

## **Analgesic Trial for Suspected Pain in Older Adults with Cognitive Impairment**

### **Initiate an empiric analgesic trial if any of the following are present:**

- Pathologic conditions likely to cause pain exist
- Procedures likely to cause pain are scheduled
- Behaviors suggest pain, based on the scores of an observational pain tool such as the PACSLAC or the PAINAD
- Pain behaviors continue after attention to cause of pain
- Pain behaviors continue after attention to basic needs and comfort measures
- Surrogates report previous chronic pain or behaviors indicative of pain

### **Provide an analgesic trial and titration appropriate to the estimated intensity of pain based on the above, analgesic history, and prior assessment.**

- Mild to moderate pain--nonopioid analgesic may be given initially (e.g. acetaminophen 500 to 1000 every 6 hours for 24 hours.)
- If behaviors improve (as documented on observational assessment tools), assume pain was cause and continue analgesic and add appropriate non-pharmacologic interventions.
- If behaviors continue (and scores on observational assessment tools remain unchanged), consider a single low dose, short-acting opioid (e.g. hydrocodone, oxycodone, or morphine) and observe the effect.
- If no change in behavior (and no change in scores on observational assessment tools) within 24 hours, titrate dose upward by 25% to 50% and observe effect.
- Continue to titrate upward until a therapeutic effect is seen, bothersome side effects occur, or no benefit is determined.
- Explore other potential causes if behaviors continue after reasonable analgesic trial.

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Based on data from Herr, K, Coyne, P, et al. Pain Assessment in the Nonverbal Patient: Position Statement with Clinical Practice Recommendations, *Pain Manage Nurs*, Vol. 7, (2) 44-52.