

MESSAGE FROM THE CHIEF NURSING OFFICER

Did you know that pain is now considered the “5th vital sign”? Just like blood pressure, pulse, breathing, and temperature, pain tells us important information about a resident’s health and comfort.

In long-term care, our role is to spot pain early, respond fast, and follow up. This isn’t just best practice—it’s the law under the Fixing Long-Term Care Act, 2021, and part of our professional standards. The RNAO Best Practice Guidelines remind us that no one should live with untreated pain.

Think of yourself as a Pain Detective. Every shift, look for clues, ask questions, and solve the mystery of pain. When we manage pain well, residents smile more, sleep better, and enjoy life to the fullest.

Together, let’s keep pain where it belongs—under control, not in charge.

You are making a real difference. Thank you for your amazing work!

Lisa Davis, RN, BBA
Chief Nursing Officer



[Contenance Care and Bowel Management Policy](#)



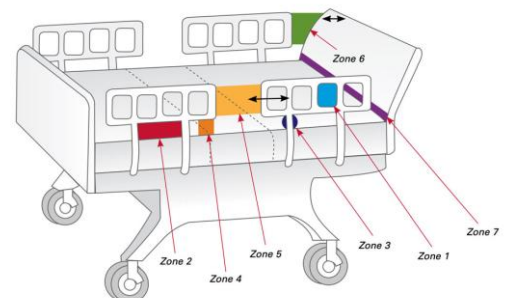
PRACTICE ALERT! Bed Entrapment

Between 2009 and 2014, 41 cases of bed entrapment were reported in Canada and 5 of these (12%) were fatal. Bed entrapment can happen to anyone in any healthcare setting. The risk is greater for seniors, especially if they are frail, confused, restless or unable to control their body movements.

To reduce the risk of entrapment, bed systems should be evaluated regularly against the 7 zones of entrapment identified by Health Canada and the FDA:

- Zone 1 - within the rail
- Zone 2 - under the rail, between the rail supports or next to a single rail support
- Zone 3 - between the rail and the mattress
- Zone 4 - under the rail or at the ends of the rail
- Zone 5 - between split bedrails
- Zone 6 - between the end of the rail and the side edge of the head or footboard
- Zone 7 - between the head or footboard and the end of the mattress

These audits should be completed on move-in (admission), with any change in bed frame/system, with changes to resident condition, and annually.





POLICY OF THE MONTH – PAIN MANAGEMENT

Pain is one of the most common—and often underrecognized—health concerns in older adults. In long-term care, effective pain assessment is essential to improving quality of life, maintaining function, and ensuring dignity.

WHY DO WE ASSESS PAIN?

- Pain affects sleep, mood, appetite, and movement.
- Uncontrolled pain can lead to falls, sadness, and less independence.
- Some residents may not tell us they are in pain because they think it's "normal" or don't want to be a burden.

WHAT MAKES IT HARD TO ASSESS PAIN?

- **Memory or speech problems** (like dementia) can make it hard to explain pain.
- **Changes in behaviour**—such as restlessness, frowning, or refusing food—can be signs of pain.
- **Fear of medicine** may cause residents to hide their pain.

HOW DO WE ASSESS PAIN?

- Numeric Rating Scale or Wong-Baker FACES scale for verbal residents or residents without cognitive impairment.
- Pain Assessment in Advanced Dementia Scale (PAINAD) for residents with communication challenges or cognitive impairments.

WHEN DO WE ASSESS PAIN?

- On move-in (admission) or readmission
- When a resident experiences new pain
- When pain or worsening pain is not relieved with pharmacological or non-pharmacological interventions
- 72 hours after a change in analgesic regimen
- With each administration of an analgesic
- On an as needed basis



RESIDENT POLICY CORNER

September is International Pain Awareness Month!

Pain is not a normal part of aging. Everyone has the right to have their pain taken seriously.

In your home, staff check for pain on a regular basis. Pain is assessed by:

- **Asking questions** about where it hurts, how strong it is, and how it affects daily life.
- **Using pain scales**, like number charts or faces, to help describe the pain.
- **Watching for signs** such as changes in mood, movement, sleep, eating, or facial expressions.

When pain is found, staff act quickly. Care may include medicine, comfort measures, or other safe treatments. Pain is checked again to see if the care is working.

At Primacare Living Solutions, our goal is to make sure no resident lives with untreated pain. If you (or your loved one) is experiencing pain, speak to your healthcare provider.

POLICY PUZZLE

1. Pain is sometimes called the:
 - a) 3rd vital sign
 - b) 5th vital sign
 - c) 7th vital sign
2. **True or False:**
If a resident says they're in pain, we believe them.
3. **Which tool is used to assess pain in residents with dementia?**
 - a) Stethoscope
 - b) PAINAD scale
 - c) Thermometer
4. **True or False:**
Pain should only be assessed when a resident complains.

Send your answers to

Policies@primacareliving.com to qualify to win a prize

Last month's prizewinner: Manpreet Randhawa, Food & Nutrition Manager, Burton Manor