

# Pain Relief Connection

## The Pain Information Newsletter

Provided by MGH Cares About Pain Relief

Supported by a Grant from the Mayday Fund

Archived issues are available at <http://www.MassGeneral.org/PainRelief>



Volume 2, No. 3/4

March/April, 2003

### In this issue:

In the News	Page 1	Web Resources	Page 2
Analgesia & Acute Abdomen	Page 1	Education	Page 2
Equianalgesic opioid calculators	Page 1	Pain Topics (1): Pain Pulse Survey	Page 3
Lowering barriers	Page 2	Pain Topics (2): Pain & JCAHO	Page 5

### In the News

The newest “**Did You Know . . .**” poster has a pain-related message: “Pain Can Hurt You.” The poster highlights the wide range of negative physiological and psychological sequelae to unrelieved pain. The new poster is available [online](#) (in full color!), and can be seen on all patient care units, the Cancer Center, the neighborhood Health Centers, and the North End Nursing Home. Did You Know . . . posters are sponsored by the [Nursing Research Committee](#) (NRC) with practicing nurses as the primary target audience. Previous posters are available at the NRC web site.

The JCAHO Pain Task Force is drafting a **new MGH pain policy** to comply with the new JCAHO pain standards (see Pain Topics, below). Anyone who is interested in reviewing the draft is invited to contact Tom Quinn at 617-726-0746 or [PainRelief@Partners.org](mailto:PainRelief@Partners.org).

The annual **Pain Relief Champions course** was held April 14-15. A very diverse group of clinicians representing several institutions, 6 disciplines, and 18 MGH units participated. Pain Relief Champions uses an interactive design intended to engage participants at multiple levels. A major goal of the course is to prepare participants to return to their own work settings with specific projects that will improve the way care is delivered to patients in pain. Champions from previous years are engaged in a wide variety of projects through the hospital. Some of these will be highlighted in an upcoming “Pain Projects Expo.”

### Analgesia and acute abdominal pain revisited

A recently published article ([Nissman et al](#)) takes issue with a slowly growing consensus that judicious administration of opioid analgesics to patients with acute abdominal pain is unlikely to interfere with accuracy in diagnosis and ultimate outcome (see [Pain Relief Connection Vol 1 #11, Nov 2002](#)). As is the case in any controversy, the weight or value given to various elements of evidence by different commentators is what separates the camps. Nissman et al rightly point out that most of the published studies that address this issue were severely flawed (unfortunately Nissman did not have access to the recent study by Thomas et al that attempted to take into consideration the faults of the prior studies). They also point to studies that show that emergency physicians and surgeons tend to have differing opinions on this issue, and that too often there is insufficient communication between emergency physicians and surgeons on the care of individual patients, potentially leading to errors in diagnosis and treatment. The “Pain Topics” article from the earlier issue of [Pain Relief Connection](#) has been revised and is available on the [PainRelief](#) web site. Nissan et al and Thomas et al are both available full text online via [Magic](#) on MGH computers.

### Equianalgesic opioid conversion calculators revisited

In July 2002 ([PRC Vol 1, #7](#)) we published a review of opioid conversion calculators that were available via the World Wide Web. That review has now been updated and is available on the [PainRelief](#) web site (click the Pain Topics button on the home page). It describes an opioid [calculator](#) for the Palm operating system, available for free download from the [Johns Hopkins Oncology Center](#) web site.

**MGH Cares About Pain Relief** • Supported by a Grant from the Mayday Fund

Massachusetts General Hospital • Founders 606 • 55 Fruit Street • Boston, MA 02114

617-726-0746 (Phone) • 617-724-8693 (Fax) • [PainRelief@Partners.org](mailto:PainRelief@Partners.org) • <http://www.MassGeneral.org/PainRelief>

To be added to or removed from the *Pain Relief Connection* mailing list, send an email to [PainRelief@Partners.org](mailto:PainRelief@Partners.org)

## Lowering Barriers

At least 2 units (Ellison 16 and Ellison 8) have found a simple low-tech way to make the pain assessment portion of the standard flowsheet/vital sign sheet stand out: the nursing manager or clinical specialist—using a standard yellow highlighter—highlight the pain section of the flow sheet. The increased visibility has led to a significant improvement in the use of the flowsheet for documenting pain assessments on both units.

