RWJBarnabas HEALTH

Policy: Pain Management Policy
Type: COP + Clinical
Applicable To: RWJBH System: Behavioral Health Center, Children's Specialized Hospital, Clara Maass Medical Center, Community Medical Center, Jersey City Medical Center, Monmouth Medical Center, Monmouth Medical Center Southern Campus, Newark Beth Israel Medical Center, RWJUH-Hamilton, RWJUH-New Brunswick, RWJUH-Rahway, RWJUH-Somerset, Cooperman Barnabas Medical Center
Policy Owner: System CMO
Effective Date: 02/18/2022
Approved by: CMO Council

1. **Policy Statement:**

As pain assessment and pain management is a priority, RWJBH~~'s~~ recognizes there needs to be a structure and processes that includes but not limited to screening, routine assessment, reassessment, documentation, and implementation of pharmacologic and non-pharmacologic interventions. The development of an individualized plan of care, as appropriate to the patient's condition, considers evidence-based practice, the patient's clinical condition, past medical history, and pain management goals and in developing realistic expectations and measurable goals related to functional ability. The approach to pain is the consideration of acute and/or chronic pain management, which differs in the approaches. RWJBH is concerned with opiate use and ensures safe opioid prescribing and identify those as being high risk for adverse events. The patient, their family/support person or caretaker will be educated on pain management plan of care, side effects of treatment, and safe use, storage and disposal of opioids when prescribed

2. **Definitions:**

Safe Opioid Prescribing	A multifactorial approach to prescribing opioids in a patient specific manner that minimizes risk of untoward adverse events associated with opioids while helping the patient meet their pain control goals.

3. **Related Documents:**

Document Type	**Document Name**
Associated Procedures:	Pain Management Interventions/Plan of Care Procedure
Resources:	Agency for Health Care Policy and Research (AHCPR) (1992). Acute pain management operative or medical procedures and trauma. AHCPR Publication No. 92-0032, Rockville, MD: U.S. Department of Health and Human Services. Agency for Health Care Policy and Research (AHCPR) (1994). Management of cancer pain. AHCPR Publication No. 94-0592, Rockville, MD: U.S. Department of Health and Human Services. American Pain Society (APS). (1999). Principles of analgesic use in the treatment of acute pain and cancer pain. ed. 4, Glenview, IL. American Society for Pain Management Nurses (2002), Core Curriculum for Pain Management Nursing, Philadelphia: W.B. Saunders Company.

	McCaffery, M. and C. Pasero. (1999). Pain Clinical Manual. 2nd Ed. St. Louis; Mosby. Pasero, C. and McCaffery, P. (2005) No Self-Report Means No Pain – Intensity Rating. American Journal of Nursing, 105(10) 50-53. Keela, H., Coyne, P., Key, T., Manworren, R., McCaffery, M., Merkel, S., Pelosi-Kelly, J., and Wild, L. (2006) Pain Assessment in the Nonverbal Patient: Position Statement with Clinical Practice Recommendations. Pain Management Nursing 7(2) p 44-55.
Job Aids:	
Regulatory references:	Joint Commission on Accreditation of Healthcare Organizations. (2001 - 2004). Comprehensive Accreditation Manual for Hospitals. Oakbrook Terrace, IL. New Jersey Department of Health Licensing Standards for Hospitals Supplement Issue 2-17-2004

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Procedure: Pain Management Procedure
Type: COP+ Clinical
Applicable To: RWJBH System: Behavioral Health Center, Clara Maass Medical Center, Community Medical Center, Jersey City Medical Center, Monmouth Medical Center, Monmouth Medical Center Southern Campus, Newark Beth Israel Medical Center, RWJ-Hamilton, RWJUH-New Brunswick, RWJ-Rahway, RWJUH-Somerset, Saint Barnabas Medical Center
Procedure owner: System CNO
Effective date: 6/15/22
Approved by: Systems CNOs, System Nurse Professional Practice Committee

1. Purpose Statement:

Purpose

- To provide an interdisciplinary approach to the management of patients experiencing pain.
- To identify those patients who are "at risk" for pain.
- To ensure the right of every patient to have his/her pain assessed and effectively managed throughout the continuum of care.
- To foster patient/family participation in education and decisions regarding pain management with consideration of personal, cultural, spiritual, and/or ethnic beliefs and preferences

2. Acronyms:

3. Procedure: (NOTE CAUTIONS IN ***BOLD ITALICS*** BEFORE STEP)

Performed By (title/area)	Required Action Steps	Supplemental Guidance
RN	• Registered Nurse performs an initial pain assessment, including assessment of the patient's and caregiver's knowledge about pain management.	

	• Patient's first positive finding of pain:
	  • The RN and the patient mutually establish a Patient's Acceptable Comfort Goal/Level and document in the electronic information system.
	  • The RN performs and documents a comprehensive pain assessment that includes pain intensity using an appropriate pain scale, pain quality, location, onset, duration, aggravating and alleviating factors. The effects of pain on function and quality of life are included when appropriate.
	  • When the patient is unable to provide a self-report of pain, other assessment strategies used to assess pain levels include: observable behaviors, physiological measures (vital signs), observations/reports from family, and/or significant other(s) who are close to the patient.	

