



# Case Study

## Pain





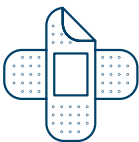
## Residential Aged Care Facility at a Glance

- 17 Beds site
- Northern NSW (inland)
- MMM5
- Community of 500 people
- Major employer in town
- Dr 1 hour away and only visits 1-2 monthly
- No hospital
- No access to pharmacy
- No access to paramedic
- Tertiary hospital located 240kms away
- Service waits minimum of 1 month for physiotherapist and can wait for many months for occupational therapist and dietician
- RN employed 4 hours per week – unable to recruit further hours



## Client Intro

- Female 92 years
- Lived in the local community all of her life
- Lives at the service with her twin sister and both are very social with others at the service
- Medical History: Cardiac issues, non-Hodgkin's lymphoma and venous/arterial insufficiency, left and right lower leg oedema, shortness of breath that requires oxygen particularly when mobilising
- History of wound infections to lower limb



## Problem

- Resident referred for a general review due to
  - Acute on chronic pain associated with non-Hodgkins lymphoma and chronic wound to her left lower leg
  - Decline in her general health
  - Poor mobility



## Goal

- Improve management of pain
- Improve mobility and mitigate falls risk
- Return to normal social activity

## Assessment

Pain assessment undertaken using integrated application - Pain Check 04.06.2023  
(actual clinician view below)

**Assessment** ✕

Assessment 1 > Pain #1 assessment - (L) lower le... New assessment

<b>PAIN LOCATION</b>	Sybil states pain is localized to wounds on L lower leg. Sybil states pain is a 9/10 when acute pain comes on
<b>WHEN DID THE ONSET OF PAIN OCCUR?</b>	Pain increased overnight and has continued throughout the day.
<b>WHEN IS THE PAIN OCCURRING?</b>	With certain activities/conditions
<b>THE ACTIVITIES/CONDITIONS THAT CAUSE PAIN</b>	Wound cleansing/touch exacerbates pain. Pain also occurs spontaneously intermittently.
<b>DURATION OF PAIN</b>	Sybil states pain is localized, nil radiation, and last for approx 1 minute before resolving
<b>HOW DOES THE CLIENT DESCRIBE THE PAIN?</b>	Sharp, Other
<b>PAIN DESCRIPTION</b>	Sybil describes pain as sharp and grabbing pain.
<b>RECENT PAIN MEDICATION CHANGES</b>	Nil
<b>WHAT AGGRAVATES THE PAIN?</b>	Wound cleansing, dressing stuck to wound, pressure to wound sites
<b>WHAT RELIEVES THE PAIN?</b>	Pharmacological intervention
<b>VERBAL PAIN CUES</b>	Verbalises pain



## iAgeHealth Intervention

A full multidisciplinary team approach was taken:

- Dietetic review with prescription of supplements to assist wound healing
- Prescribed Physiotherapy exercises to help restore previous mobility status
- Occupational Therapy for pressure relieving devices
- Registered Nurse to continue to monitor the pain and wounds.
- Service instructed to administer pain management medication as prescribed by GP and ensure it was administered 30-60mins before wound review addressing was recommended. PRN paracetamol also prescribed



## Outcome

- **04.06.2023:** Initial assessment by iAgeHealth Scoring 9/10 pain during dressing change
- **26.06.2023:** - Pain significantly reduced after interventions from iAgeHealth  
- Scoring 3/10 pain during dressing change compared to 9/10 on assessment 04.06.2023
- **30.06.2023:** - No pain report during re-assessment by iAgeHealth multidisciplinary team  
- Some pain reported during wound review
- **05.07.2023:** Pain score reported as 0/10



## Benefits

- Significant reduction in pain with improved pain management strategies
- Improved level of mobility and on track for return of pre-deterioration mobility status
- Improved quality of life with the resident now back to socialising with other residents and her twin sister
- Resident actively participating in service activities
- Multi-disciplinary team working together to increase impact of benefits to resident



*Working together across a full multi-disciplinary team is such an enriching experience and something I hadn't really experienced before.*

*Each of us brings a particular area of expertise within the iAgeHealth team.*

*The combined impact of this in improving the health and quality of life impacts for this resident was just so evident.*

*It is just so rewarding as a professional to be part of this type of team. – iAgeHealth Clinician*