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Policy No:	2 PC 411	Effective Date: 05/01/05

OBJECTIVE

To provide safe and effective pain management to all patients

SCOPE

All direct and indirect patient care providers in inpatient and designated ambulatory settings at the Detroit Medical Center (DMC)

POLICY

1. All patients will be screened for the presence of pain. When pain is present, patients will have their pain assessed and managed. Pain management patient outcomes will be measured and evaluated.
2. All clinical staff is educated and competent in assessment and management of pain, within their scope of practice. Education regarding pain assessment and treatment is provided during the orientation of new clinical staff. Pain management is included in Annual Skills Validation for nursing staff. Non-clinical staff is educated during orientation to notify the nurse or physician if the patient complains of pain.
3. Patients receive instructions regarding pain management including how to contact the health care provider when needed. These instructions are provided verbally for all patients, and in a printed or electronic format when indicated.
4. Refer to DMC Pharmacy Website for information related to pain management for staff and patient education.
5. The “*Anesthesia Pain Service*”, where available, may be contacted for information related to pain management.

PROVISIONS

Clinical Care and Documentation

1. Pain will be initially screened and documented on the appropriate patient database. When pain is present, further assessment may include, but is not limited to onset, associated factors, intensity, quality, character, frequency, location and duration.
2. Pain assessment will be appropriate to patient’s age.
3. The Visual Analogue Scale (VAS) or other age appropriate scales will be used to measure patient’s pain intensity. The scale will be available for patient visualization when the pain score is measured.
4. The Pain Assessment Behavioral Scale (PABS) will be used to measure pain in adult patients who cannot give a self-report.
5. For inpatients, pain will be measured during activity and/or at rest and documented at least every 8 hours or whenever routine vital signs are assessed. If patient’s pain intensity measures 5 or above or the patient complains of unrelieved pain, intervention for pain management is indicated and documented in the medical record. Interventions are evaluated for appropriateness and effectiveness and revised as necessary.
6. The *Pain Management Flow Sheet* will be initiated and maintained for PCA, Epidural, Intrathecal, InterPleural, and Nerve Block analgesia and may be used for other pain management interventions as indicated.

Discharge Planning and Continuity of Care

1. The patient’s pain control regimen will be documented on the discharge instruction sheet. Documentation should include the name of the medication or treatment, dose, route, and frequency.
2. If this is a new analgesic regimen, the patient will also be given prescriptions.

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3. If the patient is to be sent home with Home Care Services, the pain control regimen will be documented on the Continuing Patient Care form, including medication or treatment, dose, route, and frequency. Include any additional information regarding the patient's pain management on the form.
4. If the patient is discharged to an Extended Care Facility or Rehabilitation facility, the pain control regimen will be documented on the Inter-Agency Transfer form, including medication, dose, route, and frequency.
5. In the event that a patient is to be discharged home on a pain control regimen and has no prescription coverage, the Indigent Medication Program may be accessed if indicated through appropriate services, to obtain pain medications for the patient.

Performance Improvement

Each site collects data related to pain management based on the priorities as outlined in the Organizational Performance Improvement Plan (OPIP) and follows the site plan for reporting and communication of performance improvement activities and outcomes. Each site is responsible for their quality improvement initiatives, analysis of data, and development and implementation of an action plan with improvement strategies.

Performance measures related to pain management include, but are not limited to:

- Effectiveness of how well pain is managed from the patient's prospective, and;
- Appropriateness of how pain is being managed.

Site Pain Management Responsibilities

Each hospital will have a Site Pain Committee or will address pain management objectives in an existing committee:

- The committee membership should be multidisciplinary.
- A comprehensive interdisciplinary approach is designed to continuously evaluate and improve short and long term appropriateness and effectiveness of pain management.
- Consultants may be brought in when a specific problem is identified.
- Establish a reporting mechanism within the institution.
- Anticipate how pain control initiatives may affect patients, clinicians, and others.
- Evaluate institutional data to make committee recommendations regarding pain management for appropriate and effective practice.

ADMINISTRATIVE RESPONSIBILITY

The Chief Nursing Officer has overall authority and responsibility for the administration of all policies, procedures, and guidelines related to patient care.

APPROVAL SIGNATURE

Patricia E Natale, RNC MSN, Chief Nursing Officer
Detroit Medical Center

Date

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