



FoNS Improvement Insights

Identifying a Pain Assessment Tool for Patients with Cognitive Impairment in Acute Care

Project leader: Julie Gregory, Acute Pain Nurse Specialist, Royal Bolton Hospitals NHS Trust

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Project background

Acute pain is a common symptom associated with injuries and surgery requiring effective management. Accurate recognition, assessment and treatment of pain improves function, reduces complications and the duration of hospitalisation. In older people, pain is often under reported and frequently under treated, but evidence is suggestive that even less treatment occurs in cognitively impaired patients unable to self-report pain. Self-report is a key element of assessing and managing pain as it takes into account the subjective and individual nature of the pain experience. However patients with a cognitive impairment and in particular those with dementia, are less likely to be able to communicate their individual pain experience to clinicians.

Aim and objectives of the project

The aim of the project was to identify and implement a pain assessment tool that was sensitive to the needs of the individual with a cognitive impairment in acute care settings. The purpose was to ensure effective pain management and improved outcomes for this group of patients. To achieve this aim the objectives of the project were to:

- Develop individual practitioner skills in examining best pain assessment evidence and changing practice
- Carry out a review of the literature on available pain assessment tools for this group of patients and evaluate their effectiveness and efficacy in practice and for use by relatives
- Examine current acute pain assessment in practice for individuals with a cognitive impairment through observation, interviewing relatives, staff focus groups and examining documented care
- Disseminate the project findings and pilot own assessment tool if required

Key activities and outcomes from the project

A multi-professional steering group was formed that included mental health and acute care specialists. The project was based on the principles of participatory action research in which three action cycles were identified.

- Audit of current practice and literature review

A number of audit tools were used on six wards, comparing pain assessment and management with patients who are cognitively

intact and those displaying some cognitive impairment (n=45). The findings were suggestive that patients with a cognitive impairment in the acute care situation were less likely to be asked about pain, although issues emerged about recording a pain score in both groups of patients. 17 behavioural pain assessment tools were identified from the literature of which seven met the criteria for use with patients with a cognitive impairment.

- Staff workshops

Two staff workshops explored the assessment and management of pain in the older person and staff's 'claims, concerns and issues' in relation to assessing pain in patients with cognitive impairment and dementia. Staff acknowledged the need for an assessment tool that would provide consistency of pain assessment for patients with cognitive impairment and the acute patient. From the seven behavioural pain assessment tools examined, three were identified as suitable for further pilot work.

- Piloting and evaluation of pain assessment tools

Six weeks after the introduction of a pain assessment tool in practice its usefulness was rated numerically and evaluative comments made by four of the six participating wards. The similarity in scores led to a further trial of a different pain assessment tool on each of the wards to provide a comparison. The pilot work revealed that none of the established tools (n=3) were ideal and as some relatives also noted, failed to identify pain in patients that were cognitively impaired. As a result of the project the 'Bolton Pain Assessment Tool' has been devised that includes a rating by a family member or usual care giver and is now under trial on all six wards.

Implications for practice:

- Practitioners increased their knowledge of pain assessment and developed a critical awareness through reflection on established tools being used in practice
- None of the established pain tools examined were adequate in assessing patients with cognitive impairment in the acute situation requiring the development of a more specific measure
- Behavioural pain assessment should always be used with other information and ideally with someone who knows the individual well
- The approach taken by the project led to more sustainable change as the responsibility for its implementation lay with the clinical team

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstd=13188>

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