

PAIN JEOPARDY

“I’ll take INTERVENTIONS for
400 points, Alex!”

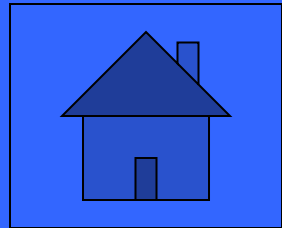
Fact/Myth	Barriers	Assessment	Education	Interventions
<u>100 pt</u>	<u>100 pt</u>	<u>100 pt</u>	<u>100 pt</u>	<u>100 pt</u>
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<u>500 pt</u>	<u>500 pt</u>	<u>500 pt</u>	<u>500 pt</u>	<u>500 pt</u>

Category: Fact or Myth
For 100 Points

People who take pain medication
(opioids) generally become addicted

MYTH

Addiction to opioids as a result of pain management is uncommon among nursing home residents

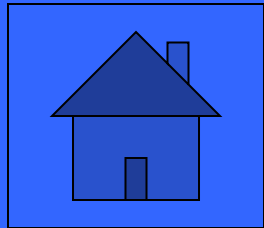


Category: Fact or Myth
For 200 Points

Older adults tend to report more pain
as they age.

MYTH

Many older adults tend NOT to report their pain because they think it is a normal part of growing older.



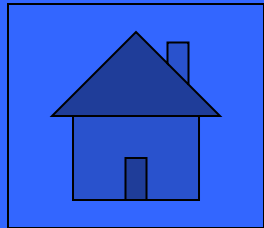
Category: Fact or Myth
For 300 Points

Opioids should not be considered
when treating older adults with
severe pain.

MYTH

Opioids are the first line of defense we have to combat severe pain.

Opioids have no maximum daily dose. This allows us to adjust dose to an effective level, no matter how severe.

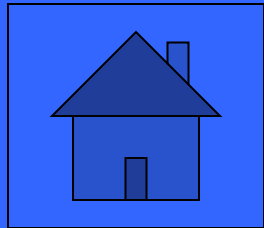


Category: Fact or Myth
For 400 Points

Effective pain control improves the
ability to fight disease.

FACT

One side effect of unrelieved
pain is a compromised
immune system.

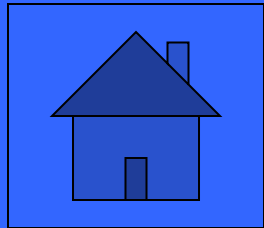


Category: Fact or Myth
For 500 Points

Constipation is one reason the use of opioids should be avoided in older adults.

MYTH

Constipation is a manageable side effect of opioid use. A bowel program must always be in place when starting opioids.



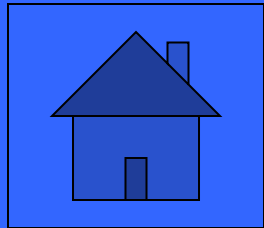
Category: Barriers
For 100 Points

True or False

Communication is a key component
in good pain management.

TRUE

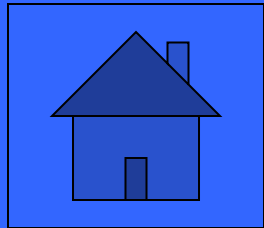
Regular and thorough
communication must occur between
ALL people involved in the
resident's care.



Category: Barriers
For 200 Points

Name THREE reasons why families
or caregivers may not want to
support a pain management plan for
a resident in pain

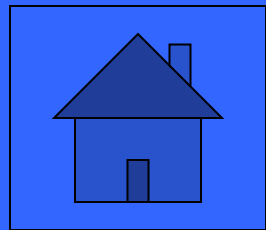
- Mistakenly held beliefs
- Fear of addiction
- Cultural values
- Fear of side effects
- Don't want loved one to be “targeted” or “labeled”
- Lack of information



Category: Barriers
For 300 Points

Name **THREE** barriers to
good pain management
by health care providers.

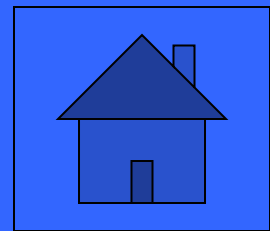
- Personal biases
- Inadequate pain assessment skills
- Lack of knowledge
- Lack of time
- Fear of resident addiction



Category: Barriers
For 400 Points

Name THREE barriers to good
pain management by
physicians or other prescribers.

