

LOS ANGELES GENERAL MEDICAL CENTER DEPARTMENT OF NURSING SERVICES POLICY

Page 1 Of 4

Subject: PAIN MANAGEMENT		Original Issue Date: 8/91	Policy # 800
		Supersedes: 7/23	Effective Date: 10/23
Departments Consulted: Pain Resource	Reviewed & Approved by: Professional Practice Committee Nurse Executive Council Attending Staff Association Executive Committee		Approved by: (signature on file) Nancy Blake Chief Nursing Officer

PURPOSE

To describe the Los Angeles General Medical Center nursing approach for pain management consistent with State laws and appropriate standards issued by the Joint Commission.

POLICY

Every patient is assessed and treated for pain and other related symptoms. This includes evaluation and documentation of the efficacy of pharmacological and non-pharmacological interventions.

Pain Scales

The following pain scales approved for use in the Medical Center are:

- **Wong-Baker FACES Scale:** A visual pain assessment tool featuring images of facial expressions to help the patient describe the intensity of severity of pain. Each facial expression consists of a numerical score which correlates to a pain intensity on a scale of 0 to 10, with zero (0) being no pain and ten (10) being the worst possible pain. The scale is used for populations greater than 5 years of age.
- **Face, Legs, Activity, Cry, and Consolability (FLACC Scale):** A behavioral scale used to quantify pain by using five categories: face, Legs, Activity, Cry, and Consolability. Each category is scored on a 0-2 scale which results in a total score of 0-10, with zero (0) being no pain and ten (10) being the worst possible pain. The tool is used for scoring pain in children up to 5 years of age, patients who are developmentally delayed, patients who have difficulty understanding a NRS and/or Wong-Baker faces Scale who are greater than 5 years of age, and patients who may not be able to verbalize the presence/severity of pain or are non-communicative.
- **N-PASS (Neonatal Pain Agitation and Sedation Scale):** Used to evaluate the presence of pain in newborns to 100- day old infants. Pain should be presumed in neonates/infants in all situations that are usually painful for adults and children, and treatment should be used if there is any possibility of pain. This pain scale is documented as 0 to 10 or 11. If the patient is greater than or equal to 30 weeks gestation, pain intensity is rated on a scale of 0-10,

Subject: PAIN MANAGEMENT	Effective Date: 10/23	Policy # 800
	Initials: (signature on file)	

with zero (0) being no pain and ten (10) being the worst possible pain. If the patient is less than 30 weeks gestation/corrected age, pain intensity is rated on a scale of 0-11, with zero (0) being no pain and ten (11) being the worst possible pain.

- Numerical Rating Scale (NRS): A numeric pain assessment tool in which patients are asked to verbally rate their current pain intensity on a scale of 0 to 10, with zero (0) being in no pain and ten (10) being the worst possible pain. The NRS is used for patients greater than 5 years of age.
- Critical-Care Pain Observation Tool (CPOT): A behavioral scale used to quantify pain by using four categories: facial expression, body movements, muscle tension, and compliance with the ventilator or vocalization of the extubated patient. Each behavior is rated from 0 to 2, which results in a total score of 0 to 8. Presence of pain is suspected when the CPOT score is greater than 2 or when the CPOT score increases by 2 or more. It is used for adult patients who are unable to communicate verbally secondary to mechanical ventilation, sedation, and changes in level of consciousness.
- Assumed Pain Present (APP): APP is the culmination of a pain assessment of a nonverbal patient, “usually when there is no appropriate behavioral assessment instrument to quantify behaviors systematically.” (Quinn, 2006). This includes patients who are unresponsive due to traumatic brain injury, pharmacologically induced coma or neuromuscular blockade. Pain is assumed to be present in these patients. Analgesics will be administered when clinically indicated.

PROCEDURE

- Patients will be screened for the presence or absence of pain upon admission or initial contact in the ambulatory care setting utilizing one of the above mentioned pain scales. If pain is present, it will be assessed and treated per the Pain clinical standard.
- In the in-patient setting, patients will be reassessed a minimum of every eight hours. The same tool will be used throughout the 24 -hour day unless warranted by patient condition.
- Reassess pain level less than 1 hour after intervention or as clinically indicated.
- In the in-patient setting, the nurse will initiate the “Pain” Plan of Care for any patient reporting pain during the assessment/reassessment.
- In the ambulatory care setting, reassessment is conducted when warranted by patient’s condition at clinic visit.
- In the ambulatory care setting, pain is addressed in the visit summary, if indicated.

Subject: PAIN MANAGEMENT	Effective Date: 10/23	Policy # 800
	Initials: (signature on file)	

- The patient’s self-report of pain shall be considered the single most valuable indicator of pain.
- PRN Medications:
If criteria for administration of prn medications are not indicated, contact the provider.
- If applicable, education will be provided by the provider regarding dependency, addiction, and abuse of medications.

Patient Education

- Each patient and/or family member will be taught that the goal of pain management is prevention (when possible) and that early intervention in the course of pain is important.
- Patients will be encouraged to initiate interventions early, including asking for analgesic medications and the use of non-pharmacological interventions prior to waiting until pain is severe.
- Each patient and/or family member will be taught the use of the appropriate rating scale to report his or her pain.

Pain Management at Discharge

- If applicable, upon discharge, patient will be informed if he/she experiences uncontrolled pain to contact provider or if necessary access the emergency department.

REFERENCE

California Health and Safety Code, Section 1254.7
 Joint Commission Standards (Patient Rights and Organization Ethics, Patient Assessment, Patient Care, Education, and Continuum of Care)
 Los Angeles County Department of Health Services Policy #311.102 “DHS Pain Assessment Tool Policy”
 Los Angeles General Medical Center Policy #803
 Los Angeles General Medical Center Policy #900

Safe Medication administration practices, general. Lippincott Procedures. May 2023.
[https://procedures.lww.com/lnp/view.do?pld=6605414&hits=administration%2Cmedication%2Cpain%2Cmedications&a=true&ad=false&q=pain+medication+administration?subject=safe medication administration practices](https://procedures.lww.com/lnp/view.do?pld=6605414&hits=administration%2Cmedication%2Cpain%2Cmedications&a=true&ad=false&q=pain+medication+administration?subject=safe%20medication%20administration%20practices)

Pain management. Lippincott Procedures, May 2023.

Subject: PAIN MANAGEMENT	Effective Date: 10/23	Policy # 800
	Initials: (signature on file)	

<https://procedures.lww.com/lnp/view.do?pld=6605508&hits=painful,management,pain&a=true&ad=false&q=pain%20management>

REVISION DATES

1992, 1993, 1995, 1996, 04/98, 03/02, 11/04, 5/05, 07/05, 7/19/05, 6/06, 6/08, 9/08, 3/14, 08/16, 07/19, 04/22, 07/23, 10/23