

Policy/Procedure

PAIN MANAGEMENT PROGRAM

Mission:

We are committed to help our residents manage their pain including the physical, psychological and spiritual aspects.

Purpose

To assure a comprehensive system of pain recognition and treatment for all residents.

Policy/Procedure

All residents are reviewed for signs of pain on admission and readmission, routinely with MDS assessments, when there is a change in condition or onset of new signs or symptoms that may indicate pain (Form A.2). Whenever possible, information regarding the resident's pain is obtained prior to admission to the facility. The resident's self-report of pain is the primary indicator of pain.

All staff members are trained to recognize signs pain or behaviors that may indicate pain and to report it to the nurse for analysis and action.

Residents who show signs or symptoms of pain are comprehensively assessed to determine the types and degrees of pain, onset, duration, quality, intensity, alleviating and aggravating factors (Form B.2).

Results of this assessment are communicated to the attending physician or nurse practitioner. This communication is documented in the resident record and may be documented on form E. Results are also communicated to members of the resident's interdisciplinary team.

In collaboration with the resident and/or family, a goal for pain management is established and a multidisciplinary plan is written to achieve that goal. Interventions to relieve or reduce pain are both medication and non-medication and follow the pain management pain protocol (Attachment 1). A Care Plan Template is maintained for suggested goals and interventions (Attachment 2). Interventions include a plan for follow-up, evaluation and reassessment short term and routinely and may include use of flow sheets when appropriate (Forms F & G).

The plan is communicated to caregivers via the care plan, medication and/or treatment administration records, assignment sheets, during shift report or as needed for effective completion.

Information regarding the pain plan of care is communicated to appropriate caregivers upon transfer or discharge.

Pain Protocol

A Pain Protocol has been developed and is consulted to assist in communicating with physician and in determining interventions that are appropriate to the type and severity of pain. The pain protocol includes both medication and non-medication approaches.

Resident and Family Education

Residents and families are educated on their rights and responsibilities regarding pain. This information is communicated on admission, at care conferences, via facility newsletters, brochures, and may be received at/by resident and family councils

Pain Management Team

This facility has a Pain Management Team (PMT) composed of the Pain Management Resource Nurse, selected nurse managers, representatives from Social Service and Therapeutic Recreation/Activities, Medical Director and Pharmaceutical Consultant and other disciplines as assigned. The pain team is responsible for the implementation of the pain management program in the facility. It reviews residents selected by the IDT's, Pain Management Resource Nurse or referred by physicians/nurse practitioners and makes recommendations to enhance pain management. The reviews are documented in the resident record. It conducts monthly random audits to determine compliance with the pain management program process and to monitor and evaluate outcomes. The PMT oversees a retrospective analysis of the med sheets and pain assessments on all residents and conducts staff, family and resident surveys to determine the effectiveness of the pain management program. The facility Medical Director also functions as a liaison with physicians who may not be current on pain management.

Pain Management Resource Nurse

The Pain Management Resource Nurse (PMRN) is an advocate for resident pain management has specialized knowledge, experience and/or credentials in pain management. The PMRN has primary responsibility for overseeing the pain management program in the home including serving as an expert resource, assessing staff learning needs, planning and implementing staff education in pain management.

Interdisciplinary Team

This facility has (an) Interdisciplinary Teams (IDT's). The IDT members are those who routinely attend care conferences. The IDT meets separately from care conferences and, in addition to other functions, has the responsibility to review all recent falls to determine if pain was a factor in the fall. The IDT analyses the med sheets and pain assessments on all residents and conducts staff, family and resident surveys to determine the effectiveness of the pain management program. The IDT also analyzes and plans interventions for any problematic areas identified in the surveys. In some facilities, all or some of these areas may be the responsibility of the Pain Management Team.

Social Service

Social Service observes for signs or symptoms of physical, psychological, emotional or spiritual pain during all resident interactions. Information regarding the facilities commitment to pain management is reviewed during the admission process. Interventions to reduce pain may include approaches unique to Social Service such as assessing for cognition or depression, [interventions unique to facility](#). As part of Social Services pre-care planning and MDS process, they

conduct resident surveys to determine resident status in the domains of comfort and satisfaction. Results of these surveys are brought to the IDT for analysis and intervention.

Therapeutic Recreation/Activities/Pastoral Care

The resident's recreation/activity and spiritual plan of care is determined with an awareness of the information obtained from the resident's pain assessment. The plan of care includes non-drug interventions to manage or minimize the residents physical, psychological, emotional of spiritual pain. These interventions may include but are not limited to: music therapy, pet therapy, relaxation, hand massage, prayer, religious services, visits, [interventions unique to facility.](#)

Housekeeping, Maintenance, Dietary, Medical Records

All staff that may come in contact with residents are trained in observing for nonverbal signs or symptoms of pain, understanding basic pain management principles and facilitating prompt intervention for resident pain. This training occurs during orientation and during annual mandatory inservices.

Specialized Rehabilitation Services

The physical, occupational and speech therapists administer interventions to reduce pain as ordered by the attending physician. Specialized therapy personnel are part of the care team and are included in the pain management plan of care as appropriate. Signs or symptoms of pain observed during therapy are communicated promptly to nursing for intervention. Residents receive routinely scheduled pain medication prior to their therapy if pain or discomfort is anticipated.

Facility and Staff Education

All direct care facility staff members are educated in recognizing verbal and nonverbal signs of pain and what they need to do to obtain prompt intervention. This education occurs during orientation and during annual mandatory education offerings for all staff. Other, more specialized education is offered both inside and outside of the facility for staff as needed to assure ongoing expertise.

Participation in resident pain management is an expectation of all staff and is included in job descriptions and performance appraisals.

Pain Resource Library

The facility maintains a library of resources easily accessible to staff for reference and education. This library includes books, periodicals, and articles appropriate for all levels of staff.