## Web Resources

The [American Pain Foundation](#) (AFP) has a new monthly email newsletter available, [AFP Pain Monitor](#), intended primarily for patients, caregivers, and community advocates. A free subscription is available on their web site.

A new publication, [A Clinical Guide to Supportive and Palliative Care for HIV/AIDS](#), is available from the [Health Resources and Services Administration](#) of the U.S. [Department of Health and Human Services](#). It contains an excellent review of AIDS-related [pain](#) by William Breitbart, MD, who has researched this topic extensively.

A new web site for patients sponsored by the [Oncology Nursing Society](#), [CancerSymptoms.org](#), has a very useful section on pain. An unusual feature of this site is an “Ask the Experts” option that allows the user to send a question that will receive a confidential response from a nurse-expert, sent to the user’s chosen email address.

## Education

May 15-16 (Thur-Fri): **Broadening Your Perceptions of Pain Management**, Sheraton Braintree Hotel. Presented by Brigham & Women's Hospital. For registration form and details call 617-525-3200.

May 16-17 (Fri-Sat): **Integrative Pain Medicine**. Columbia-Presbyterian Medical Center, NYC. For online brochure and registration, see <http://ColumbiaCME.org>. Click on “Online Registration.”

June 10-11 (Tues-Weds): **Art and Science of Palliative Nursing**, Doubletree Hotel, Waltham, MA. The course focuses on concepts essential to end of life nursing including suffering, communication, ethics, pain and symptom management, spirituality, cultural diversity, and self care. There are five tracks: geriatrics, home care/hospice, acute care, outpatient care/ambulatory care, and pediatrics. Featured Plenary Speaker: Nessa Coyle, RNCS, ANP, FAAN. Cost \$100 for Partners employees, \$200 for others. For registration and other information, visit [www.hms.harvard.edu/cdi/pallcare](http://www.hms.harvard.edu/cdi/pallcare), email [pallcare@partners.org](mailto:pallcare@partners.org) or call 617-724-9509.

**Geriatric Pain Assessment Self-Directed Learning Module** (1.4 nursing contact hours). New publication, written by Anne Marie Kelly of the Eastern Massachusetts Chapter of the [American Society of Pain Management Nurses](#), available via the ASPMN web site.

**JCAHO Prep**—Purdue Pharma, L.P. has free resource material specifically designed to assist in JCAHO preparation. For additional information, contact Amy Prasol at [aprasol@aol.com](mailto:aprasol@aol.com).

URL notes: **Hold your cursor over the link for a second to see the URL.** If you are reading this in hard copy, this month’s links are:

PainRelief web site: <http://www.massgeneral.org/painrelief>

Mayday Fund: <http://www.painandhealth.org/mayday/mayday-home.html>

Center for Clinical & Professional Development course calendar: <http://tinyurl.com/23zk> (shortened from the original URL)

Past issues of *Pain Relief Connection*: [http://www.massgeneral.org/painrelief/Newsletter/mghpain\\_connection.htm](http://www.massgeneral.org/painrelief/Newsletter/mghpain_connection.htm)

“Pain Can Hurt You” poster: [http://pcs.mgh.harvard.edu/ccpd/Nursing\\_Research/Pain\\_8x11.pdf](http://pcs.mgh.harvard.edu/ccpd/Nursing_Research/Pain_8x11.pdf)

Nursing Research Committee page: [http://pcs.mgh.harvard.edu/ccpd/Nursing\\_Research/abt\\_research.asp](http://pcs.mgh.harvard.edu/ccpd/Nursing_Research/abt_research.asp)

