

Transforming care with PainChek®

A Case Study from the Barossa Village for Aged Care

Background

Mrs T is a 70 year-old woman who came into care 18 months ago. She has had a rapid decline since her diagnosis of Alzheimer's in 2014. Mrs T was cared for by her husband at home, prior to her admission into care. Mrs T also has a history of anxiety, depression, chronic back pain and hypertension.

Presentation

Mrs T has a flat affect and wanders constantly and aimlessly in the unit. Both of these behaviours were interpreted as Parkinsonion. She will not sit to eat and was often fed by her husband as she wandered the corridors. Mrs T does not communicate effectively verbally and is limited to hello and an occasional yes and no. She has consistently lost weight, being 72kg when she was diagnosed with Alzheimer's, to 41kg today. She had a shuffling gait and will not use her four-wheel walker any more. Mrs T will fall at least once a week. In response to these events, Mrs T was trialled on Carbidopa/Levodopa 100mg as there were reports of an increasing tremor by her husband. When she is in bed she will settle and sleep for 8-10 hours per night.

In one of her falls, she was taken to the local hospital where she was diagnosed with crush fractures to the thoracic spine. She was also diagnosed with Osteoporosis. Her wandering increased after this diagnosis. Mrs T was on a regular Targin 5mg/2.5mg twice a day with oxycodone 5mg as required. During this time Mrs T would regularly start crying and pulling at her clothes, particularly at the end of the day. This was thought to be related to the pain and that Mrs T needed to rest.

The medical team added Oxazepam and Temazepam which was given to Mrs T in the evening, but she still did not settle. The Targin was replaced by Kapanol 10mg and the Oxazepam which sedated Mrs T but did not assist in managing the behaviour. The staff were using the oxycodone 5mg two to three times per shift. Pain assessments were irregular and staff were stating that it was difficult to tell when Mrs T was in pain. The sedating effect of the Oxazepam led to a greater number of falls. Mrs T was not able to swallow the Kapanol effectively anymore and was changed to Norspan 15mg patch.

In November 2017, Mrs T had a seizure which could not be explained. The Carbidopa/Levodopa was stopped as was the Oxazepam. On stopping the Carbidopa/Levodopa there was an improvement in Mrs T's mobility, however the crying increased. The medical staff thought that it was worth trying some Risperidone 0.5mg in the evening to assist with settling. Mrs T continued to wander.

Outcomes

In November, the RNs started using the PainChek® App to assess Mrs T's pain. Her pain was assessed against the Abbey Pain Scale and only assessed on movement as she did not sit still. She had scores between 8-14 indicating moderate to severe pain. The Abbey scores for Mrs T consistently scored in moderate in all areas except facial expression. The PainChek® App score for Mrs T was 13-17 indicating severe pain.

Based on the use of the PainChek® App the Norspan was increased and the Risperidone ceased. The PRN oxycodone use increased and at various times during the day, Mrs T looked more relaxed. She lost the tightening around the eyes and she began to speak short sentences.

Mrs T continues to wander, her gait remained shuffling. She still did not sit to eat. Her crying is reduced and there is no longer a need for her to use regular Oxazepam and Risperidone.

Secondary findings

Mrs T's flat affect meant her behaviours were confusing to staff and her inability to effectively verbalise made it difficult to understand how Mrs T was feeling.

With the use of the PainChek® App there was a more consistent assessment of pain for Mrs T. The awareness of the staff to look for pain behaviour as a distinct indicator of pain was more obvious to staff.

"Using the PainChek® App has improved the way we assess pain in our facility, and enabled our staff to provide better pain care to our residents. The automatic reporting feature has improved the efficiency of data handling, and simplified reporting for accreditation and auditing purposes."

Matt Kowald – General Manager, Residential Care Services, Barossa Village.

