

Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: INTERDISCIPLINARY PAIN MANAGEMENT

Policy No.: B816

Supersedes: February 26, 2018 Revision Date: February 15, 2023

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PURPOSE:

To safely improve pain control in a multidisciplinary, evidence-based manner to improve the quality of life for our patients including:

- 1. Relief from physical and psychological suffering.
- 2. Preservation or restoration of function.
- 3. Reducing inappropriate use of opioids
- 4. Increasing the use of adjunctive pain medications.
- 5. Increasing the use of non-pharmacological modalities of pain control.

POLICIES:

- I. Pain Management process is an ongoing interdisciplinary process graphically represented on the attached flow chart.
- II. The process to ensure successful pain management for all patients includes:
 - a. Adequate and timely patient assessment for pain.
 - b. An individualized, interdisciplinary, assessment-based pain management care plan
 - c. The patient's involvement in selecting and evaluating appropriate intervention strategies.
 - d. Ongoing evaluation of individual patient's plans of care for efficacy and efficiency.
 - e. Monitoring and evaluating the appropriateness and effectiveness of:
 - 1. Medical center systems related to pain management.
 - 2. Service-specific pain management care plan and processes.

III. Assessment

- a. It is the responsibility of appropriate clinical staff to:
 - 1. Assess and periodically reassess each patient for pain and relief from pain, including the intensity and quality of the pain and responses to treatment.
 - 2. Document the assessment and patient responses and justification for changes to plan.
- b. Clinical departments will adopt the following standards:

EFFECTIVE DATE: May 10, 2002 COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

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1. Adequate and appropriate pain assessment and documentation as part of the initial history and physical, database, or clinical evaluation of all patients.

2. Adequate reassessment and documentation parameters are established for each patient under their care.

IV. Interventions

- a. All efforts will be made to continue an established pain management care plan for patients when admitted.
- b. Patients identified with pain greater or equal to 4 on a 0-10 scale (or its equivalent on other approved scales) on a consistent or frequent basis or whose pain interferes with progress towards goals will have an Interdisciplinary Care Plan (ICP) initiated. (See Administrative Policy Interdisciplinary Care Plan System and Flow Sheet #B823 for specifics.)
- c. The Pain Management care plan will consist of appropriate interventions, including:
 - 1. Drug and non-drug therapies.
 - 2. Patient education regarding the patient or family's role in managing pain, as well as the potential limitations and side effects of pain management treatments.
 - 3. Discharge planning for continuity of care of pain management care plan.
- V. Evaluation of the individual pain management care plan will consist of:
 - a. Ongoing pain assessment by all relevant disciplines.
 - b. Monitoring specific parameters and goals identified on the Pain ICP, as applicable.
 - c. Monitoring for and appropriately responding to side effects of pain management treatments.

VI. Monitoring for Compliance and Performance Improvement

a. On a regular basis quality indicators will be monitored to determine the efficacy of individual pain management techniques or overall pain management care plan.

VII. Pain Assessment Tools

- a. Visual Analog Scale (VAS)
 - 1. A numeric pain assessment tool, in which patients are asked to verbally rate their current pain intensity from 0 ("no pain") to 10 ("worst possible pain"). The NRS is used for population greater than 5 years of age.

b. Oucher Scale

1. A visual pain assessment tool featuring images of facial expressions to help the patient describe the intensity or severity of pain. In Oucher Scale each facial expression consists of a numerical score which correlates to a pain intensity on a scale of 0-10. The Oucher Scale is used for population greater the 5 years of age when the VAS is not appropriate.

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- c. Face, Legs, Activity, Cry and Consolability (FLACC) Scale:
 - 1. A behavioral scale used to quantify pain by using five categories: Face, Legs, Activity, Cry and Consolability. It is used for scoring pain in (a) children up to 5 years (b) patients who are developmentally delayed.
- d. Critical Care Pain Observation Tool (CPOT) Scale:
 - 1. A behavioral scale used to quantify pain by using four behavioral categories: Facial Expression, Body movements, Muscle tension and Compliance with the ventilator or Vocalization of the non-intubated patients. It is used for adult patients who are unable to communicate verbally secondary to mechanical ventilation, sedation, and changes in level of consciousness in or outside the ICU.
- e. Assumed Pain Present (APP)
 - 1. APP is a culmination of a pain assessment of a nonverbal patient, usually when there is no appropriate behavioral "assessment instrument to quantify behaviors systematically." (Quinn, 2006). It is used for patients who are in a vegetative state who can't elicit any behavior due to traumatic brain injury, pharmacologically induced coma or those receiving neuromuscular blockers for disease management. Pain is assumed to be present in these patients. Analgesics will be administered when clinically indicated.

REFERENCES:

U.S. Department of Health and Human Services Agency for Health Care Policy and Research. (1992) Clinical Practice Guideline: Acute Pain Management: Operative or Medical Procedures and Trauma. Retrieved from http://archive.ahrq.gov/clinic/medtep/acute.htm on February 7, 2014.

McCaffery, M. & Pasero, C. (1999) Pain: Clinical Manual 2nd Ed., Mosby, St. Louis. The Joint Commission. (2012). PC.01.02.07. The hospital assesses and manages the patient's pain. In: Provision of Care, Treatment and Services. Retrieved from https://e-edition.jcinc.com/MainContent.aspx.

American Pain Society (2008) Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain, 6th Ed., American Pain Society, Glenview, IL.

DHS Policies and Procedures, DHS Pain Assessment Tool Policy; No 311.102, June 1, 2013.

Quin, T. E. (2006). Appropriate use of "Assumed Pain Present" (APP) and the analgesic trial in practice and documentation. Retrieved from http://www2.massgeneral.org/painrelief/use of app.pdf.

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