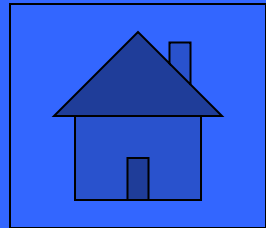
- Concern about detrimental side effects
- Lack of communication by health care personnel and the resident/family
- Fear of legal issues
- Fear of regulatory scrutiny
- Unfamiliarity with opioids
- Fear of resident addiction
- Personal biases



Category: Barriers
For 500 Points

Give **THREE** reasons older adults
may not report pain.

- Fear of addiction
- No one has asked them
- Belief that pain is normal
- Don't want to be a bother
- Cultural or generational beliefs/values
- Fear of side effects
- Depression
- Low expectations for pain relief
- Worry about cost



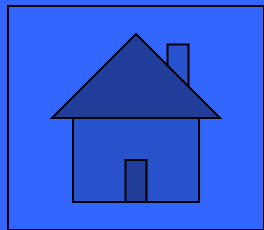
Category: Assessment
For 100 Points

True or False

A person's pain is whatever they say it is and exists whenever and wherever they say it does.

TRUE

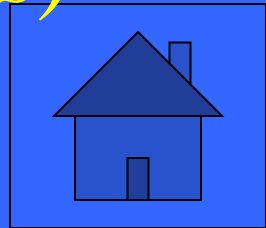
This is a definition used by many pain management programs because it helps us focus on the subjective nature of pain.



Category: Assessment
For 200 Points

Give **THREE** signs of pain that might be exhibited by cognitively impaired elders.

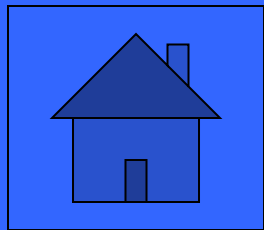
- Vocal Cues (e.g., moaning)
- Verbal Cues (e.g., ‘ouch’, ‘Stop!’, cursing)
- Facial Cues (e.g., furrowed brow, clenched jaw)
- Changes in movement (e.g., shifting positions, massaging painful body parts, protecting painful body parts during movement, clutching objects)



Category: Assessment
For 300 Points

When should the nurse complete a comprehensive pain assessment?

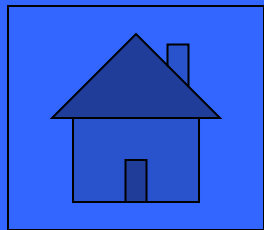
- Admission/Readmission
- Change in pain status or health status
- Each MDS Assessment



Category: Assessment
For 400 Points

What words might a person
use to describe neuropathic pain?

- Shooting
- Stabbing
- Burning
- Tingling
- Numbness
- Radiating

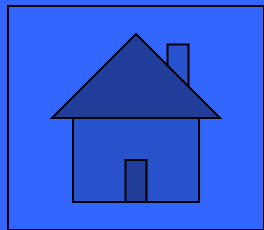


Category: Assessment
For 500 Points

What words might a person
use to describe
Somatic and/or Visceral pain?

Somatic – aching, throbbing,
gnawing

Visceral – cramping, pressure,
deep aching



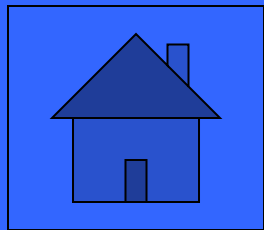
Category: Education
For 100 Points

True or False

Pain medication can not be administered to a person unless they ask for it.

FALSE

Staff and family should recognize signs/symptoms of pain in individuals and speak on their behalf, always asking the resident first.



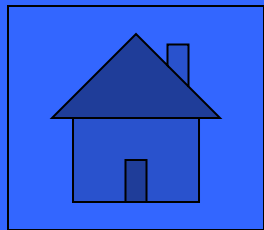
Category: Education
For 200 Points

True or False

Nursing is the only discipline
that needs to be educated on pain.

FALSE

All health care workers are part of the team responsible for providing effective pain management.



Double Jeopardy

For 600 Points,
What does WILDA stand for?

