AMBULATORY CARE NETWORK

HIGH DESERT HEALTH SYSTEM

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

Department of Nursing
POLICY AND PROCEDURE

POLICY NUMBER: 262
VERSION: 1

SUBJECT: PAIN ASSESSMENT

PURPOSE: To provide guidelines for pain assessment, reassessment and documentation.

POLICY: All patients receiving care at High Desert Health System (HDHS) Clinics will be screened for pain**.** Pain assessments and reassessment, appropriate to the patient's age and/or ability to rate pain, will be performed and documented in the patient's medical record.

PROCEDURE:

A. Screening – patients receiving care at HDHS clinics will be screened for pain, the fifth vital sign, at each visit by responding either "yes" or "no" when asked about the existence of pain.

B. When pain is present, a detailed pain assessment will be performed. Pain is whatever the patient says it is**.** Assessment shall be done using age-appropriate scales:

- Adult patients will be assessed using the 0-10 Numeric Rating Scale with 0 as "no pain" and 10 as "worst possible pain".
- Pediatric patients, as well as other patient populations unwilling to use the numerical scale, will be assessed using the Wong-Baker FACES Scale.
- Infant patients will be assessed using the FLACC Infant Pain Scale.

1. For patients who cannot verbally express pain, pain is defined by behaviors/physiologic parameters assessed by the healthcare member.

2. The answer provided by the patient will be documented in the appropriate section of the progress note.

3. Nursing will notify the provider of acute pain at a level not tolerable by the patient or the nurse feels that immediate pain relief is indicated.

4. Reassessment and documentation shall occur after each pain intervention, prior to the patient's discharge.

C. Assessment of pain, once identified by patient. The assessment of a reported pain will be performed utilizing the acronym PQRST:

1. P = Provokes
   a. What was the patient doing when the pain started?
   b. What causes it to increase?

2. Q = Quality
   a. What are the characteristics of the pain - sharp, dull, burning, crushing, stabbing, pins and needles, etc.?

3. R = Region/Radiation
   a. Where is the pain (have the patient point to the area)?
   b. Does the pain go anywhere else?

4. S = Severity/Associated Symptoms
   a. How severe is the pain?
   b. Rate the pain using the appropriate pain rating scale.
   c. Are there any associated symptoms?

5. T = Timing/Treatment
   a. When did the pain begin?
   b. Is the pattern constant or intermittent?
   c. Treatment prior to arrival and response?

D. Reassessment– Following treatment of pain, the following should occur:

1. Assess the result of the treatment, and, if indicated, ask the provider to adjust the therapy accordingly.

2. Provide the patient with realistic goals and expectations. A “pain-free” health care experience is not always realistic, but minimization of pain is a realistic goal.

E. Documentation

1. Document pain assessment, interventions, patient’s response, and instructions/education as indicated.

2. Document any medications administered for pain control, including drug name, dose, route, and time administered.

3. Reassessment of pain will be documented and include:
   a. Date/time of reassessment
   b. Location of pain
   c. Severity of pain
   d. Quality of pain
   e. Radiation of pain

F. Education Program

1. Patient and family education – when appropriate, patient and/or caregivers will be counseled by clinical health care personnel regarding the use of pain medication(s). Instructions regarding the use of non-pharmaceutical interventions for pain management will also be provided.

2. Staff education – to ensure the staff remains current regarding pain management practices, pain management education will be provided to all nursing staff involved in patient care during their initial orientation and as part of their annual training requirements.

REFERENCES:

2014 DHS Annual Nursing Ambulatory Care Network Competency Study Guide
DHS Pain Assessment Tool Policy #311.102
Provision of Care (PC.01.02.07)
Patient Rights Standards (RI.01.01.01)
Human Resources (HR.01.04.01 & HR.02.02.01)