Nissman et al, *Amer Jour Surg* 2003 Apr;185(4):291-296:

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=12657376&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12657376&dopt=Abstract)

Thomas et al, *J Am Coll Surg* 2003 Jan;196(1):18-31:

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=12517545&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12517545&dopt=Abstract)

Magic (MGH electronic library): <http://magic.mgh.harvard.edu>

Hopkins Opioid Program: <http://www.hopkinskimmelcancercenter.org/specialtycenters/hop.cfm?action=2&errorcheck=nobookmark>

Johns Hopkins Cancer Center: <http://www.hopkinskimmelcancercenter.org>

*A Clinical Guide to Supportive and Palliative Care for HIV/AIDS*: <http://hab.hrsa.gov/tools/palliative>

Health Resources and Services Administration: <http://hab.hrsa.gov>

Department of Health and Human Services: <http://www.hhs.gov>

American Pain Foundation: <http://www.painfoundation.org>

APF Pain Monitor: [http://www.painfoundation.org/page.asp?file=page\\_eneletters.htm](http://www.painfoundation.org/page.asp?file=page_eneletters.htm)

*A Clinical Guide to Supportive and Palliative Care for HIV/AIDS*: <http://hab.hrsa.gov/tools/palliative>

Pain Chapter in HIV/AIDS Clinical Guide <http://hab.hrsa.gov/tools/palliative/chap4.html>

Oncology Nursing Society: <http://www.ons.org>

CancerSymptoms.org: <http://www.cancersymptoms.org>

**MGH Cares About Pain Relief** • Supported by a Grant from the Mayday Fund

Massachusetts General Hospital • Founders 606 • 55 Fruit Street • Boston, MA 02114

617-726-0746 (Phone) • 617-724-8693 (Fax) • [PainRelief@Partners.org](mailto:PainRelief@Partners.org) • <http://www.MassGeneral.org/PainRelief>

To be added to or removed from the *Pain Relief Connection* mailing list, send an email to [PainRelief@Partners.org](mailto:PainRelief@Partners.org)

# PAIN TOPICS

## Pain Pulse Survey 2003

Thomas E. Quinn, MSN, RN, AOCN  
Project Director, MGH Cares About Pain Relief

**Description:** Pain Pulse is an annual “snap shot” of pain at MGH conducted by MGH Cares About Pain Relief. Nearly all inpatient units, the cancer center, same-day surgery, the ER, and ambulatory gynecology participated in 2003. Patients are asked an initial question: “Have you had pain in the past 24 hours?” Patients who respond “Yes” are asked 2 more questions: “What is the severity of pain now?” “How much has pain interfered with your ability to enjoy life in the past 24 hours?” Both of these are answered using a 0-10 scale. Adjustments are made for children. The method of instrument administration is not as rigorous as would be required in a research project.

**Purpose:** The intent of Pain Pulse is to show the prevalence of pain across the institution and to raise consciousness about the problem of pain among patients and clinicians. It is not intended to be a measure of the institution’s progress toward improved pain management, although in conjunction with other methods it could conceivably be considered a part of a data collection “package” of pain management-related indicators at Mass General. It is not known if it is possible to use Pain Pulse data to compare MGH to other institutions. MGH has no standard for pain severity, so by itself Pain Pulse is not a quality marker.

**Interpretation:** Of concern is that two years in a row 13% of patients with pain reported pain severity of 8-10 on a 0-10 scale (0 = no pain; 10 = the worst pain imaginable). There were no significant differences across the inpatient-outpatient spectrum, nor across services (i.e., medicine vs surgery): the range of reported severe pain was 12-14%. There were no reports of severe pain among children, but the small numbers in a “snap-shot” survey make interpretation hazardous. The mean pain score is unchanged from 2002. Furthermore, two years in a row the quality of life question reflected a greater than 25% incidence of major interference by pain in the ability to enjoy life among patients who reported pain. A possibly encouraging note (too early to tell if it will be a trend) is that of patients reporting pain, there was a marked decrease in moderate pain (4-7), with a concomitant increase in mild pain.

