

## PAIN ASSESSMENT AND MANAGEMENT

### 1. POLICY

1.1. Massachusetts General Hospital (MGH) is committed to providing optimal pain assessment and management across the life span in all settings and services. MGH recognizes the right of each patient to pain assessment and management appropriate to their age and condition. MGH further recognizes that patients who belong to racial and language minority groups, children, the elderly, those with certain psychiatric difficulties, and those patients unable to verbalize their pain are at increased risk for unnoticed or under treated pain. This recognition requires special attention to education for clinicians, patients, and families\* regarding pain in these patients. Pain-related education is provided with the goal that MGH clinicians have a working knowledge of the principles of pain assessment and management and are able to work collaboratively with other members of the team to provide optimal pain management. When unusual or complex pain problems are present, resources are available for consultation with or referral to clinicians with more expertise. Pain management is the responsibility of all clinical disciplines. MGH recognizes its responsibility to plan, support, and coordinate activities and resources to assure that the pain of all patients is recognized and addressed appropriately.

### 2. SCOPE

2.1. This Policy guides practice in the care of all patients served by any MGH entity, service, or practice in any care setting or location. Various patient care units, clinics, practices, services, and centers within the MGH system serve diverse populations with widely varying needs for care. Procedures and Guidelines established under this Policy provide such flexibility as to permit care entities to establish additional population-specific standards, guidelines, and procedures that further facilitate standard pain assessment and optimal pain management in those settings.

### 3. GUIDING PRINCIPLES

- Pain is a complex and personal phenomenon that requires multidisciplinary collaboration and patient involvement in assessment, treatment planning, intervention, and follow up.
- Pain is a universal human experience and is a widespread phenomenon in all healthcare settings.
- Patients have a right to assessment of pain and to appropriate intervention when pain is present.

- Pain is highly subjective and personal, requiring individualized care.
- While the current science of pain and the currently available knowledge and expertise associated with clinical pain management does not permit a promise of complete relief from pain for all patients, the vast majority of patients will have their pain adequately managed using standard analgesics and supportive measures.
- The effective treatment of pain is contingent upon appropriate pain assessment and diagnosis.
- Unrelieved pain can cause severe adverse physiological and psychological sequelae.
- The patient's own report is the most reliable indicator of pain.
- When patients are unable to provide self reports of pain, other systematic processes for assessment must be substituted.
- Language and culture affect the patient's experience and communication of pain.
- Clinicians in all disciplines and settings must be knowledgeable about and skilled in pain assessment and management.
- Barriers to optimal pain assessment must be recognized and overcome.
- The science and clinical practice of pain management continues to evolve.

## 4. PAIN ASSESSMENT

### 4.1. All patients are assessed for pain.

- 4.1.1. If pain is present, intervention(s) appropriate to the patient's pain state and general medical condition is instituted.
- 4.1.2. Whenever possible, the patient or surrogate participates in assessment and care planning, and education is provided that facilitates patient understanding, participation, and adherence.
- 4.1.3. The plan includes appropriate follow up for reassessment and adjustment in the intervention, if necessary.
- 4.1.4. Assessment, plan of care, and intervention are documented in a way that facilitates reassessment and follow up.

### 4.2. MGH establishes Standards, Procedures, and/or Guidelines for pain assessment that recognize pain assessment and management as clinical priorities and that facilitate consistent collaborative pain-related patient care.

- 4.2.1. Standard instruments that are clinically useful in assessing pain are identified and promoted.
- 4.2.2. Documentation aids that facilitate collaborative communication about pain assessment are provided.
- 4.2.3. Consideration is given to the assessment of neonates, infants and pre-verbal children; developmentally appropriate assessment for other children; and other patients who cannot reliably describe the severity or nature of their pain such as those with dementia, impaired consciousness, or language barriers.
- 4.2.4. Criteria for determining appropriate intervals or conditions for reassessment are provided.
- 4.2.5. The plan of care includes post-discharge pain management and follow up.

## 5. PAIN MANAGEMENT

- 5.1. Pain management strategies include both pharmacological and non-pharmacological interventions provided by the multi-disciplinary team.
  - 5.1.1. Interventions must be appropriate to the patient, family, caregiver and the setting.
  - 5.1.2. Interventions are individualized to meet the cultural and developmental needs of a diverse patient population.
  - 5.1.3. If current pain management interventions are not effective, then the treatment plan is revised accordingly. Consultation with or referral to pain experts is pursued when appropriate.
  - 5.1.4. Clinicians should anticipate and prevent/treat side effects.

