

MASSACHUSETTS GENERAL HOSPITAL
Department of Nursing

TITLE: PAIN: Assessment and Reassessment

LEVEL OF PERSONNEL: RN (inpatient & outpatient) and LPN, MA, PCA (outpatient)

DESIGNATED CLINICAL AREAS: ALL inpatient and outpatient clinical areas

APPLICABLE POLICY STATEMENTS:

1. Pain is assessed and documented in all patients.
 - a. ***Inpatients*** have pain assessed on admission to the hospital.
 - i. Documented on the Nursing Data Set
 - b. ***Outpatients*** are screened for pain upon entry to the system for each outpatient service. Screening occurs by written, electronic and/or interview mechanisms.
 - i. The threshold at which a particular pain intensity triggers the need for a professional assessment/intervention is determined by each unit based on several factors, including but not limited to: population served, focus of care, and practice model.
 - ii. A professional assessment of pain is done during the visit (before patient leaves) if the patient has reported clinically significant pain (above the unit-specific threshold).
 - iii. Pain screening and/or assessment data, are documented in a manner determined by each unit based on their documentation system.
2. Pain is assessed and documented whenever a patient is transferred to another patient care unit. Document the assessment on the Patient Care Flowsheet utilized in that patient care unit.
3. Pain is assessed and documented within an hour after invasive procedures that require procedural sedation or anesthesia with the assessment documented on the appropriate flow sheet.
4. Pain is reassessed after each intervention that is provided to alleviate pain.
 - a. ***Inpatients*** have reassessment documented on the flowsheet, electronic medication administration record, or progress note during the shift any intervention to relieve pain is provided or ongoing (such as Fentanyl patch, morphine drip, etc).
 - b. ***Outpatients*** are reassessed and the response to treatment is documented before discharge for all patients whose pain was treated as part of the care rendered during the outpatient visit.
 - c. NOTE: If medication has not had time to work before discharge (or end of shift), that fact should be documented. Warn patients receiving opioids not to drive or operate machinery.

CRITICAL ELEMENTS:

1. Care of the patients who receive pain relief through the use of technologically assisted devices (e.g. Epidural Analgesia, Patient Controlled Analgesia, etc.) will adhere to the respective procedure (e.g. Nursing Procedure: 8-7-1 Epidural Analgesia and 8-1-27 PCA respectively).
2. Pain will be assessed using an appropriate method, e.g. based on age, verbal ability. Please refer to Nursing Practice Guideline: 16-7-1 Pain Assessment and Management Guideline for further information.