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Pain Management

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Objectives

- Define pain and describe PRMCE goals for pain management
- Review tools available for assessing pain and compare differences based on age and condition
- Examine complexity of pain interventions
- Describe patient and family education

Pain definitions

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- Acute Pain: A type of pain typically lasting less than 3-6 months or pain directly related to soft tissue injury/damage and may be relatively more severe or sharp. Gradually resolves as injured tissue heals. (Examples: surgery, childbirth, burns, fractures).

- Chronic pain: A pain or discomfort that persists or progresses over a long period of time and may be unrelated to specific tissue injury. May be difficult to treat and may increase with psychological and/or environmental factors. (Examples: cancer pain, frequent headaches, arthritis, back pain).

Our goal is to achieve adequate pain control

- Pain management is a key part of patient care that impacts all patient care areas and departments.
- Providence supports a patient's right to the appropriate assessment, management, and evaluation of pain.
- Under-treated and over treated pain results in physiological, psychological and spiritual distress that can negatively impact recovery from an illness and/or lead to chronic pain.

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Chronic pain

- The goal is to work with providers to discuss all safe and effective treatment options for patients.
- Decisions should take into account the patient's clinical situation, functioning and life context, as well as the benefits and risks of treatment options.
- We accept and respect the patient's report of pain.
- Caregiver beliefs and value systems will not influence the care provided.
- Cultural, spirituality, and personal beliefs of the patient and family will always be considered.
- Treatment comes from a holistic, interdisciplinary approach, treating each patient with respect and dignity.

Pain Scales to assess pain

- Use Age Appropriate and Condition Appropriate Pain Scales to assess pain and document
  - Infants less than 3 months of age and all infants in NICU and FMC use the N-PASS (Neonatal Pain, Agitation, and Sedation Scale)
  - Children, younger pediatrics use the Wong-Baker Faces
  - Older adolescents and adults use the 0-10 Numeric
  - Any cognitively impaired or dementia patients use the PAINAD (Pain in Advance Dementia) scale
- Consider that agitation, increasing confusion, and restlessness may be signs of increasing pain

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Screen for & assess pain

- Complete a comprehensive assessment and document
- Include the following as appropriate for the patient's condition and ability to communicate
  - patient's goal for pain relief
  - effects of pain on life, and
  - current treatment regime
  - Duration/onset/quality/location/Intensity
- Initiate a pain management plan of care based on the patient's condition, past medical history and pain management goals.

Interventions

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- Document patient's pain, using age appropriate pain scale assessments, before any PRN pain intervention (either non-pharmacological or pharmacological) and a minimum of once each shift.
- Notify LIP of unrelieved pain greater than 7 (or greater than 3 on NPASS) or intolerable pain despite interventions and/or unrelieved side effects
- Identify and utilize Non-pharmacological Intervention as appropriate, either in isolation or complementary to a pharmacological intervention.
- Non-pharmacologic interventions that should be considered as part of a comprehensive pain plan include:
  - Distraction, mobility, heat/cold, deep breathing

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Pharmacological Interventions

- Match analgesia to severity and type of pain, consider multi-modal approach (Non-opioid, opioid, and adjuvants) :
  - Adjuvants may be considered alone or in combination with one another
  - Use of scheduled times for routine pain medications for constant pain
  - Use of non-opioid first as appropriate
  - Alternating opioid and non-opioid therapy
  - Combining long and short acting opioid treatment
  - Use of Medication assisted treatment

Reassessment & Documentation

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- All patients will be reassessed for pain following interventions using the age or situation appropriate scale.
  - If no pain then reassessment once each shift.
  - If patient is experiencing pain then reassess at a minimum of every 4 hours
- All patients will be reassessed following PRN pain medication interventions
  - Parenteral/IV or Sublingual medication: reassess within 30 minutes
  - Oral or transdermal medication: reassess within 60 minutes
  - Non-pharmacologic intervention: reassess in 30 to 60 minutes

Always monitor for possible side effects

- Constipation: attempt to established a routine bowel pattern
- Nausea/vomiting: Treat on a prn basis following LIP orders.
- Pruritus: Contact LIP to treat on a prn basis
- Sedation/over-sedation/respiratory depression: Monitor respiratory rate, depth, rhythm/pattern, quality, breath sounds and level of arousal. Contact LIP with concerns

Partner with the Patient

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- Involve the patient in the pain management plan
  - Develop realistic expectations and measurable goals
  - Discuss and identify criteria to evaluate and monitor treatment progress
  - Facilitate awareness and understanding of the pain management plan
  - Review treatment options
    - Such as safe use of opioid and non-opioid pain medication

Consultation and Resources

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- Collaborate with provider to discuss need for pain management or palliative care consult if pain is unrelieved.
- Collaborate with provider to discuss need for Chemical Dependency or Psychiatric Consult if deemed necessary.
- Clarify with provider if patient is listed in the prescription drug monitoring program database for Washington.

Patient and Family Education

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- Inform patient/caregiver that pain management/comfort is an important part of treatment and encourage reporting of pain
- Educate patient/caregiver about the need to request pain medications to intercept pain before it becomes severe
- Inform patient/caregiver about pain medication name, dosage, route, schedule and any potential side effects
- Encourage use of comfort measures
- Educates patient and family on the pain management plan for after discharge.

