

PAIN MANAGEMENT PLAN

- Shore Memorial Hospital Shore Rehab Shore Life Care MMC
 Shore Health Care at Home Lingle/Goldstein Surgical Assoc. Orthopedic Assoc.

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V.P., Chief Nursing Officer

Purpose: To ensure optimal patient pain comfort through an established pain management plan, which shall include the patient, family, and the health care team.

Policy: Pain assessment is completed on all patients based upon the clinical presentation, services sought, and in accordance with the care treatment, and services provided.

Definition: Pain is defined as whatever an individual perceives as physical discomfort in response to a stimulus (Ashburn, Schuster).

Procedure:

- 1- Patients will have pain assessed based upon the clinical presentation, services sought, and in accordance with the care treatment, and services provided.
- 2- Pain is assessed on admission and may continue throughout the continuum of care. Examples of times that pain may be assessed: immediately after operative or medical procedures, at regular intervals as determined by operative procedure, intensity, and medical condition, with each new report of pain, at an appropriate time interval after pain relief interventions have been provided, when PCA therapy is administered.
- 3- Pain assessment will include location, intensity, characteristics of pain, and aggravating or relieving factors, when appropriate.
 - Physical and psychosocial assessment and may include spiritual/cultural issues, when appropriate.
 - Effectiveness of interventions.
- 4- Pain rating scales will be available for the measurement of pain.
 - **Pain in Infants and Children will be assessed and addressed.**
 - a. **Infants and children under 3 years of age: Infants experiencing pain, in which the intensity may be measured somewhat with their cry. The following criteria provides an approach to assessing pain in the infant:**
 - i. **Not crying;**
 - ii. **Moaning or quietly crying;**
 - iii. **Child is crying, but gently whimpering;**
 - iv. **Child is screaming.**
 - v. **Child will not stop crying when picked up and comforted.**

- b. Child 3 or 4 years of age:
 - i.* May become quiet and inactive;
 - ii.* May become hyperactive
 - iii.* May only be able to express pain in single words;
 - iv.* Parents recognize pain through changes in behavior and communicate what word is used at home for pain.
 - c. Children 5 to 10 years of age:
 - i.* Can tell you more about pain;
 - ii.* Can use faces or pain scale (0-5 or 0-10 least pain to worst pain) for units of measure in assessing pain;
 - iii.* Can draw pain location on a body diagram.
 - d. Adolescents:
 - i.* Can explain pain more clearly.
 - ii.* Can use descriptive words like shooting, aching or burning.
 - Pain management in Terminally Ill Patients:
 - a. Follow pain assessment guidelines and treat with medication as appropriate to pain intensity and as ordered by the physician.
 - b. Awareness of chronic pain being accompanied by anxiety, depression, feeling of hopelessness and a sense of being isolated from others.
 - i.* Establishment of a therapeutic relationship with the patient.
 - ii.* Allow time to listen and acknowledge the patient's pain,=.
 - iii.* Involve pastoral care if appropriate.
- 5- Non-invasive pain relief measures may include positioning for comfort, pillows, blankets for support, promote relaxation (back rubs), age developmental appropriate activities or therapy.
- 6- Documentation of pain:
 - a- All patients experiencing pain will be routinely assessed for the level of pain compared to the pain scale and documented.
 - b- Measurement of outcomes for performance improvement may be monitored.
 - c- All medication administered will be documented.
 - d- Care Plans will be initiated at admission and may include pain management assessment and management of pain is communicated to other disciplines/health care providers via the patient record and unit specific Interdisciplinary Care Planning session.
- 7- Education will include assessment as indicated by the Patient and Family Education policy and procedure. Pain Management education may be a part of the treatment plans and may include medication with potential results and side effects, pain management scale, equipment, non-pharmacological modalities (heat/cold, back rub, positioning, etc.)
- 8- Inservice education will be accomplished annually for staff education.

- 9- Discharge planning will provide options for the patient's health care needs after discharge related to communication of information, off-site services, and community resources for the family. Performance improvement will be on-going to ensure compliance, improve processes and outcomes.

Resources:

Internal Policy and Procedures:

- Assessment Reassessment
- Care Plan
- Mandatory Education
- Medication Management
- Outcomes Based Education
- PCA Pump
- Patient and Family Education
- Performance Improvement Plan

Ashburn, Shirley and Schuster, Clara (1992). *The process of human development: A holistic lifespan approach*. Philadelphia: Lippencott.

JCAHO Standards.....