



Ask

The Care Expert

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What should a pain journal include? A doctor has asked one of our more alert residents to keep one and we are not sure what to include.

Pain journals are a great way for anyone who may be experiencing pain to track it and take a record to the health-care practitioner's office for visits. The journal should contain the location of the pain; how the pain feels, such as sharp, burning, crushing, dull, aching, stabbing tingling or electric; if the pain travels or stays in one spot; and how much pain there is on a scale of 1 to 10. It also should include what medications were taken for the pain and how much relief the medication provided.

There also should be a column or a way for the patient/resident to document for the practitioner what makes the pain worse (such as a cold, rainy day), what makes the pain better, and what medications the person is taking.

A small spiral notebook or whatever the resident is comfortable using will suffice. If it is too big or too heavy, the resident will not want to keep using it. If a simple sheet of paper per day works, use it! Then just put the sheets in a notebook at the end of the day to keep them organized for the practitioners. When I say "practitioners," I mean the nurses providing care or assistance to the residents. They can find very useful information reviewing these papers.

If a trend emerges that pain is occurring the same time of day and/or the medicine is not working, don't wait two or three more weeks for the resident's appointment. Make the practitioner aware of your findings. That is one of the great benefits of a pain journal.

For more information on pain assessment and management, the American Society of Pain Management Nurses website (www.aspmn.org) is a great place to start.

Please send your resident care-related questions to Sherrie Dornberger at ltcnews@mcknights.com.

Post-stroke malnutrition may linger on for months: experts

By Mary Gustafson

Individuals who have had a stroke might continue to have difficulty eating three months or longer after the event, despite regaining the strength for most other physical functions, a new study finds.

Researchers from Sweden's Karolinska Institute compared eating difficulties among patients three months after a stroke with problems experienced immediately after a stroke. To do this, researchers assessed 36 stroke patients with a median age of 75, once within five days of the stroke and once again three months later.

All of the participants struggled with eating difficulties,



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Eating declines after a stroke, putting residents at risk for malnutrition, researchers say.

reduced alertness or swallowing problems after their stroke. When assessed in the hospital just after their strokes, 78% of study participants were considered at risk for malnutrition. Three months later, 56% of participants were still considered to be at risk.

Based on the results, the investigators recommended that every individual who suffers a stroke be continually assessed for risk of malnutrition, even when all other symptoms have dissipated.

"Although the patients' overall nutritional status improved in the three months after their stroke, more than a half of them were still at nutritional risk and the number that remained malnourished was the same as during the acute phase," of the stroke, nurse researcher Jorgen Medin, R.N., Ph.D., said.

The study was published in the March issue of the *Journal of Advanced Nursing*. ■

Study: Hearing loss could induce falls

By Mary Gustafson

Skilled nursing facility operators eager to reduce resident falls might have a new tool in their kit: testing residents' hearing.

Researchers from Johns Hopkins and the National Institute of Aging studied data from the 2001 to 2004 cycles of the National Health and Nutrition Examination Survey, which gathers health data. During these years, 2,000 participants

between the ages of 40 and 69 were asked if they'd had their hearing checked and if they had fallen.

Investigators found that people with a 25-decibel hearing loss, which is considered to be mild hearing loss, were nearly three times more likely to have a history of falling. Every additional 10 decibels of hearing loss increased the chances of falling by 1.4-fold, according to the study.

Hopkins' Frank Lin, M.D., Ph.D., said this might be because the brains of people with poor hearing could be overwhelmed by the demand of limited resources.

"If hearing loss imposes a cognitive load, there may be fewer cognitive resources to help with maintaining balance and gait," Lin said.

The study was published in the Feb. 27 issue of *Archives of Internal Medicine*. ■

Caregiving Update

■ Group activities such as baking, playing show-and-tell and discussing current events appear to boost cognitive functioning in individuals with mild to moderate dementia, new research shows. It was featured in the February issue of the *Cochrane Database of Systematic Reviews*.

■ Researchers at Rush University Medical Center found in a study that particulate air pollution may hasten cognitive decline in older adults. Women who were exposed to high levels of ambient particulate matter were at a greater risk. The study was published in the *Archives of Internal Medicine*.

■ Individuals with Parkinson's disease can become more creative when they start taking dopamine therapy, according to March's *European Journal of Neurology*. But some participants were so overwhelmed with new creative pursuits that they became uninterested in other aspects of daily life.