

Assess Pain and Support a Positive Vaccine Experience in Older Adults with Cognitive Impairments During COVID-19 Vaccination

When administering the COVID 19 vaccine in older adults with cognitive impairments, it is important to take steps to promote a positive vaccination experience (that reduces chance of pain and anxiety) and to systematically evaluate pain.

Please find general information about pain management in dementia at www.seepainmoreclearly.org



Improving comfort and reducing pain during vaccination for people with cognitive impairment will not only improve the vaccination experience for the person, it will also reduce the chance of negative reactions (e.g., agitation) which can be upsetting for the person and can make the vaccination process more difficult for the person administering the vaccine.



Steps immunizers can take to support a positive vaccine experience for older adults with cognitive impairments¹:

Offer Re-Assurance

Just before and during the vaccination process, offer re-assurance to the person. In addition to calming verbal re-assurance, touch (e.g., *put your arm on his or her shoulder or holding his or her hand*) during the procedure can be very helpful.

Use Distraction

Direct the person's attention into something else (e.g., "Let's look at some photographs together")

Approach from the Front

Always approach the person from the front and use his or her name

Ensure a Calm Environment

Minimize noises and excessive activity around the vaccination area

Avoid Complex Explanations and Speak in Concrete Terms

Pay Attention to Non-Verbal Indicators of Distress (e.g., facial expressions, arm movements)

Express Empathy for and Respond to the Emotion that is Expressed

(e.g., "You are upset but I it will be OK and I am here with you")

The Pain Assessment Checklist for Seniors with Limited Ability to Communicate-II (PACSLAC-II)



is a one-page assessment tool available at seepainmoreclearly.org, that can be used to assess pain before, during, and after vaccination, and can be used regularly to detect and manage pain in older adults.

To evaluate pain, it would be important to complete the PACSLAC-II during a quiet period before the vaccination, so that the baseline (i.e., quiet period) score can be compared to scores during and/or after the vaccination. *Guidelines on how to use the PACSLAC scales follow.*

General Guidelines for Assessing Pain for a Person Living with Dementia²

- **Determine if Mini Mental Status Examination scores are available or can be obtained.** This would facilitate determination of the person's ability to provide valid self-report of pain
- **Always attempt self-report** regardless of level of cognitive functioning
- **Baseline scores should be collected for each individual** (ideally on a regular basis which would allow for the examination of unusual changes from the person's typical pattern of scores)
- **Patient history and physical examination results** should be taken into consideration
- **If assessments are to be repeated over time, assessment conditions should be kept constant** (e.g., use the same assessment tool, use the same assessor where possible and conduct pain assessment during similar situations)
- **Pain assessment results should be used to evaluate the efficacy** of pain management interventions
- **Knowledgeable informants** (e.g., caregivers) should be asked about typical pain behaviors of the individual
- **Other aspects of the pain experience should also be evaluated** including environmental factors, psychological functioning and social environment

Recommendations Specific to Self-Report Measures²

- **Use of synonyms when asking about the pain experience** (e.g., hurt, aching) will facilitate the self-report of some patients who have limitations in ability to communicate verbally.
- **Self-report scales should be modified** to account for any sensory deficits that occur with aging (e.g., poor vision, hearing difficulties)
- **Use self-report tools that have been found to be most valid among seniors** (e.g., the Numeric Rating Scales (0=no pain to 10=very severe pain))
- **Use of horizontal visual analogue scales should be avoided** as some investigators have found unusually high numbers of un-scorable responses among seniors.

Recommendations Specific to Observational Measures²

- **Observational tools that have been shown to be reliable and valid for use in this population include the PACSLAC-II and the PAINAD.** Nonetheless, clinicians should always exercise caution when using these measures because they are relatively new and research is continuing.
- **When assessing pain in acute-care settings** tools that primarily focus on evaluation of change over time should be avoided.
- **Observational assessments during movement-based tasks** would be more likely to lead to the identification of underlying pain problems than assessments during rest (this is not applicable during discomforting medical procedures such as vaccinations).
- **Some pain assessment tools, such as the PACSLAC-II, do not have specific cut off scores** because of recognition of tremendous individual differences among people with severe dementia. Instead, it is recommended that pain is assessed on a regular basis (establishing baseline scores for each patient) with the clinician observing score changes over time.
- **Examination of pain assessment scores before and after the administration of analgesics** is likely to facilitate pain assessment
- **Some of the symptoms of delirium (which is seen frequently in long-term care) overlap with certain behavioral manifestations of uncontrolled pain** (e.g., behavioral disturbance). Clinicians assessing patients with delirium should be aware of this. On the positive side, delirium tends to be a transient state and pain assessment, which can be repeated or conducted when the patient is not delirious, is more likely to lead to valid results. It is important to note also that pain can cause delirium and clinicians should be astute in order to avoid missing pain problems among patients with delirium.
- **Observational pain assessment tools are screening instruments only** and cannot be taken to represent definitive indicators of pain. Sometimes, they may suggest the presence of pain when pain is not present, and other times they may fail to identify pain.

Outcomes of Interest

*In addition to improved scores on various assessment tools, evidence of more effective pain management can be observed in areas such as **greater participation in activities, improved sleep, reduced behavioural disturbance, improved ability to ambulate, and improved social interactions.***

2. From Hadjistavropoulos, T. (2015). Pain assessment and management in older adults (in P. A. Lichtenberg and B. T. Mast (Eds). APA Handbook of Clinical Geropsychology (pp. 413-439). Washington: APA Press). Reproduced with permission. Many of these recommendations overlap with Hadjistavropoulos et al. (2007). An Interdisciplinary Expert Consensus Statement on Assessment of Pain in Older Persons. Clinical Journal of Pain, Volume 23, Number 1, January 2007 Supplement and Herr, K., Bjoro, K., & Decker, S. (2006). Tools for assessment of pain in nonverbal older adults with dementia: a state-of-the-science review. J Pain Symptom Manage, 31(2): 170-192.