



# Physicians

## Pain Management in Nursing Homes: Analgesic Prescribing Tips

*We are Colorado's first, and  
our nation's second, hospice.  
Exceptional experience and  
compassion set us apart.*

**Inpatient Hospice Facility  
and 24-hour Crisis Care**

**Board-Certified Physicians  
in hospice and palliative  
medicine**

**State-of-the-art, compre-  
hensive continuity-of-care**

**Driven by patient goals  
and choices**

**Community Based**

**Community Focused**

**Community Supported**



2594 Trailridge Drive East  
Suite A  
Lafayette, CO 80026

303.449.7740 Office  
303.604.5392 Fax

[www.hospicecareonline.org](http://www.hospicecareonline.org)

Physicians can help improve pain management of their nursing home residents by the way in which they prescribe analgesics. This HospiceCare Educational Resource will review simple strategies for improving pain management outcomes.

### **How are medications distributed in nursing homes?**

There is a critical shortage of registered nurses in nursing homes; it is common for there to be only one RN for 15-30 residents. In most facilities, scheduled medications are distributed twice per 8-hour shift by one of several individuals, with more or less pain education (a Registered Nurse or Certified Nurse Assistant or Certified Medication Assistant). This system limits the opportunity for a skilled nurse to do frequent assessments of pain and monitoring the response to analgesics. The large patient-nurse staffing ratio limits the utility of PRN medication orders, especially orders more frequent than every 4 hours, and also limits the ability of nurses to monitor pain in cognitively impaired residents, since these residents are typically unable to initiate a request for PRN medication. Thus, specific instructions from the prescriber for how a medication is to be used are vital.

### **Tips for improving pain management.**

1. Communicate your concerns regarding pain with a nursing supervisor; discuss how to maximize opportunities for a.) pain assessment and b.) provision of timely feedback to you for medication changes. Review with the nursing supervisor the facility method of pain assessment documentation and standards for pain assessment and treatment.
2. Write order for a registered nurse to do a complete pain assessment on a regular basis.
3. Whenever pain is constant, write an order for a scheduled medication, preferably a long-acting medication.
4. Write orders for PRN medication at intervals of every four hours (MSIR 15 mg q4h prn pain). If you know that the patient is likely to need frequent PRN medication, write the order as a scheduled order with, hold if no pain, or patient may refuse.
5. Do not write simultaneous PRN orders for multiple analgesics, only one opioid-non-opioid combination product should be prescribed at any one time.
6. Plan ahead, it is common for nursing home residents to have increasing pain related to physical therapy, dressing changes, etc. Write an analgesic order that anticipates painful activity: (e.g. morphine elixir 10 mg PO 30 min prior to bath).
7. Do not forget to order a prophylactic bowel regimen for patients on opioids.
8. Include options for non-pharmacological (e.g. heat, massage, PT).

*References: Liao, S. and Weissman D.E. Fast Facts and Concepts #89 Pain management in nursing homes: prescribing tips. April 2003. end-of-Life Physician Education Resource Center [www.eperc.mcw.edu](http://www.eperc.mcw.edu).*