

BRAZOS VALLEY COMMUNITY ACTION AGENCY
Health Services

Policies and Procedures

Policy Subject/Title: Pain Assessment and Management

Applicability/Department: Brazos Valley Community Health Centers

Purpose: To ensure appropriate and adequate assessment of complaints of pain and the appropriate treatment of pain and pain syndromes with the goal of enabling the client to achieve as high a quality of life as possible.

Policy: It is the policy of Brazos Valley Community Health Centers that each client has a right to the appropriate screening, assessment and management of pain as stated in the *Patient and Center Rights and Responsibilities*.

Procedure:

- 1) Pain status is screened for and documented, along with other vital signs by the clinical staff when the client is placed in an exam room. All findings will be recorded in the client's medical record by the staff who obtained the data.
- 2) If the vital signs are not checked, the pain screen would not be performed unless the client reported experiencing pain or appeared to be in pain.
- 3) The screening process for the evaluation of pain may include the documentation of quotes from the client concerning the nature, quality, and location of the pain using a ten-point scale to reflect severity. The pain screening process is key to recognizing the presence of pain and seeing that proper assessment and management measures are taken.
- 4) If the screening reveals pain it will be assessed by a provider who develops the management plan or evaluates the effectiveness of the previous management plan. The client's report of pain is accepted as the key indicator of the amount of pain experienced. The pain assessment criteria include, but are not limited to, the client's clinical presentation, diagnostic testing, client interview, client past experience with pain and information from significant others.

Special attention and consideration is given to children and elderly clients regarding the appropriate management of pain.

- 5) The “Face Chart” or the “10-Point Numeric Pain Intensity Scale” should be used to assist clients to self-assess their perceived level of pain. In addition to these scales being used for the client’s subjective interpretation of their level of pain, the following criteria should be documented as they directly relate to complaints of pain: location, intensity, quality, onset, and duration.
- 6) The provider will provide client education that is related to the client’s pain problem and its management and will document this education in the medical record. This education includes, but is not limited to, the following: assessing and validating the client or significant others’ understanding regarding pain management options and the plan selected; providing time for questions, answers and discussion; explaining the 10-point numeric and visual pain rating scales; explaining any potential side effects or limitations posed by the proposed pain management plan.
- 7) The provider is responsible for prescribing controlled substances and dangerous drugs, as authorized by law, for the treatment and relief of pain, including intractable pain, in the usual course of professional practice for a legitimate medical purpose in compliance with applicable laws.
 - A) Narcotic prescriptions will be limited to a 30-day supply and a maximum of two (2) refills.
 - B) The provider must log all narcotic medications and refills onto the Medication List, just as is done with all other medications prescribed.
- 8) The clinic’s pharmacy at the Bryan, Texas location will be notified when a Pain Management Agreement is in effect by the submission of a form that includes the patient’s name, the patient’s medical record number, the date the agreement was signed and the medication that is involved in the Pain Management Agreement. The pharmacy will be sent this information any time the agreement is modified or a new one is initiated.
- 9) When a provider orders pain management for a client that extends past an initial 30-day period a Pain Contract must be completed with the client.
- 10) Clients will be instructed to have follow-up appointments at least every three months. If they do **not** keep these appointments at least every three months they will be in violation of their Pain Contract.
- 11) At each subsequent encounter after the patient has signed a Pain

Management contract the effectiveness of the regimen will be assessed by the provider.

- 12) The decision to discontinue pain management is made by the provider based on the client's progress and pain rating. The rationale for discontinuing the regimen is documented in the medical record.

Nurse Practitioners/Physician Assistants must consult their supervising physician if they feel it is appropriate to treat a patient for pain management for greater than 30 days.

- 13) If the client's pain management needs are beyond the capability of Brazos Valley Community Health Center's providers, the client may be referred to a pain management clinic or another provider.
- 14) The decision to discontinue pain management is made by the provider based on the client's progress and pain rating. The rationale is documented in the medical record.

