

ALGOPLUS

Mrs R Antoinette, aged 87, was hospitalised because of a stroke. Upon admission, she weighed just 35 kilos and her treatment was as follows:

HEMIGOXINE: 1/2 tablet per day
KARDEGIC 160: 1 tablet per day
DISCOTRINE: 5 mg 1 patch per day
LASILIX 20: 1 tablet per day
SPIROCTAN 75: 1 capsule on alternate days

The CLINICAL EXAMINATION on D1 found right side hemiplegia with aphasia, but no problems with concentration. The patient was lying curled up on the right side **{score}** with a tense facial expression. She seemed to be extremely distressed constantly. She groaned from time to time **{score}** and exhibited opposition to any attempt to examine or treat her **{score}**. At night, her sleep was disturbed, and the patient slept for only a few hours.

PARACLINICAL EXAMINATION found general damage to the area of the left lateral sulcus, and symptoms of cerebral ischaemia bilaterally (scan). Biology also identified discrete renal insufficiency.

TREATMENT: Given the difficulties with swallowing, 3 x 1 g PRODAFALGAN daily was prescribed.

DEVELOPMENT on D2: the patient was still lying curled up **{score}** but apart from when receiving treatment her facial expression was no longer tense **{score}** and the patient had stopped groaning **{score}**. She displayed distress whenever disturbed **{score}**. The agitation at night had disappeared, the patient simply finding it difficult to sleep. However, any attempt at examination or treatment was hampered by opposition from the patient **{score}**.

On D3, the PRODAFALGAN was replaced by 1 mg IV MORPHINE prior to treatment and movement.

The result was spectacular:

Verbal complaints and groans disappeared **{score}**

The curled-up position was abandoned **{score}**

No protection of painful areas **{score}**

Normal sleep

Her distress was only occasionally apparent.

A facial expression which appeared to show pain appeared only when she was disturbed **{score}**.

The patient became actively involved in washing herself, but in a cautious manner. Continued lessening of active and passive mobility.

Solution

Comments

This case clearly illustrates the usefulness of behavioural assessment in the elderly. This was an acute situation. This story also shows the importance of pharmacokinetic changes with age and the well-known adage “Start low and go slow”.

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The CLINICAL EXAMINATION on D1 found right side hemiplegia with aphasia, but no problems with concentration. The patient was lying curled up on the right side **{item 4 / YES}** with a tense facial expression **{item 1 / YES}**. She seemed to be extremely distressed constantly. She groaned from time to time **{item 3 / YES}** and exhibited opposition to any attempt to examine or treat her **{item 5 / YES}**. At night, her sleep was disturbed, and the patient slept for only a few hours.

The ALGOPLUS score on D1 was 4/5.

PARACLINICAL EXAMINATION found general damage to the area of the left lateral sulcus, and symptoms of cerebral ischaemia bilaterally (scan). Biology also identified discrete renal insufficiency.

TREATMENT: Given the difficulties with swallowing, 3 x 1 g PRODAFALGAN daily was prescribed.

DEVELOPMENT on D2: the patient was still lying curled up **{item 4 / YES}** but apart from when receiving treatment her facial expression was no longer tense **{item 1 / NO}** and the patient had stopped groaning **{item 3 / NO}**. She displayed distress whenever disturbed **{item 3 / NO}**. The agitation at night had disappeared, the patient simply finding it difficult to sleep. However, any attempt at examination or treatment was hampered by opposition from the patient **{item 5 / YES}**.

The ALGOPLUS score on D2 was 2/5.

On D3, the PRODAFALGAN was replaced by 1 mg IV MORPHINE prior to treatment and movement.

The result was spectacular:

Verbal complaints and groans disappeared **{item 3 / NO}**

The curled-up position was abandoned **{item 4 / NO}**

No protection of painful areas **{item 4 / NO}**

Normal sleep

Her distress was only occasionally apparent.

A facial expression which appeared to show pain appeared only when she was disturbed **{item 1 / YES}**.

The patient became actively involved in washing herself, but in a cautious manner.

Continued lessening of active and passive mobility.

The ALGOPLUS score on D3 was 1/5.

Since the ALGOPLUS score was <2, this might suggest that Mrs R was being given relief by the current treatments. However, if in doubt, you can carry out a DOLOPLUS scale assessment as a team at handover. As suggested by the algorithm for selecting behavioural pain assessment scales.

If the DOLOPLUS scale score is <5 this might be seen a manifestation of their distress due to pain previously experienced during treatment.

If the DOLOPLUS scale score is >5, the doctor may possibly prescribe analgesic treatment ½ hour before washing the patient. It is important for the team to reassess the pain using the DOLOPLUS scale so that they can compare scores and continue to refine the analgesic prescription.