Results for Pain Pulse 2003 are summarized on the next page, with comparisons to 2002 data. The survey and statistical methods were changed in 2002, so comparisons to 1999 and 2000 data are only partially valid (1999 method: patients not reporting pain in the past 24 hours were recorded as having 0 pain; 2002 method: patients reporting no pain in past 24 hours were excluded from pain severity calculations). Using the 1999 method, the percentage of patients with severe pain has remained stable over 5 years (there was no Pain Pulse Survey in 2001). However, there has been a slight decrease each year in the percentage of patients reporting a severe negative impact on their quality of life (i.e., in the 8-10 range).

**Unit-by-unit results:** Individual unit results are available to the leadership of those units, but the results should be viewed with extreme caution. Even the largest inpatient unit has too few patients on Pain Pulse day to provide meaningful information about the general prevalence of pain for their population. Pain Pulse can tell us nothing about how well that unit routinely manages pain.

**Future:** Only a limited number of outpatients were surveyed, and none of the off-site MGH Health Centers have been included to date in Pain Pulse. Expanding the survey to more outpatient sites is planned for next year. A different QI or research design is needed in order to measure institutional progress. A longitudinal study, utilizing chart audits and/or focused computerized medical record data mining, possibly combined with patient questionnaires (to address QOL issues), should be considered.

---

**MGH Cares About Pain Relief • Supported by a Grant from the Mayday Fund**

Massachusetts General Hospital • Founders 606 • 55 Fruit Street • Boston, MA 02114  
617-726-0746 (Phone) • 617-724-8693 (Fax) • [PainRelief@Partners.org](mailto:PainRelief@Partners.org) • <http://www.MassGeneral.org/PainRelief>

To be added to or removed from the *Pain Relief Connection* mailing list, send an email to [PainRelief@Partners.org](mailto:PainRelief@Partners.org)

## MGH Cares About Pain Relief Massachusetts General Hospital Pain Pulse 2002, 2003

### SUMMARY

	2002	2003
Number of Hospital units	50 (30% increase)	57 (12% increase)
# Surveys returned (Adult)	890 (34% increase)	1093 (19% increase)
# Respondents (Adult)	748 (84%)	951(87%)
# Surveys returned (Pediatric)	37 (40% increase)	44 (16% increase)
# Respondents (Pediatric)	32 (86%)	18 (41%)
Total # surveys returned	928 (34% increase)	1137 (18% increase)
Total # respondents	783 (84%)	969 (85%)

### ALL RESPONDENTS

	2002	2003
# Surveys Returned	928	1137
# Respondents	783 (84%)	969 (85%)
Have you had pain in past 24 hours?	Yes = 419 (54%) No = 364 (46%)	Yes = 518 (53%) No = 451 (47%)
How much pain are you having now?	0 = 10% 1 - 3 = 32% 4 - 7 = 46% 8 - 10 = 13% Mean score = 4.2 NA = 6 (1%)	0 = 8% 1 - 3 = 41% 4 - 7 = 39% 8 - 10 = 13% Mean score = 4.1 NA = 12 (2%)
How much has pain interfered with enjoyment of life in past 24 hours?	0 = 17% 1 - 3 = 20% 4 - 7 = 38% 8 - 10 = 28% Mean score = 5.0 NA = 23 (6%)	0 = 13% 1 - 3 = 24% 4 - 7 = 38% 8 - 10 = 26% Mean score = 5.0 NA = 17 (3%)