Double Jeopardy

Double Jeopardy

Words to describe pain

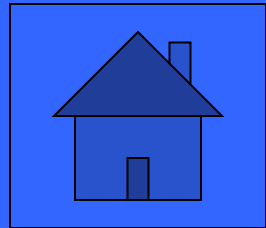
Intensity of the pain

Location of the pain

Duration of pain

Aggravating/Alleviating factors

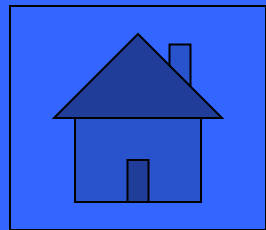
Double Jeopardy



Category: Education
For 400 Points

Name **THREE** things to discuss with the older adult and family when starting a pain management treatment plan.

- Benefits of effective pain management
- Options available
- Goals of treatment, including identifying the resident's goals and an acceptable level of pain
- Side effects and their treatment
- Cost (financial, emotional and/or physical)
- Potential negative effects of pain
- Pain symptoms – including nonverbal
- Need for good communication



Category: Education
For 500 Points

List at least three differences between acute and chronic pain.

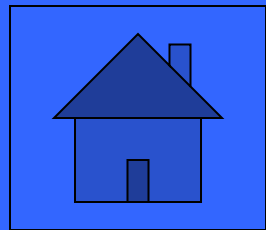
Acute vs Chronic Pain

- Acute

- Short term
- Sudden onset
- Usually known cause
- Usually goes away
- Typically doesn't cause severe emotional stress

- Chronic

- Often unknown cause
- May cause depression, sadness, anxiety, anger, sense of loss of control
- May continue throughout life
- Requires comprehensive treatment

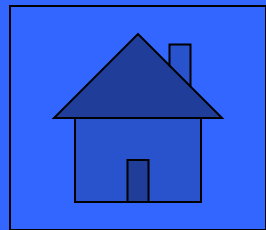


Category: Interventions
For 100 Points

Name THREE different non-pharmacological interventions.

- Distraction
- Heat/Cold
- Massage
- Relaxation/
Imagery
- Pastoral
Consult

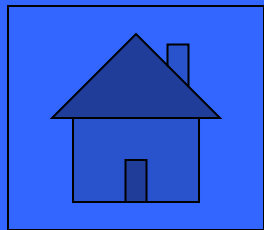
- Exercise
- Immobilization
- TENS
- Acupuncture
- Hydrotherapy
- OT/PT consult



Category: Interventions For 200 Points

What does the WHO Ladder stand for and how is it used?

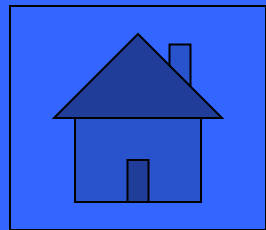
- World Health Organization
 - Provides a systematic approach to treat mild, moderate and severe pain



Category: Interventions
For 300 Points

What can administration do to support effective pain management?

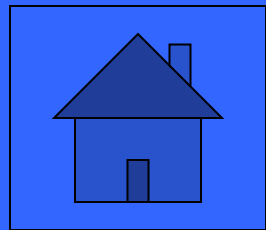
- Make effective pain management a priority
- Ensure that effective policies are in place and followed
- Make sure that staff have adequate supplies and time
- Make ongoing training programs a priority



Category: Interventions
For 400 Points

What are some non-pharmacological interventions that the departments other than nursing can do?

- Involve the resident in activities
- Provide 1:1 room visits
- Aromatherapy
- Touch – massage, lotion
- Take on walks
- Read or provide other distractions
- Support groups



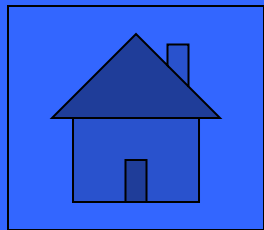
Category: Interventions
For 500 Points

True or False

Older adults usually have at least
three different sites of pain.

TRUE

And it is important to assess and manage each pain site separately.



CREDITS

Adapted from the Kansas Foundation for Medical Care, Medicare Quality Improvement Organization of Kansas.

Credit for the original Jeopardy Game Template: adapted from the work of Susan Collins and Eleanor Savko, District Resource Teachers for Hardin County Schools:

www.hardin.k12.ky.us/res_techn/sbjarea/math/MathJeopardy.htm