

Providence Hospital  
6801 Airport Blvd  
Mobile, AL 36608

**PROVIDENCE HOSPITAL  
POLICY &  
PROCEDURE MANUALS**

**PATIENT CARE MANUAL**

**SECTION: NURSING SERVICES  
SUBJECT: PAIN MANAGEMENT  
POLICY**

POLICY

The relief of pain and suffering is integral to the mission of Providence Hospital. The goal of pain management is to relieve the physical and psychological symptoms associated with pain while maintaining the patient's level of function. The relief of pain is also associated with the treatment of the side effects associated with analgesia.

Multidisciplinary team members screen/assess patients for pain on admission and at regular intervals. Interventions may include non-pharmacological measures to relieve or reduce pain and pain medication administration according to the physician's orders. The patient's pain is reassessed as appropriate following interventions and changes initiated to treat the pain.

Upon physician order:

RNs and LPNs administer oral (or per gastric tube), rectal, transdermal, subcutaneous, and intramuscular pain medications.

RNs administer IVP pain medications and continuous narcotic infusions.

RNs who have completed the epidural pain management class may administer opioids via an epidural catheter as defined in the related Epidural infusion/intermittent dosing policies.

Nebulized medications are administered per qualified respiratory care personnel.

Phonophoresis and iontophoresis therapy is administered by qualified rehab services personnel.

DEFINITION

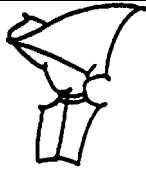
Pain is an uncomfortable sensory and emotional experience caused by actual or potential tissue damage and exists whenever the experiencing person says it does. Suffering and pain are different. Suffering is a state of severe distress that may or may not involve physiologic pain.

PROCEDURE

A. Pain Assessment

The effective treatment of pain is contingent upon appropriate pain assessment. The features of pain assessment include:

1. The patient's self-report should be utilized whenever possible. The patient is the best judge of the intensity and relief of pain.
2. Patients should be screened for pain and assessed as appropriate on initial admission to the hospital or other setting. Pain assessment may include current pain level, location, duration and frequency of the pain, symptoms and effects of the pain, what makes the pain worse and what makes the pain better.
3. Ongoing pain assessment is necessary to evaluate the changing nature of pain as well as the effectiveness of pain interventions. For inpatients, the presence or absence of pain is assessed by the nurse with each patient assignment change or at a minimum of every 12 hours. Pain is assessed at the time of each pain intervention. Reassessment following intervention is performed to determine the effectiveness of the intervention. Pain is also assessed in the outpatient setting with each visit.



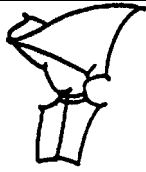
Providence Hospital  
6801 Airport Blvd  
Mobile, AL 36608

**PROVIDENCE HOSPITAL  
POLICY &  
PROCEDURE MANUALS**

**PATIENT CARE MANUAL**

**SECTION: NURSING SERVICES  
SUBJECT: PAIN MANAGEMENT  
POLICY**

4. Pain should be assessed by physicians, nurses and by other health care professionals providing direct care to the patient. Assessments of pain should be communicated using a patient self-report (verbal report using the 0-10 pain scale) whenever possible. Other pain rating tools are available for children. When the patient is unable to provide a verbal report of pain intensity (i.e., infants, nonverbal/non-communicating, or cognitively impaired patients, etc.) a behavior pain assessment using discomfort indicators is used.
  5. Pain is reassessed following interventions for pain. Reassessments shall be performed within one hour or less of the intervention. Time intervals are based upon the intervention (example: for analgesics - analgesic route of administration, onset of action, and peak effect must be considered.) It is the responsibility of the clinician performing the intervention to determine reassessment time intervals.
  6. "Range" orders may contain a prescribed range for either the dose and/or the dosing time interval.
    - a. Dose range orders should include a minimum and maximum dose.
    - b. Dose range orders should be followed utilizing the lowest dosage for initial administration, or administered based on history or assessed patient response. If clinical symptoms continue or return before the next scheduled dose, the medication may be administered in a higher dose.
    - c. Pain Management: A higher dose within the prescribed range may be administered initially, if the pain assessment indicates the patient is experiencing severe pain (levels 7 to 10), or administered based on history or assessed patient response.
    - d. Dosing time interval range orders will be interpreted as the minimum time interval. [i.e. A Q(4to 6) H PRN order will be interpreted as Q4 H PRN order.]
- B. Pharmacologic Management of Pain**  
In order to achieve optimum pharmacologic management of pain, consistent care is needed. Physicians are contacted when the patient does not reach an acceptable level of pain control. Adjustments in the pain treatment plan are implemented as ordered by the physician.
- The following are related pain management policies:
1. Patient Controlled Analgesia (PCA) – IV - Nursing Division Policy 5.01.212
  2. Epidural/Pain Management: Intermittent Dosing Nursing Division Policy 5.01.240B
  3. Epidural Infusion:Continuous Nursing Division Policy 5.01.240C
- C. Non-Drug Interventions**  
The relief of pain includes both pharmacologic and non-pharmacologic interventions for pain. Some of these non-pharmacologic interventions are heat, cold, positioning and relaxation. These non-pharmacologic interventions are used as adjuncts to medications. These interventions assist the patient to feel more in control and often add to the effectiveness of the pharmacologic regimen.
1. Non-pharmacologic interventions may be provided by various members of the multidisciplinary team including nursing, physical therapy, occupational therapy, social work, pastoral care, etc.
  2. Reassessment following non-pharmacologic interventions is an important part of the therapy.
- D. Education**  
The adequate management of pain is contingent upon knowledge and attitudes of health care providers on the multidisciplinary team and the patient. Recommendations for education include:
1. Medical staff – the medical staff should be familiar with current pain management approaches and



Providence Hospital  
6801 Airport Blvd  
Mobile, AL 36608

**PROVIDENCE HOSPITAL  
POLICY &  
PROCEDURE MANUALS**

**PATIENT CARE MANUAL**

**SECTION: NURSING SERVICES  
SUBJECT: PAIN MANAGEMENT  
POLICY**

- resources available to assist.
2. Nursing – nursing staff should be familiar with pain assessment components, available resources and be provided with pain management education opportunities on an annual basis.
  3. Other disciplines – all are encouraged to be involved in pain management education efforts and familiar with available resources.
  4. Patients – It is essential that patients have appropriate information regarding their right to pain management and their pain treatment plan. Written information about pain management is provided to patients/families when appropriate. Patients and families are educated about available pain relief measures and the need to report pain to the health care provider. When appropriate, patients are instructed in the use of pain medication delivery devices. Pain education is reinforced over time by the various health care providers. Information about pain management following discharge is provided as appropriate for the individual patient.

DOCUMENTATION

- A. Incorporate pain plan into the Nursing Care Plan/Clinical Pathway
- B. Document pain assessment, intervention, reassessment
- C. Document pain medication administration on the MAR

Developed: August, 1993  
Revised: August, 2002  
Revised: April 2005  
Revised: October 2005