0 = no pain

1-3 = mild pain

4-7 = moderate pain

8-10 = severe pain

NA = No answer to that question

### Non-Participation Reasons

	2002	2003
Patient declined:	28 19.3%	13 7.7%
Patient off floor:	9 6.2%	7 4.2%
Cognitive impairment:	55 37.9%	52 31%
Pt. prefers non-numeric assessment:	1 0.7%	1 0.6%
Sedated:	30 20.7%	26 15.5%
Comatose:	9 6.2%	12 7.1%
Language barrier:	14 9.7%	12 7.1%
Other reason:	8 5.5%	34 20.2%
<b>Total:</b>	<b>145 100%</b>	<b>168 100%</b>

**MGH Cares About Pain Relief • Supported by a Grant from the Mayday Fund**

Massachusetts General Hospital • Founders 606 • 55 Fruit Street • Boston, MA 02114

617-726-0746 (Phone) • 617-724-8693 (Fax) • [PainRelief@Partners.org](mailto:PainRelief@Partners.org) • <http://www.MassGeneral.org/PainRelief>

To be added to or removed from the *Pain Relief Connection* mailing list, send an email to [PainRelief@Partners.org](mailto:PainRelief@Partners.org)

# PAIN TOPICS

## JCAHO Pain Standards: Impact on Practice

Thomas E. Quinn, MSN, RN, AOCN  
Project Director, MGH Cares About Pain Relief

In January 2001 the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) added two new pain-related standards and explicitly included pain in several existing standards. Information from colleagues around the country who have recently been surveyed suggests that when MGH has its JCAHO visit in September pain will be a “hot button” issue for surveyors. In this article I will describe the new standards and their implications for professional practice. You will note that pain now has a prominent place in nearly every patient care-related chapter of the JCAHO manual.

### Patient Rights and Organization Ethics

“Patients have the right to appropriate assessment and management of their pain.” This new standard, in explicitly stating a previously unrecognized “right,” significantly raises the profile of pain in all populations and settings and raises in priority a major symptom that is too often under appreciated and under treated. It is the foundation for all other standards that address pain. The standard further requires:

- initial assessment and regular reassessment of pain
- education of all relevant providers in pain assessment and management
- education of patients regarding pain and pain management and their role in assessing and managing pain
- communicating in a culturally sensitive way that pain management is an important part of patient care

In addition to the new standard in the Patient Rights and Organizational Ethics chapter, pain explicitly appears in other standards related to patient rights. The JCAHO surveyor will look for evidence of compliance with this and other standards through review of policies, interviews with clinicians and patients, review of patient education materials, and clinical chart reviews:

- patients (and family when appropriate) are included in care decisions, including managing pain effectively
- all three standards that address advance care planning and end-of-life care identify pain as a condition to be addressed

### Patient Assessment

“Pain is assessed in all patients.” This standard, clear and unambiguous, requires a major re-thinking of patient care in practices or settings where pain has not been a usual or expected condition. In care settings and among populations in which pain is more common, greater attention and higher priority must be given to characterizing and treating it. The standard raises our consciousness about the prevalence of pain across all populations and settings. This standard:

- reiterates the requirement for pain assessment to be part of the initial assessment of the patient
- requires a more thorough assessment when pain is identified in a patient
- requires either a plan of treatment for the pain or appropriate referral
- identifies as critical elements of the assessment “pain intensity and quality (eg, pain character, frequency, location, and duration)”
- requires that assessment be age appropriate
- requires that the assessment be documented “in a way that facilitates regular reassessment and follow-up”

### Incorporating Pain into Other Standards

Awareness of and interventions related to pain are incorporated into several other chapters and standards:

- the goals of care include not only treating a disease or condition, but also treating pain and other symptoms of that disease

---

**MGH Cares About Pain Relief • Supported by a Grant from the Mayday Fund**

Massachusetts General Hospital • Founders 606 • 55 Fruit Street • Boston, MA 02114  
617-726-0746 (Phone) • 617-724-8693 (Fax) • [PainRelief@Partners.org](mailto:PainRelief@Partners.org) • <http://www.MassGeneral.org/PainRelief>

To be added to or removed from the *Pain Relief Connection* mailing list, send an email to [PainRelief@Partners.org](mailto:PainRelief@Partners.org)

