

11. Clinical assessment

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There are barriers to delivering optimum pain assessment and management, including practitioners not translating information and knowledge about pain assessment and management into their clinical practice (Brown 2004; **Level I**). Furthermore, severe cognitive impairment and speech difficulties are also well documented barriers to pain assessment (Cohen-Mansfield 2005; **Level IV**, Bloomqvist & Hallberg 1999; **Level IV**). Nurses' pain assessment skills can also be a potential problem as registered nurses' assessment of pain is seemingly more reliable than that of nursing assistants (Brown 2004; **Level I**, Yi-Heng et al 2010; **Level IV**). This is a challenge for optimal pain assessment if the majority of care for older people is provided by the latter group. In addition, the level of education of staff seems to influence beliefs and knowledge about pain in older people in residential care settings (Zwakhalen et al 2007; **Level IV**).

Pain management based on medical assessment alone is seen as insufficient and a collaborative multi-disciplinary Team (MDT) approach is perceived to be essential (Brown 2004; **Level I**, Cadogan et al 2005; Kaasalainen et al 2007; **Level IV**, Layman et al 2006; **Level IV**). However, it is recognised that there is a range of knowledge and attitudes to pain management within the MDT and that there is a need to improve this by training/education. This should not be restricted solely to initial introductory education, but should be ongoing to ensure that health care professionals understand the factors that influence the best possible assessment for pain management, alongside time and continuity in pain assessment (Gregory & Haigh 2007; Clark et al 2006; **Level III-3**, Bloomqvist & Hallberg 1999; **Level IV**, Mrozek & Steble Werner 2001; **Level IV**, Weiner and Rudy 2002; **Level IV**, Yun-Fang et al 2004; **Level IV**, Zwakhalen et al 2007; **Level IV**).

Furthermore, daily recording of pain improves comparison of pain and pain management (Liu et al 2012; **Level IV**) and nursing home staff should consider self-report as their initial assessment tool (Jones et al 2005; **Level IV**). Overall there seems to be a need for more differentiated research relating to members of the MDT, in particular in respect of registered nurses and their assistants relating to the assessment of pain.