discuss the following questions:

- What caused the pain?
- What was the effect, physically and emotionally, on you and others?
- How could the pain have been prevented?
- What was done in response to the pain?

Instruct the students to jot down key words or notes during the conversations. Allow five to ten minutes for discussion.

Step 4: Return to the larger group. Ask students: What did you learn from discussing your pain? Document their responses on the flip chart.

Be sure and point out the following concepts that will hopefully be gleaned from class discussion:

- Each individual defines pain. Pain is what the individual says it is.
- Pain is common. We all have pain. We can all learn by reflecting on and sharing our experiences.
- Pain can have both physical and emotional consequences; both immediate and long-term. There can be positive learning outcomes from the experience.