- procedures address and support safe medication prescribing, including PCA and other pain management techniques
- post-procedure monitoring includes pain severity and quality and responses to treatment
- pain that interferes with rehabilitation is identified and addressed
- when pain is an anticipated component of treatment, patients are informed of the risk, “the importance of effective pain management, the pain assessment process, and methods for pain management”
- patient pain education is coordinated and multidisciplinary
- the standards require the organization to:
  - educate relevant providers in pain assessment and management
  - determine and assure staff competency in pain assessment and management
  - address pain assessment and management in the orientation of all new staff
- planning for the continuum of care includes management of pain and other symptoms
- the organization collects data to monitor its performance, including “the appropriateness and effectiveness of pain management”

### Common misconceptions about the JCAHO standards

- Note that the rights statement does not assert a right to pain “relief.” Given the current state of scientific and clinical knowledge about a complex phenomenon, we are not able to completely relieve the pain of all patients. On the other hand, the knowledge needed to adequately treat most common pain has been available for decades. However, a variety of cultural and others systems barriers have prevented the adequate application of that knowledge. Individually and collectively we have an ethical and professional obligation to learn as much as we can about pain and its treatment and to apply that knowledge aggressively.
- The use of “Pain as the 5<sup>th</sup> Vital Sign” has been widely misinterpreted. There is nothing in the JCAHO standards that require its adoption in any setting. The 5<sup>th</sup> vital sign approach is useful to the extent that it helps to make pain “visible:” when pain assessment appears on a vital sign sheet it is easily accessible and less often missed. It is also a reminder to clinicians to assess pain on a regular basis, and it standardizes the language of pain, improving consistency in approaches to pain management. However, it is impractical in many settings to use the vital signs model beyond having a centralized and standardized assessment process. To interpret 5<sup>th</sup> vital sign as requiring pain assessment each time vital signs are taken may not be clinically appropriate, and may even lead to delays in adequate pain management when pain assessment should be done more frequently than vital signs.

### MGH and the JCAHO Pain Standards

- MGH has added new language about pain to its patient rights statement: “You have the right to expect evaluation and treatment of pain.” In addition, the “Pledge to Patients” posters, first displayed in the hospital in 2000, have been reprinted and will be distributed shortly. An expanded version of the [Pledge](#) is available on the PainRelief web site.
- Patient education about pain is available through
  - the [Blum Patient and Family Learning Center](#)
  - the [Cancer Resource Room](#)
  - [The Hopes Program](#) in the Cancer Center
  - Patient Education Channel (for MGH inpatients)
  - “[What You Need to Know About Pain: A Guide for Patient and Families;](#)” available through Standard Register, Item # 84023
  - “[Helping Your Child Cope with Pain;](#)” available through Standard Register, Item # 83230
  - department, unit, and procedure-specific patient teaching guides
  - nurses, physicians, pharmacists, physical therapists, and occupational therapists
- Professional education is available through
  - new clinician orientation programs
  - periodic inservices, rounds, special lectures, Patient Care Services’ annual competencies manual
  - [PainRelief](#) web site

---

### **MGH Cares About Pain Relief • Supported by a Grant from the Mayday Fund**

Massachusetts General Hospital • Founders 606 • 55 Fruit Street • Boston, MA 02114  
 617-726-0746 (Phone) • 617-724-8693 (Fax) • [PainRelief@Partners.org](mailto:PainRelief@Partners.org) • <http://www.MassGeneral.org/PainRelief>

To be added to or removed from the <i>Pain Relief Connection</i> mailing list, send an email to <a href="mailto:PainRelief@Partners.org">PainRelief@Partners.org</a>
--