RN	• Performs all subsequent pain assessments and reassessments.	Assessment/reassessment includes pain intensity using an appropriate pain scale, location, onset and other factors when indicated • Use the patient's self-report as the primary source of assessment of pain intensity. • When the patient is unable to provide a self-report, other assessment strategies include: observable behaviors, physiological measures (vital signs), observations/reports from family, significant other who are close to the patient. • It is important to consider any personal, cultural, spiritual and/or ethnic beliefs that may impact the patient's perception of pain.
RN	• **Inpatients:** Assess pain/comfort level at least once a shift, whenever warranted by changes in the patient's clinical condition, the patient's self-report of pain, and before and after each pain intervention.	
RN	• **Emergency Department patients:** Pain assessment is done by the Registered Nurse at the time of Triage and whenever there is a change in condition.	
RN	• **Outpatients:** Patients and/or caregivers are asked about pain during each clinic visit. If pain is present, an initial pain assessment is performed.	
RN	• **Prior to procedures:** Pain management intervention is assessed for treatments or activities that potentially cause pain.	
RN	• Pain reassessment is completed within 1 hour of an intervention.	

RN	**Interventions/Plan of Care**
	• Initial pain intervention is implemented to reach the established comfort goal. The plan of care will be modified to meet the patient's report of pain and assessed pain management needs.
	• If pain is not acceptable/tolerable to the patient upon reassessment, consider alternative interventions, document in EMR and contact the licensed provider.
	  • Pain medication should be administered by the least invasive route.
	  • Oral route should be used when indicated and tolerated by the patient.
	  • Rectal, buccal, transdermal, intravenous, and subcutaneous routes should be considered.
	  • The intramuscular route is not recommended for analgesic medication and should be avoided.
	• Medications for persistent pain should be administered on an around-the-clock basis, with additional "as needed" doses in concordance with the medication orders placed for each patient.
	• When the provider indicates within the medication order, the patient may request a lesser potent medication or lower dose of the same agent for the reported pain scale in concordance with the prescribed pain management regimen.
	• Patients with post-operative pain who do not have PCA or ATC analgesics ordered should be encouraged to take their analgesic at the ordered PRN interval, based on their pain scale and level of comfort.
	• Adjuvants may be used to enhance analgesic efficacy, provide independent analgesic activity in certain situations, or treat concurrent symptoms that exacerbate pain.
	• Common side effects of analgesics should be anticipated and managed with early interventions, as ordered by the	

	Physician/LIP. e.g., laxatives to prevent constipation. • In collaboration with the RN, the interdisciplinary team may facilitate the use of non-pharmacologic interventions (e.g., relaxation, focused breathing, distraction, physical modalities, rehabilitation consultations) when appropriate. • Social Services/Case Management may be consulted for psychosocial needs; • Pastoral Care may be consulted for spiritual needs when appropriate. • Palliative Care may also be consulted when appropriate. • Consultation for assistance with the pain management plan of care may be requested from physicians, anesthesiologists, advanced practice nurses, pharmacists, and physical therapists.	
RN	**Patient Education** • Patient, and/or caregiver education should include, as appropriate: a) How to report pain using the pain scales. b) The importance of reporting pain promptly. c) Medication, dose, route, frequency, and potential side effects d) Techniques for non-pharmacological pain management e) Instruction to report to health care provider any new or unrelieved pain; change in pain location, quality or intensity, and side effects from analgesic regimen. • Information is provided to allay fears and to correct misconceptions (specifically in relation to addiction, tolerance, and physical dependence). • Education to effectively manage pain at home is provided. The plan of care for pain management will be communicated to the patient and family as well as, home health agencies or appropriate health care facility to promote effective pain management across the continuum	

Documentation

- The initial pain assessment by the Registered Nurse is documented in the medical record on an admission assessment tool.

- Subsequent assessments and reassessment within 1 hour of medications being administered for pain are documented in the medical record.

- The Nurse will administer the appropriate pain medication as per the corresponding pain scale as prescribed by Physician/Advanced Practice Provider(APP)
    - However, a medication ordered for a lesser pain scale may be administered, if the patient requests (e.g. patient reports pain scale of 4 but asks for the Tylenol which is ordered for a pain scale of 1-3).
    - Pain preference for a medication ordered for a lesser pain scale will be documented as such.
- The patient's comfort goal using the Numeric Scale or other appropriate pain scale and responses to pain interventions are documented on the designated documentation tool
- When a patient is cognitively impaired or otherwise unable to verbalize pain, information from the patient's family or other representative regarding pain management, if available, will be documented in the medical record.
- The medical record must accurately reflect that the lesser potent medication was administered based on patient preference when ordered by the provider and requested by the patient

- When pain is identified as a problem, it is listed as such in the patient's plan of care.

- Patient education regarding pain must be documented in the medical record

	• Discharge instructions include medication name, dose, route frequency, recognition and management of side effects, any non-pharmacological management that is recommended, and actions to take when pain is not relieved.	

4. Related Documents:

Document Type	Document Name
Policy	Pain Management
Job aids	
Patient and family education materials	Elsevier Content in EPIC
Resources	
Forms	
Regulatory references	**References** • Agency for Health Care Policy and Research (AHCPR) (1992). Acute pain management operative or medical procedures and trauma. AHCPR Publication No. 92-0032, Rockville, MD: U.S. Department of Health and Human Services. • Agency for Health Care Policy and Research (AHCPR) (1994). Management of cancer pain. AHCPR Publication No. 94-0592, Rockville, MD: U.S. Department of Health and Human Services. • American Pain Society (APS). (2008). Principles of analgesic use in the treatment of acute pain and cancer pain. (6th ed.).Glenview, IL. • American Society for Pain Management Nurses (2002), Core Curriculum for Pain Management Nursing, Philadelphia: W.B. Saunders Company. • Joint Commission on Accreditation of Healthcare Organizations. (2010). Comprehensive Accreditation Manual for Hospitals. Oakbrook Terrace, IL. New Jersey Department of Health Licensing Standards for Hospitals Supplement Issue 8-5-2008.