UNIVERSITY OF MARYLAND MEDICAL CENTER POLICY AND PROCEDURE MANUAL	PAGE: 1 of 3	PROCEDURE NO: PROE-013
	EFFECTIVE DATE:	REVISION NO:
SUBJECT: Pain Management	FUNCTION:	

APPROVALS:

Final – Executive Vice President and Chief Operating Officer ______________________________

Concurrence: ____

1. **Purpose**

University of Maryland Medical Center (UMMC) recognizes a patient's right to pain relief and supports a multidisciplinary approach to pain assessment and management. The purpose of this policy is to establish standards for the assessment and management of pain.

2. **Scope**

This policy covers all personnel who provide care to patients in pain at University of Maryland Medical Center.

3. **Responsibility**

3.1 Physicians, patient care services staff, ancillary services personnel, consultants and other UMMC personnel involved in providing care to the patient are responsible for following this policy.

3.2 Patient care/department managers or supervisors and clinical department chairs are responsible for assuring their staffs are aware of the pain guidelines and that they adhere to this policy.

4. **Definitions**

4.1 Pain: is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Pain is always subjective, however patients without the ability to communicate may still experience pain. Pain has sensory, emotional, cognitive, spiritual, and behavioral components that are interrelated with environmental, developmental, sociocultural, and contextual factors.

4.2 Pain assessment: includes information from the patient/proxy about provoking factors, quality/characteristics, region/radiation, relieving factors, associated symptoms, timing, and pain scores obtained with a pain measurement tool. When movement/activity causes or is expected to cause pain, movement/activity pain scores are utilized.

4.3 Pain assessment/history: includes the information obtained from a pain assessment, the history of pain and its management and a history of analgesic use.

4.4 Pain screen: determines if pain is present or absent or if there is a recent history of pain by utilizing verbal acknowledgment of pain by a patient/proxy or utilizing a pain measurement tool.

4.5 Pain measurement tool: is a reliable, validated tool used to measure clinical pain intensity and approved for use by the Pain Management Committee.

5. **Establishing Competency**

5.1 Information about pain and its management is provided to health care providers during orientation and on an on-going basis.

5.2 Patient care services staff are to complete training about their role relative to pain and its management, demonstrate initial competency during their orientation period, revalidate competency in daily practice, and annually thereafter.

5.2.1 Nurse extenders and nursing assistants may use pain measurement tools to screen for pain after receiving training and assessing competency.

5.3 Licensed independent providers are required to:

5.3.1 Provide evidence of completing a continuing education offering about pain and its management.

5.4 Special training is provided for staff involved in the use of specialized analgesic techniques (ie., patient controlled analgesia, and analgesia via catheter technique {epidural/intrathecal analgesia}) (see PMT-001).

6. **Procedures**

6.1 The nurse extender, nursing assistant, or nurse screens the patient for pain as part of the patient's initial evaluation and on an ongoing basis, if relevant to the visit.

6.2 The nurse, physician or physician's assistant obtains a pain assessment/history when pain is present upon initial screening or upon the first report of pain, whichever comes first. If the initial pain screen is negative, but a later screen is positive and relevant to the visit, a pain assessment/history is obtained by the nurse or the physician at that time.

6.3 Pain measurement tools utilized are consistent with the patient's developmental and intellectual capacity. Patient self-report is utilized whenever possible.

6.3.1 If applicable, movement/activity related scores are obtained/reported and used to determine the need for intervention and to evaluate effectiveness.

6.3.2 For pain measurement tools that assess multiple dimensions of pain (ie., behavioral, physiologic, etc.), the patient's total score in relation to the tool's total score may be reported.

6.4 Patients receive prompt, effective management of their pain and any analgesic side effects if relevant to the visit. Pain management plans are individualized and include consideration of clinical condition, developmental, social, religious, and cultural concerns of the patient/family/proxy.

6.4.1 Pain scores unacceptable to the patient/proxy; or pain that interferes with function, activities of daily living, treatment, self- care, play or sleep are addressed appropriately.

6.4.2 When several pain screens/assessments met the criteria in 6.4.1, the pain management plan is reviewed and revised as needed by the multidisciplinary team.

6.4.3 Placebos are not used in the management of pain unless within the boundaries of a clinical research trial that includes informed consent.

6.4.4 A referral to a pain specialist is considered for patients with poorly controlled pain.

6.5 Pain is reassessed with new reports of pain, with procedures or activities that are expected to cause pain, and at appropriate intervals (ie., at time of peak analgesic effect) to evaluate the

effectiveness of pain management interventions). Reassessment after pharmacologic intervention includes assessing for the presence of analgesic side effects. Pre and post-analgesic pain scores are documented in the Medical Record.

6.6 Patients are educated about pain and its management. Including the patient's right to adequate pain management; the importance of pain management; the patient's and family's/proxy's role in pain assessment and management; pain management options/plan and limitations, when appropriate; possible side effects; and information to reduce barriers to effective pain management.

6.7 For patients with a Pain Service (APMS or PCA Service) consult:

6.7.1 analgesics and sedatives are ordered or approved by the Pain Service until Pain Service therapy is discontinued.

6.7.2 the decision to discontinue specialized therapy is made by the Pain Service in conjunction with the primary service. Orders to discontinue specialized analgesic therapy are written by the Pain Service. Notify the Pain Service prior to discontinuing therapy in order to provide safe and effective transition to alternate analgesic modalities.

6.8 When patients are moved to a different level of care or care site, continuing pain issues are addressed and the pain management plan is communicated.

6.9 Pain Management Committee analyzes data, plans, implement performance improvement in collaboration with Patient Care Services management and clinical leadership staff in accordance with the plan for improving organizational performance.

7. Related Policy (ies)

PROE-005, Patient Rights and Organizational Code of Ethical Behavior policy
COP-027, Palliative/Supportive Care policy
COP-015, Conscious Sedation policy
PMT-001, Management of the Patient Receiving Analgesia via Catheter Technique policy
PMT-003, Patient Controlled Analgesia (PCA) policy
MED-003, Medication Administration policy
MED-005, Controlled Substances policy