ENCLOSURES:

"Face Chart"

"10-Point Numeric Pain Intensity Scale"

Document: Supporting Information Related to Screening for Pain, the Assessment of Pain and the Management of Pain

Guidelines for Pain Assessment

Texas State Board of Medical Examiners Rule 170.1-170.3 – Authority of Physician to Prescribe for the Treatment of Pain

Supporting Information Related to Screening for Pain, the Assessment of Pain and the Management of Pain

The client has a right to expect that his or her reports of pain will be believed, information concerning pain and pain management will be provided and that the staff and providers will be committed to pain prevention and management or referral for the same. The client is responsible for sharing information about his or her pain experience with the staff and provider, discuss options for management, work with the staff on the proposed pain management plan and to report on the effectiveness of the pain management plan.

If the screening for pain reveals pain, the assessment or reassessment of pain is by a provider who develops the management plan or evaluates the effectiveness of the previous management plan. If the client's pain management needs are beyond the capability of the provider who is responsible for the care of the client at the Community Health Clinic the client may be referred to a pain management clinic or another provider.

Communication with clients regarding their pain is an essential part of patient care. Client and caregiver education concerning pain management, including pain control techniques and medications, is also a part of patient care.

Providers will conduct the assessment of pain at the time of the encounter. The client's report of pain is accepted as the key indicator of the amount of pain experienced. The 10-Point Numeric Pain Intensity Scale and the Visual Pain Analogue Scales may be used to assess the client's perceived level of pain. The pain assessment criteria include, but are not limited to, the client's clinical presentation, diagnostic testing, client interview, client's past experience with pain and information from significant others. Consideration for appropriate management is given to the elderly and children. In addition to the pain scales mentioned above the staff will assess and document the client's pain according to: location, intensity, quality, onset, and duration. Furthermore, it is important for staff to consider the client's manner of expressing pain, activities that relieve pain and how pain affects sleep, appetite, physical activity, relationships, emotions and concentration.

Education for the client and significant others in their lives includes, but is not limited to: assessing and validating the client or significant others' understanding regarding pain management options and the plan selected; providing time for questions, answers and discussion; explaining the 10-point Numeric and Visual Pain Rating Scales; explaining any potential side effects or limitations posed by the proposed pain management plan.

The provider is responsible for prescribing controlled substances and dangerous drugs, as authorized by law, for the treatment and relief of pain, including intractable pain, in the usual course of professional practice for a legitimate medical purpose in compliance with applicable laws.

Pain management options may include the following:

- *Cognitive – behavioral interventions such as relaxation, meditation, and imagery to reduce pain and the amount of medication that may be needed.
- *Systematic administration of controlled substances (if authorized) or dangerous drugs or non-steroidal drugs (NSAIDs) on an “as needed” schedule or as prescribed.
- *Physical agents such as massage or application of heat or cold.
- *Transcutaneous electrical nerve stimulation (TENS), if available.

SUPPORTING DOCUMENTATION:

- 1) TSBME Rule 170 Authority of Physician to Prescribe for the Treatment of Pain
- 2) www.jcaho.org
- 3) www.ampainsoc.org
- 4) www.aapainmanage.org
- 5) www.ama-assn.org/ama/pub/category/2719/html

Guidelines for Pain Assessment

For the pain assessment use the 10-Point Pain Intensity and Visual Pain Analogue Scale to solicit the patient's report of severity of pain. While a client-reported pain scale is helpful in identifying the severity of pain, it is only one part of a complete pain assessment. To remember the other areas to cover keep in mind the mnemonic **PQRST**:

Precipitating/alleviating factors: What causes the pain? What aggravates or relieves it? For instance, does the leg hurt while walking but feels better with rest? Has any medication or treatment worked in the past?

Quality of pain: Ask the client to describe the pain using words like sharp, dull, stabbing, stinging and burning. Sharp, stinging pain often originates in the skin while an aching or burning pain suggests a deeper problem.

Radiation: Determine if the pain exists in only one location or if it radiates to other areas. A client who says his pain is localized in one area, for instance, may be suffering from arthritis. But someone who says it also radiates to the thigh, behind the knee and into the ankle may be suffering from a sciatic nerve condition.

Severity: Have the client use a descriptive, numeric, or visual scale to relay how bad the pain is. With the 0-10 scale, for instance, 0 indicates no pain and 10 means the worst possible pain imaginable.

Timing: Ask whether the pain is constant or intermittent, when it began and whether it pulsates or has some rhythmic pattern to it. Each of these characteristics suggests a different diagnosis and treatment.

Adapted from Strevy, Sonia R., "Myth & Facts About Pain," **RN**, February 1998, pages 42-45.