Pain Assessment and Management

1) Physician Responsibility re: Initial Pain Assessment and Management:
   - The physician of record/designee will identify medication to be administered and write orders for medication administration indicating route, dose, and frequency.
   - The physician of record/designee will be educated regarding pain assessment and management.

   Range orders are medication orders that express the dose and/or dosing interval with an upper and lower limit. Individualization of analgesic therapy should be based on a combination of pain assessment and the nurse’s professional judgment of the patient’s clinical situation such as:
   - Age
   - Level of Consciousness
   - Respiratory Rate.
   These guidelines should not be interpreted as a strict policy, but rather are intended to be a guide for analgesic therapy unless the physician’s orders are more specific. Range frequencies are modified to the shortest time interval (e.g. every 4-6 hour order will be dosed at 4 hours).

   **PAIN RATING ON NUMERIC PAIN SCALE**
   - 1 – 3
   - 4 – 6
   - 7 – 10

   **ANALGESIC DOSAGE**
   - Lowest Dose of Range
   - Intermediate Dose of Range
   - Highest Dose of Range

2) Patient and Family Education:
   Upon admission, the patient and his/her family will receive an educational handout regarding the understanding and managing pain. The education includes, but is not limited to:
   - Patient Rights regarding pain assessment and management;
   - Pain control mechanisms;
   - Potential limitation of pain management and treatment;
   - Types of pain the patient may experience;
   - Potential and actual side effects of pain management and treatment;
   - Discharge planning process with emphasis on symptom management;
   - Education specific to medication prior to first dose being administered; and
   - Risk factors for pain.

3) Physician Responsibility re: Ongoing Pain Assessment and Management:
   - Monitor for effective pain management and patient outcomes

4) Physician Responsibility re: Discharge Pain Assessment and Management:
   - Prescribe appropriate drug, dose, route, and frequency as necessary
   - Refer for follow up if appropriate

5) AGE SPECIFIC CONSIDERATIONS

   INFANTS:
   Infant pain assessment is made on the basis of the following beliefs:
   - Infants are capable of feeling pain. Infants have the anatomic and functional requirements to process pain from mid to late gestation.
   - Infants are as sensitive to pain as older children and adults. Term neonates have the same sensitivity to pain as older infants and children. Pre-term neonates may have a greater sensitivity to pain than others.
   - Infants are capable of expressing pain. They respond to pain with behavioral and physiological cues that are observable and assessable.
   - Pain requires no prior experience and is present from first insult.
   - Analgesics and anesthetics can be safely given to neonates and infants. Careful selection of the agent, dose, route and time, monitoring for desired effects, drug titration and weaning can minimize the adverse effects of medication used in pain management.
PEDIATRICS:
The healthcare professional must consider the age of the pediatric patient and the current stressors of the situation when making the decision of which pain scale to utilize. If the pediatric patient is able to clearly communicate, the adult scale may be utilized. Care must be made with this group to ensure that the patient’s subjective measure of pain is not lower than the practitioner’s objective assessment. Patient education must include the parents or guardians. Efforts are made to take pediatric patients to a treatment room for any painful procedures. This allows them to continue to feel safe in their own patient room.

GERIATRICS:
Many elderly individuals consider pain to be a normal part of aging and are reluctant to report pain. They also fear being bothersome or becoming addicted to pain medications. This age group requires close monitoring for potential drug interactions with pain medication.

6) STANDARDS FOR PATIENT MONITORING:
All patients at CHRISTUS St Michael should be assessed and/or re-assessed for pain as follows:
- Upon Admission
- At least once per shift
- Prior to the administration of an analgesic
- Upon arrival to a new nursing unit
- Upon discharge
- Following an intervention

7) PATIENT SAFETY & RISK MANAGEMENT:
All patients who receive pain management therapy should be monitored by qualified personnel. The chain of command should be followed if orders are contraindicated by professional standard of practice.

8) MONITORING & EVALUATION:
The pain management process will be monitored and evaluated throughout the organization via monthly chart reviews. These results are forwarded to the Quality Outcomes Department to tabulate and forward to the Performance Improvement Council for review and reporting.

Numerical Pain Rating Scale

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>Moderate pain</td>
<td>Worst pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wong-Baker FACES Pain Rating Scale

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO HURT</td>
<td>HURTS LITTLE BIT</td>
<td>HURTS LITTLE MORE</td>
<td>HURTS EVEN MORE</td>
<td>HURTS WHOLE LOT</td>
<td>HURTS WORST</td>
</tr>
</tbody>
</table>

FLACC Scale

<table>
<thead>
<tr>
<th>Categories</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACE</td>
<td>No particular expression or smile</td>
</tr>
<tr>
<td>LEGS</td>
<td>Normal position or relaxed</td>
</tr>
<tr>
<td>ACTIVITY</td>
<td>Lying quietly, normal position, moves easily</td>
</tr>
<tr>
<td>CRY</td>
<td>No cry (awake or asleep)</td>
</tr>
<tr>
<td>CONSOLABILITY</td>
<td>Content, relaxed</td>
</tr>
</tbody>
</table>