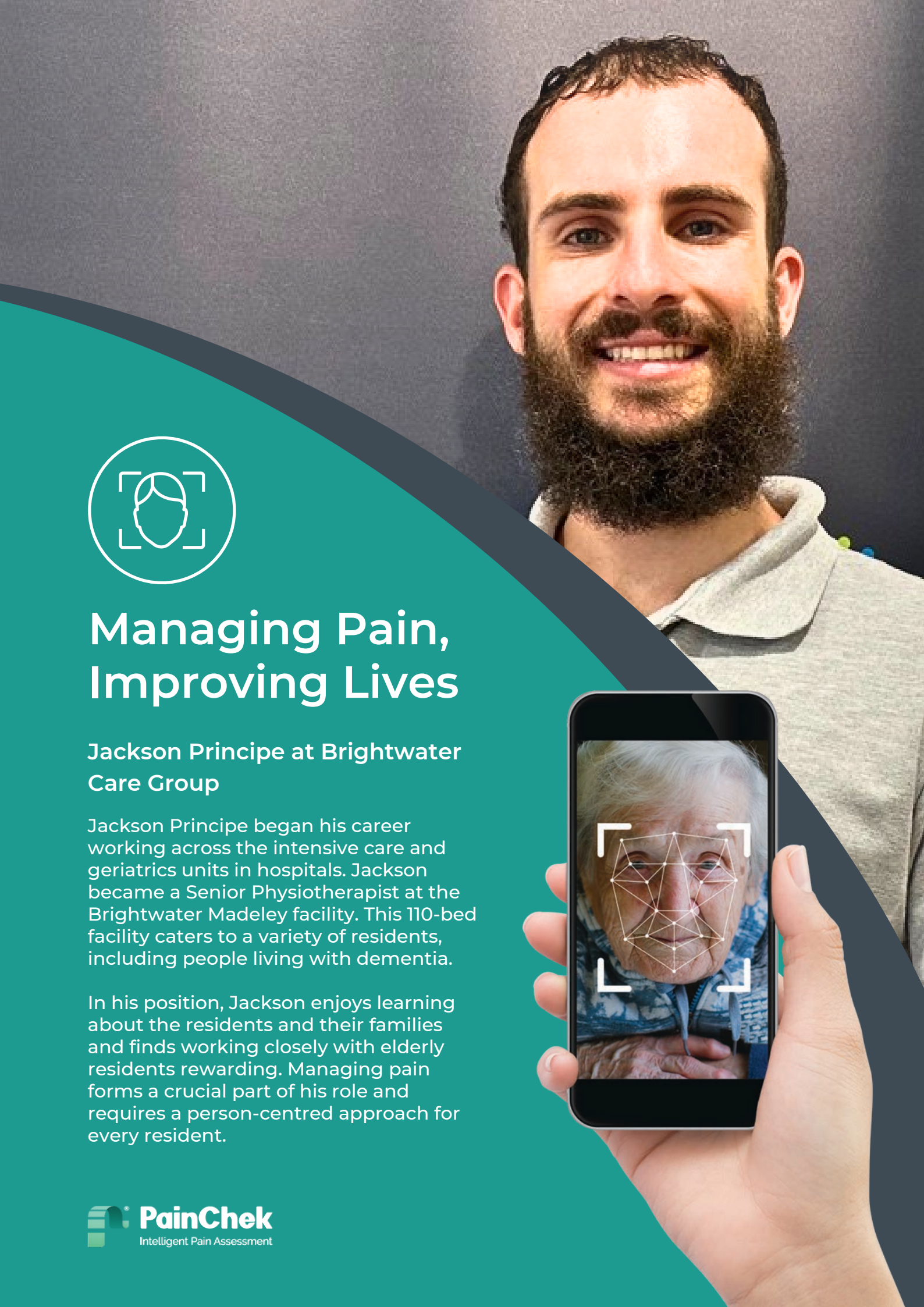


Managing Pain, Improving Lives

Jackson Principe at Brightwater Care Group

Jackson Principe began his career working across the intensive care and geriatrics units in hospitals. Jackson became a Senior Physiotherapist at the Brightwater Madeley facility. This 110-bed facility caters to a variety of residents, including people living with dementia.

In his position, Jackson enjoys learning about the residents and their families and finds working closely with elderly residents rewarding. Managing pain forms a crucial part of his role and requires a person-centred approach for every resident.