## 6. PATIENT EDUCATION

- 6.1. Education regarding pain, its management, and the patient's role in assessment and management are provided on a continuing basis. Patient pain education is developmentally appropriate and considers literacy, culture, and language, as well as the continuum of care.
  - 6.1.1. Patients are informed of their right to appropriate assessment and care of pain and are assured that their report of pain is taken seriously.
  - 6.1.2. Patients are informed when procedures, medications, or other treatments can be expected to cause either immediate or delayed pain and are informed of the importance of reporting pain.

- 6.1.3. Patients are provided information on the use and importance of consistent pain assessment methods.
- 6.1.4. Patients are provided information on interventions to prevent or alleviate pain, including the reporting and management of potential side effects.
- 6.1.5. When appropriate, patients are educated or provided information on self-care measures they can use to prevent, alleviate, or cope with pain.
- 6.1.6. When pain interventions are self-administered patients are provided specific instructions that facilitate adequate and appropriate use of the device, medication, and/or technique.

## 7. PROCEDURES

### 7.1. Clinician responsibilities

- 7.1.1. Pain management is the responsibility of all clinical disciplines.
- 7.1.2. All patients are systematically screened and assessed for pain. The method and frequency for screening, assessment, and reassessment is determined by the nature and location of the practice, patient condition, and type of service provided.
- 7.1.3. Guidelines for method and frequency of screening that support this Policy may be established by services, clinics, or other units in order to optimize pain assessment and management in the populations they serve. Collaboration in pain assessment with other clinicians is particularly important for patients who are unable to participate in assessment due to developmental level or medical condition.
- 7.1.4. Each clinician works collaboratively with the patient and other health care providers to establish goals and design a plan of care. Evaluation of the treatment plan is driven by ongoing systematic reassessment, and includes consideration of continuity in other settings.
- 7.1.5. Assessment, plan of care, and intervention are documented in a way that facilitates reassessment and follow up. Multidisciplinary use of chart forms (e.g., flow sheets; problem list; patient teaching record) and/or electronic patient records to address pain enhances collaborative practice and encourages consistency in assessment and intervention.

### 7.2. Physician Responsibility

- 7.2.1. The physician systematically screens for and assesses pain in all patients and works collaboratively with the patient, nurse, and other health care providers to establish goals and design a plan of care.

- 7.2.2. The physician diagnoses the pain (if necessary) and explains to the patient the nature, etiology, and prognosis for the pain as well as the risks and benefits of recommended interventions.
- 7.2.3. The physician documents the plan of care and writes orders for medications and other interventions to implement the plan.

### 7.3. Registered Nurse Responsibility

- 7.3.1. The registered nurse systematically screens for and assesses pain in all patients and works collaboratively with the patient, physician, and other health care providers to establish goals and design a plan of care.
- 7.3.2. The registered nurse provides patient teaching, expanding on and supporting the teaching provided by the physician and other clinicians (See Section 6).
- 7.3.3. The registered nurse implements the plan of care by administering medications, providing education, and facilitating treatments by other clinicians.
- 7.3.4. The registered nurse initiates nursing actions, including adjunct interventions, which enhance patient comfort, provide emotional support, and advance the goals of the treatment plan.

### 7.4. Other Health Care Provider Responsibility

- 7.4.1. Consulting medical, allied health or other ancillary services having direct contact with the patient and family are responsible to ensure that treatment plans are followed.
- 7.4.2. The clinician will communicate directly with the physicians and other members of the health care team in order to establish collaborative goals and care plans.
- 7.4.3. Clinicians with a specific role in the plan of care (e.g., physical therapists) systematically document assessment and response to treatment.

\* Family refers to parents or guardians of minors and any individuals that the parent or guardian defines as family; and any individual(s) the adult patient indicates may participate in care or planning. Care of children is family-centered. Care of adults includes involvement of family to the extent desired by the patient. "...and family, as appropriate" is implied whenever specific services to patients are described.

## 8. RELATED POLICIES, PROCEDURES AND GUIDELINES

<b>Policy</b>	<b>Location</b>
Guidelines for Pain Assessment and Management	Nursing Practice Manual; NPM 2.14
Clinical Record and Measurement Flowsheet	Nursing Practice Manual; NPM 2.23.10
Sucrose to Relieve Procedural Pain in the Nursery and to all Newborns	Nursing Procedure Manual
Medication: Documentation	Nursing Procedure Manual: NPROM 8-1-4
Abbott Pain Manager: Epidural and Patient Controlled Analgesia	Nursing Procedure Manual: NPROM 15-12-1
Nursing Admission Assessment Form	Nursing Practice Manual; NPM 2.23.10
Patient Problem List	Nursing Practice Manual; NPM 2.22.12
Subcutaneous Admin. or Medications for Pain & Symptom Management	Nursing Practice Manual: NPM 8-5-1

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Approved: Clinical Policy and Record Committee (7/03) (9/8/06)

Approved: Medical Policy (7/03) (8/16/06)

Reviewed: July 2006