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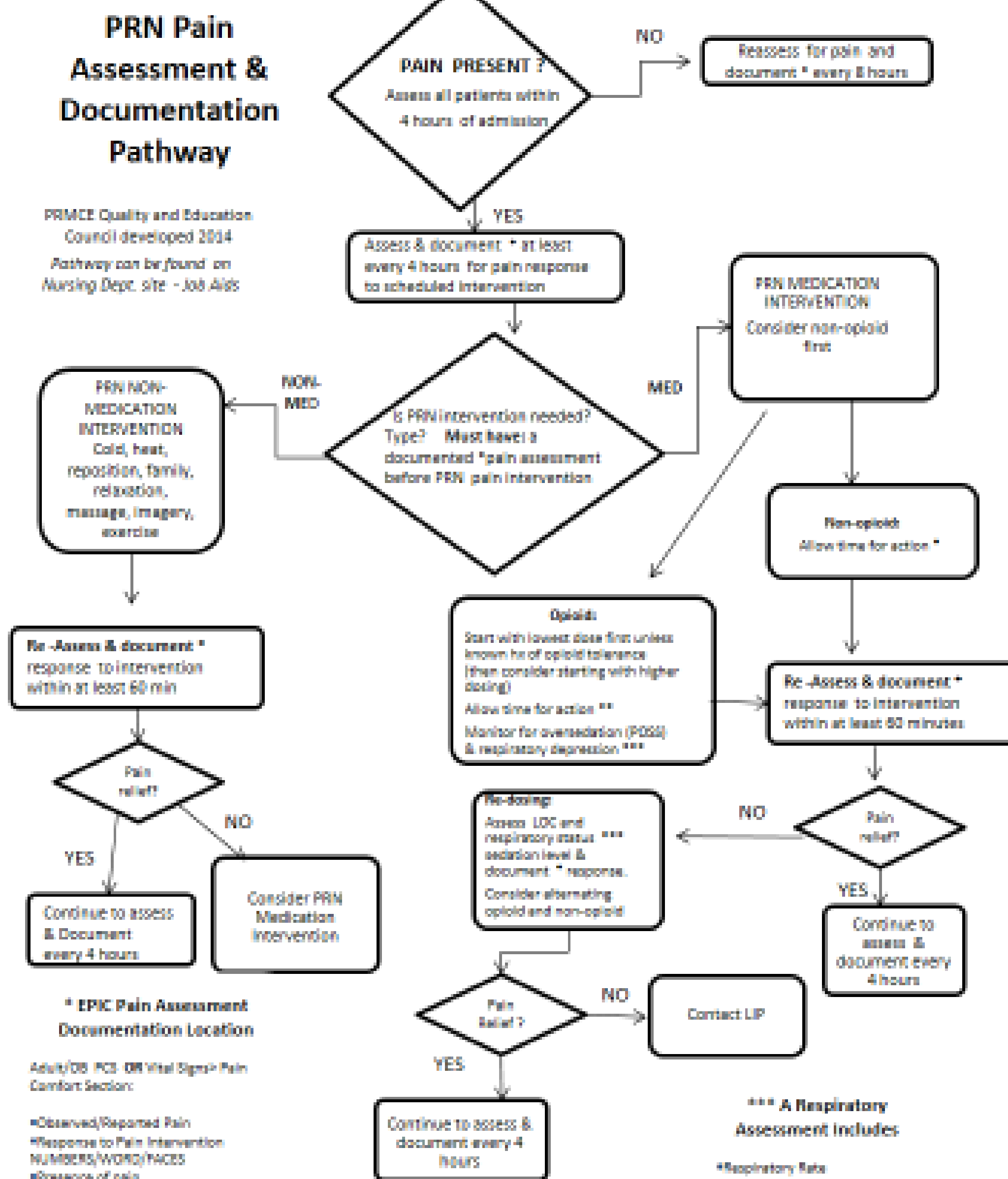
Opioid tolerant patient with pain

- Recognize that the need to manage opiate withdrawal symptoms is different than the pain management needs.
- Discuss medication assisted treatment with LIP and patient
- Recognize the opioid tolerant patient may require higher doses of pain medications.
- Promote non-pharmacological pain interventions in addition to pain medications.
- Consider a Chemical Dependency Consult. Discuss with LIP as appropriate.



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PRMCE pain pathway and pain policy are located on PRMCE PolicyStat

Summary

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- Pain management is a key part of patient care that impacts all patient care areas.
- We accept and respect the patient's report of pain.
- Discuss need for pain management or palliative care consult if pain is unrelieved.
- Involve the patient in the pain management plan.
- Document patient's pain, using age appropriate pain scale assessments, before any PRN pain intervention (either non-pharmacological or pharmacological) and a minimum of once each shift.
- Always monitor for possible side effects
- Inform patient/caregiver that pain management/comfort is an important part of treatment and encourage reporting of pain.
- Recognize that the need to manage opiate withdrawal symptoms is different than the pain management needs.