PainChek
Intelligent Pain Assessment

"In one way or another, all residents experience pain," Jackson shares. "It could be that they have a history of acute and/or chronic pain that's been documented, or someone says they don't have pain, but really they do and it takes a bit of digging to find out they have pain and the cause of it."

Jackson's day-to-day includes completing care plan reviews, looking at documented falls, and managing residents' pain levels. As a Senior Physiotherapist, Jackson not only supervises and supports the therapy assistant team but also offers close guidance to Curtin University students, actively contributing to their on-the-job learning. Jackson emphasises that treating and managing pain involves a multidisciplinary team (MDT), noting the more personnel involved, the more robust and effective the collective approach becomes.

"To me, best-practice pain management is involving the MDT team - all allied health, the clinical team, site manager, and GP as well as care workers and nursing staff on the floor, the resident, and family or friends to ensure that pain is first of all identified and that we can find a cause and identify aggravating and easing factors. From there, we can create a holistic plan that suits the resident and that can be undertaken by the staff onsite to ensure the resident's pain is effectively managed."

Improving the identification of pain

Jackson highlights the diverse array of pain assessment approaches he has seen throughout his career in the aged care industry. However, he notes there was a lack of formal, validated tools being used, with assessors instead conducting a variety of tests with the resident before formulating a global impression of the individual's pain level. This involved looking at appearance and behaviour, palpating upper or lower limits, and looking for grimacing and the reduction of mobility.

"Often this would be performed off the top of the assessor's head" Jackson notes, "which left things open to being missed."

The implementation of PainChek® has proven beneficial in addressing this issue. In particular, Jackson works closely with student physiotherapists who appreciate its user-friendly interface, where all the necessary steps are clearly outlined. This eliminates the need to rely on memory for multiple indicators, making the process more straightforward, accurate, and efficient.

"It's added a new step to pain assessment, but a crucial one," Jackson notes. "Often you may look at a resident with a cognitive impairment and you think they are okay because they are not screaming or voicing it, but then you use the video assessment within PainChek® and it can bring up pain, which prompts further investigation."

Jackson finds value in using PainChek® to help accurately identify pain.

"Residents are agitated and uncomfortable and it's not always attributed to pain because of their worsening cognition – particularly those with dementia. PainChek® is good for us because we have a more accurate result, which can be documented or recorded and ensures pain is not getting missed."

Enhancing pain management and resident well-being

Jackson highlights a particular resident who was referred to his team due to an alarming frequency of falls, surpassing 11 incidents in a single month, often with multiple falls in a single day. A diagnosis of Alzheimer's dementia, accompanied by behavioural symptoms such as agitation, anxiety, aggression, depression, and an inability to communicate verbally prompted the use of PainChek®.

A post-fall physiotherapy assessment was performed and the team conducted a comprehensive review of the resident to eliminate the possibility of an acute injury causing pain.

“The first step was to use PainChek® and the assessment brought up scores of 21 to 26 in the video function, showing us the resident was in severe pain,” Jackson explains. This thorough evaluation encompassed a palliative team review, a urine sample analysis to rule out medical causes such as a UTI contributing to the falls, an update of the pain management form, a GP referral for medication review, and input from allied health professionals to assess equipment and safety measures.

Following a GP review, an increased dosage of an analgesic patch was administered, supplemented by regular paracetamol, and as-needed (PRN) doses of morphine and oxycodone were provided. Additionally, hourly sightings were introduced, conducted by the care team in conjunction with routine repositioning. This combined approach aimed to maintain the resident's comfort, minimise the risk of additional falls, and prevent potential fractures or other injuries.

With the implementation of interventions, a notable decline in falls was observed, with no recorded falls for two consecutive months. As the falls decreased, the resident's condition stabilised. Medication adjustments were made when there was a relapse in recorded falls.

Following the relapse, PainChek® was utilised with video assessments consistently recording scores in the 20s, demonstrating the resident was experiencing severe pain. A GP review was initiated, leading to an increase in the analgesic patch dosage. Regular PainChek assessments were continued to track the effectiveness of the intervention. Subsequently, no falls were recorded in the following months, and the team observed a clear reduction in behaviours.

> *“The forced behaviours have settled – the resident is not lashing out or agitated,” Jackson shares. “The family has noted they are a lot more settled and calm.”*

The driving ambition at the heart of PainChek® is to give a voice to those who cannot reliably verbalise their pain, and in the process, improve people’s lives. Today, PainChek®’s digital pain assessment solution empowers thousands of nurses, carers and clinicians worldwide to better manage pain.

If you’re interested in implementing PainChek® at your facility, submit your expression of interest today.

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