

Northern Westchester Hospital
Patient Care Services

Subject: Assessment and Management of the Patient with Pain

Policy Number:

Effective Date: April 2002

Reviewed: 3/04, 4/09, 03/28/2016

Revised: 4/07, 3/10, 8/10, 10/10, 9/11, 7/12

Supersedes: N/A

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Issued By: Patient Care Standards
Committee

Document Owner: ASST. DIRECTOR
NURSING QLTY & STDS

Date Approved: 03/28/2016

- I. **PURPOSE:** To outline a multidisciplinary approach to the management of patient in pain.
- II. **POLICY:** All patients at Northern Westchester Hospital (NWH) are entitled to a timely response to reports of pain.

Age, cultural background/religious beliefs, literacy and mental capacity will be considered in developing the pain management plan.

III. **PROCEDURE:**

A. **ASSESSMENT:**

All patients at NWH will be assessed for pain on initial presentation to hospital and at least every shift.

1. Patient or caregiver's report of patient's pain
2. Location, radiation of pain
3. Use of pain scale
 - Numerical Scale for patients of any age with the ability and capacity to understand the 0-10 scaling
 - FLACC for patients unable to utilize the Numerical Scale
 - Behavioral Pain Scale (BPS) for vented patients unable to use the Numerical Scale
 - Neonatal Infant Pain Scale (NIPS) for vented infants
4. Aggravating or alleviating factors
5. Time and nature of onset
6. Description – sharp, dull, ache, cramp, pressure
7. Intensity and duration
8. Constant vs. intermittent
9. Attempted remedies
10. History of opioid/analgesic use or abuse

B. **Objective:**

1. Body position and verbal/non-verbal signs indicative of pain
2. Skin color and appearance
3. Nature of medical condition and/or surgical procedures

C. **Considerations**

1. Age appropriate assessment tools
2. Recognition and anticipation of possible procedures which may produce discomfort/pain
3. Use of prophylactic anxiety/pain management
4. On admission and ongoing pain monitoring and assessment
5. Provide a calm environment (eg. lighting, noise)

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6. Application of multimodal pain therapies (eg. pharmacology, environment management, encouragement of family/parental involvement, sensory stimulation, positioning, hot/cold thermal therapy, alternative or Integrative modalities)
7. Vented Patients: Pain will be assessed using the NIPS and BPS pain assessment scales.

IV. PATIENT/CAREGIVER EDUCATION:

- A. Involve patient and caregiver in planning methods and the goal of pain management, considering past experiences and preferences.
- B. Orient patient/caregiver to pain assessment scales used at NWH and provide education materials related to pain.
- C. Keep patient and caregiver informed of the various methods of pain relief as the patient progresses throughout their hospital stay and through discharge.
- D. Instruct patient/ caregiver of their responsibility to inform the nurse of all pain for prompt initiation of treatment.
- E. Monitor patient's relief of pain according to the appropriate scale (eg. Numerical, FLACC, BPS, and NIPS).

V. PAIN MANAGEMENT INTERVENTIONS:

- A. General
 1. Administer analgesics as prescribed for the scales interpretations.

0-10 Pain Scale Interpretation (Numerical Scale and FLACC)

- 0 - No pain
- 1,2,3 - Mild pain
- 4,5,6 - Moderate pain
- 7,8,9,10 - Severe pain

2. Dose determination within a prescribed range should reflect and consider the patient's:
 - a. Pain intensity (Numerical Interpretation)
 - b. Characteristics of the pain
 - c. Patient's previous response to prescribed medication and other analgesics.
 3. Non-pharmacological pain management strategies such as relaxation techniques, music therapy, spiritual support, physical therapy, touch therapy, therapeutic suggestions, focused breathing, positioning, massage, as alternatives or adjuncts to analgesics, should be considered.
 4. Collaborate with physician regarding necessary medication adjustments.
 5. Anesthesia is to be notified of any patient admitted with an implanted pain control system or intrathecal/epidural catheter used for analgesia.
- B. Pain Management Plan Guidelines
 1. Any patient with pain, or undergoing a pain producing procedure, or change in physical condition likely to be associated with pain will be offered intervention and be reassessed.

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2. Pain reassessment timing recommendations:
 - a. PO medications: within 60 minutes after administration
 - b. Subcutaneous, IV, IM: within 30 minutes after administration
 - c. Immediate post procedure (PACU): within 5-10 minutes after administration
 - d. Non-pharmacological Interventions: within 30 minutes after intervention
 - e. Pain Reassessment time will be based on nursing judgment considering the individual's clinical condition and the intervention.
3. If pain persists, further pain management intervention(s) should be discussed with patient, physician and caregivers. A pain management consultation should be considered.
4. The 'Pain Management Decision Tree' (See attachment) will assist the staff in seeking further pain management intervention(s) if present pain management intervention(s) are not sufficiently providing pain relief and/or reducing the patient's pain score.

VI. EVALUATION/DOCUMENTATION:

- A. Document the pain assessment data on the appropriate pain assessment scale documentation intervention.
- B. Document effectiveness of any interventions selected as corrective actions. Pain needs to be re-evaluated after each intervention.
- C. Document content of pain management evaluations and consultations

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CROSS REFERENCES: N/A

ATTACHMENTS: N/A

APPROVALS:

Patient Care Policy and Procedure Committee 2/17/06, 3/12/07

Medical Records Committee 2/17/06,

Policy and Procedure Committee 2/17/06, 4/4/07, 10/26/10

Medical Board 2/17/06

Chair, Department of Pediatrics 3/25/10

Scope and Standards Council 9/22/10, 11/17/11

Chief Nursing Officer 10/27/10