

PHARMACY QI

Practical Tips for Quality Improvement

December 2016

CASE: CHRONIC PAIN WITH COGNITIVE IMPAIRMENT

C.J. is an 85-year-old man with cognitive impairment who was admitted to your facility recently. He has chronic back pain due to a previous injury and this has been aggravated further by a recent fall, thus limiting his ability and desire to mobilize. What can you do to improve his quality of life?



Medical Conditions:

- Cognitive impairment
- Hypertension
- Dyslipidemia
- Chronic pain
- Insomnia

Medications:

- Hydrochlorothiazide
- Morphine
- Sennosides
- Rosuvastatin
- Zopiclone

Pain

Chronic back pain and recent fall → reduced mobility → reduced quality of life

- Morphine: Monitor pain control regularly; identify when medications need adjustment.
- Assess seating and positioning to help manage pain.

Constipation

Opioid treatment, reduced mobility → constipation → increasing discomfort

- Treatment of constipation: Assess current laxative effectiveness. Consider changing to Movantik® for better control of opioid-induced constipation.
- Increase fibre and fluid intake to help avoid constipation.
- Encourage resident to mobilize with assistance when appropriate and tolerated.
- Hydrochlorothiazide: Consider other antihypertensive if constipation continues to be an issue.

Falls

Recent fall → increased pain and fear of falling → reduced mobilization

- Medications: Monitor for sedating effects of morphine, orthostatic hypotension related to hydrochlorothiazide. Discontinue zopiclone.
- Minimize environmental risk factors for falls (e.g., ill-fitting footwear, tripping hazards, etc.).
- Provide assistance with mobilizing, as needed.