Yale NewHaven Health

Classification: Patient Care	YALE NEW HAVEN HEALTH POLICY & PROCEDURES	
Title: Pain Assessment and Management		
Date Approved: 2/25/2019	**Approved by: System Quality Committee**	
Date Effective: 11/13/2019		**Date Reviewed/Revised:** NEW
Distribution: MCN Ellucid		**Policy Type (I or II): Type 1**
Supersedes: BH: Pain Assessment and Management GH: Pain Assessment and Management GH: Patient Controlled Analgesia (PCA) L+M: Patient Controlled Analgesia L+M: Pain Management L+M: Pain Assessment L+M: Management of Newborns on LDRP WH: Pain Management WH: Patient Controlled Analgesia YNHH: Clinical Practice Manual, Pain Assessment and Management YNHH: Subcutaneous Patient Controlled Analgesia via CADD pump YNHH: Neonatal policy – "Pain Assessment and Management in the High Risk Infant, rev. 3/16.		

PURPOSE

To provide guidance for the care of the patients at risk or experiencing pain in the inpatient or hospital-based ambulatory settings (including emergency services).

APPLICABILITY

This policy applies to each licensed hospital affiliated with Yale New Haven Health System (YNHHS), including Bridgeport Hospital, Greenwich Hospital, Lawrence + Memorial Hospital, Westerly Hospital, Yale New Haven Hospital and any other hospital that may affiliate with YNHHS from time to time.

DEFINITIONS

Self-Reporting Pain Assessment Scale: A pain assessment scale that is completed by the patient

Behavioral Pain Assessment Scale: A pain assessment scale that is used when the patient unable to self-report and is completed by the clinician based on observed patient behaviors.

Functional Assessment: An assessment of the patient's ability to perform normal daily activities required to meet basic needs (e.g. nutrition, hygiene, sleep, activity), fulfill usual roles (e.g. employment, parent, caregiver), and maintain health and well-being.

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POLICY

Pain Screen/Assessment

1. Pain screen/assessment:
    a. Inpatients are screened/assessed for pain upon admission.
    b. Emergency Department patients are screened/assessed for pain upon presentation.
    c. Outpatients and ambulatory care patients are screened/assessed for pain at the each visit and when needed. Exceptions to this policy statement include nurse encounters, phlebotomy, and standard diagnostic imaging tests. A clinician conducts a pain screening/assessment that is consistent with the scope of care, treatment, and services and the patient's condition. Pain assessment/reassessment, interventions, education, and outcomes of pain management are documented in the medical record.

2. Pain is reassessed and documented with change of status, as clinically relevant, and after any intervention.

3. If at the time of reassessment the patient is sleeping, the patient is not awoken.
    a. Sleeping is documented as an observation.
    b. Reassessment occurs with the next encounter when patient is awake.

4. If patient is off the unit when due to have a pain level assessed, staff documents that patient is off the unit, and they obtain and document a pain level when the patient returns.

5. Pain is evaluated using a validated assessment scale that is clinically and developmentally appropriate (see table below), in conjunction with a functional assessment. Once an appropriate pain assessment scale is selected, that assessment scale is used consistently throughout the remainder of the patient encounter, unless a change in the patient's condition warrants a new pain assessment scale.

Assessment Scale	Patient Population	Method
Numeric Pain Intensity Scale (PIS)	- Adults - Children > 6 years	Self-reporting
Word Scale	All	Self-reporting
Wong-Baker FACES	All	Self-reporting
Laboring Pain Intensity Scale	Adult patient in labor	Self-reporting
Neonatal Infant Pain Scale (NIPS)	Infants 0-1 year	Behavioral
Neonatal pain, agitation, sedation scale (N-PASS)	Neonates (23-40 weeks gestation) and neonatal critical care patients	Behavioral

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Face, Legs, Activity, Crying, Consolability (FLACC)	- Infants > 28 days - Children	Behavioral
Critical Care Pain Observation Tool (CPOT)	- Adult Critical Care mechanically ventilated patients	Behavioral
Pain Assessment in Advanced Dementia (PAINAD)	- Adult dementia (moderate to severe) patients - Adult non-verbal patients	Behavioral
Assumed Pain Present (APP)	All non-verbal patients who do not qualify for other behavioral pain assessment scales.	Behavioral

Pain Management

1. Pain is managed through an individualized, multidisciplinary multimodal approach using pharmacological and non-pharmacologic modalities. Functional assessments will also be completed when evaluating the patient's pain.

2. An acceptable pain goal is determined in collaboration with the patient and family, unless not possible due to clinical circumstances or developmental condition.

3. An individualized pain management plan is established by the healthcare team based on the pain goal established by patient and team.

4. Prior to and after administration of opioid doses, patients are screened/assessed for level of sedation using one of the following sedation scales:
    - Adults:
        - Pasero Opioid-Induced Sedation Scale (POSS)
        - Richmond Agitation Sedation Scale (RASS)
    - Pediatric:
        - State Behavioral Scale (SBS) for intubated children
        - Arousability EPIC drop down screen to assess for LOC

5. Evaluation of pain is appropriate to patient condition and treatment and may include:
    - Presence of pain
    - Acute or chronic
    - Location
    - Intensity (current pain score and score when pain is at worse and at best)
    - Establish goals and review of established goals

- Words used to describe pain
- Alleviating/aggravating factors
- Efficacy of pain management strategies
- Functional assessment
- Side effects of pain
- Side effects of treatment

6. Patient Education:
   a) Patients and family are educated about pain and pain relief modalities
   b) Clinicians inform patients and families/significant others that effective pain relief is an important part of their care; that their communication of unrelieved pain is essential; and healthcare professionals respond accordingly
   c) Patients and their families are actively involved in pain assessment and the selection of treatment options.
   d) Education about pain management is sensitive to the cultural, religious, literacy, and developmental needs of patients.
   e) Patient education materials regarding pain management is made available to patients/families. Inform patient/family of additional hospital resources that may include:
      - Palliative Care Providers
      - Adult or Pediatric Pain Service
      - Sickle Cell Team
      - Child Life Services
      - Reiki Therapy Practitioner
      - Healing Touch

7. Patient Controlled Analgesia (PCA) is used in patients who demonstrate they have the physical and cognitive ability to operate the PCA button. Nurse-controlled analgesia may be ordered in children's settings when clinically appropriate. Families and caregivers use of the PCA button is not condoned. In such cases where it is suspected or witnessed, the provider is contacted and considers discontinuing the PCA order as clinically appropriate. PCA use is suspended with provider orders if no MRI-compatible device or set-up is available.

8. Staff reviews with patient prior to discharge the interventions used and their efficacy and provide specific discharge instructions regarding pain and symptom management. Also education will include how to dispose of opioids that are not used.

REFERENCES

Pasero C, Quinlan-Colwell A, et al. (2016). Prescribing and Administering Opioid Doses Based Solely on Pain Intensity: A Position Statement by the American Society for Pain Management Nursing. 17 (3): 1-27.

Pasero, C. & McCaffery, M. (2011). *Pain assessment and pharmacological management.* St. Louis, MO: Mosby, Inc.

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The Joint Commission (10/2018):

- LD.04.03.13
- PC.01.02.07