- Pain Relief Champions annual multidisciplinary course
- [Pain Relief Connection](#) newsletter
- Pain assessment and documentation
  - the intake nursing assessment includes a pain assessment
  - the standard MGH flow sheet includes an area to document pain intensity and character
  - the LMR includes a pain assessment documentation area
  - MassGeneral Hospital *for* Children has adopted 4 age-appropriate pain assessment instruments
  - some inpatient units have adopted specific pain assessment instruments
- Significant challenges remain in meeting the JCAHO pain standards. In October 2002 a consultant team conducted a “mock survey” based on the JCAHO standards. In their report they stated that
  - there is no organizational standard for pain assessment
  - “practice is less than standardized”
  - even when pain is present it may not be incorporated in the plan of care
  - pain is not documented consistently in outpatient areas—“should become an organizational priority”

### The work ahead

One of the major obstacles to routine optimal pain management (and, by extension, to meeting the JCAHO pain standards) is a lack of consistency in methods of assessment and documentation. In spite of the addition of a standard pain assessment scale to flow sheets or vital sign sheets on most MGH units, use of this tool is quite variable. There are nurses who don’t know it is there, some forget to use it, and others are unaware that there is a standard that requires assessment of pain in all patients in all settings. Reasons for administration of PRN analgesics, as well as response to analgesics and other interventions, too often remain undocumented.

There is no stated institutional commitment to pain management, nor any policies that directly address it. Few units have their own standards. Education about pain and pain management among clinicians continues to lag well behind the knowledge available. Misconceptions about pain and pain medication, especially opioids, continue to be barriers for clinicians and patients alike. Multidisciplinary collaboration in pain management remains spotty, at best.

On the brighter side, institution-wide projects are under way to address specific deficits. In addition, many units are beginning to look at aspects of knowledge and practice that have an impact on pain assessment and management. With active support at the institutional level, these “local” projects can have an incremental but ultimately substantial positive impact on how pain is addressed at Mass General.

URL notes: **Hold your cursor over the link for a second to see the URL.** If you are reading this in hard copy, the links are:

Mayday Fund: <http://www.painandhealth.org/mayday/mayday-home.html>

Past issues of *Pain Relief Connection*: [http://www.massgeneral.org/painrelief/Newsletter/mghpain\\_connection.htm](http://www.massgeneral.org/painrelief/Newsletter/mghpain_connection.htm)

PainRelief web site: [http://www.massgeneral.org/painrelief/mghpain\\_home.htm](http://www.massgeneral.org/painrelief/mghpain_home.htm)

Blum Patient and Family Learning Center: <http://www.mgh.harvard.edu/depts/pflc>

Cancer Resource Room: <http://cancer.mgh.harvard.edu/Resources>

The Hopes Program: [http://cancer.mgh.harvard.edu/Resources/cancer\\_ptsupportedu\\_hopes.htm](http://cancer.mgh.harvard.edu/Resources/cancer_ptsupportedu_hopes.htm)

“Pledge to Patients” [http://www.massgeneral.org/painrelief/mghpain\\_pledge.htm](http://www.massgeneral.org/painrelief/mghpain_pledge.htm)

“Helping Your Child Cope with Pain”

[http://www.massgeneral.org/depts/mghfc/mghfc\\_familyhealtheducation\\_materials\\_pain.htm](http://www.massgeneral.org/depts/mghfc/mghfc_familyhealtheducation_materials_pain.htm)

“What You Need to Know About Pain” [http://www.massgeneral.org/painrelief/mghpain\\_guide.htm](http://www.massgeneral.org/painrelief/mghpain_guide.htm)

---

**MGH Cares About Pain Relief • Supported by a Grant from the Mayday Fund**

Massachusetts General Hospital • Founders 606 • 55 Fruit Street • Boston, MA 02114

617-726-0746 (Phone) • 617-724-8693 (Fax) • [PainRelief@Partners.org](mailto:PainRelief@Partners.org) • <http://www.MassGeneral.org/PainRelief>

To be added to or removed from the *Pain Relief Connection* mailing list, send an email to [PainRelief@Partners.org](mailto:PainRelief@Partners.org)