	CCMC Corporation		
	☑ Connecticut Children's Medical Center ☑ Connecticut Children's Specialty Group, Inc.	❑CCMC Affiliates, Inc. ❑ Connecticut Children's Medical Center Foundation, Inc.	
	Provision of Care Treatment and Services	Date Effective:	August 21, 2013
	Policy: Pain Assessment and Management	Date of Origin:	April 01, 1996
	Approved By: Clinical Council, CCMC-UCHC NICU Collaborative Group, Pain Steering Committee	Date Approved:	August 06, 2013

I.Purpose

The purpose of this policy is to describe a standardized, interdisciplinary approach to pain assessment and management

II.Policy

It is the policy of Connecticut Children's Medical Center and Connecticut Children's Specialty Group (Connecticut Children's) is to provide appropriate pain assessment and management for all patients. Patients and their families will be provided education about pain and encouraged to participate in care planning and providing comfort. All health care providers are responsible for providing optimal pain control for all patients.

III.Inclusion/Exclusion Criteria/Indications/Definitions

IV.Key Points

A.Assessment

1.Upon initial evaluation, the patient and family will be asked about the presence of pain. In the ambulatory setting, these questions may be answered by a screening question on an intake form. For inpatients, any history of pain and whether or not it is currently present will be elicited upon intake with the medical history.

2.If pain is present, the initial pain assessment will include the following:

a) Onset (When did the pain start?)

b) Location (What is the site of pain? Multiple sites of pain may be identified. Complete a focused physical assessment of all sites of pain.

c) Intensity (How much does it hurt; use a developmentally appropriate standardized pain scale for patient able to self-report only.)

d) Relieving (What makes the pain better? Ask about pharmacologic and biobehavioral treatments.)

e) Exacerbating Factors (What makes the pain worse?)

Additionally, the following components may be considered:

1) Duration/Frequency (How long have you hurt? How often does your pain recur?)

2) Quality (What does the pain feel like? Please describe the feeling.)

f) Patient/family's perceptions (Important for developmentally nonverbal patients.)

g) Patient's functional status (In addition to pain verbalizations and behavior; assess functional interference and limitations related to pain.)
h) Patient's level of sedation
i) Psychosocial Assessments relevant to the current pain problem.

3. Pain will be reassessed and documented at regular intervals throughout the hospitalization and should focus on identifying the cause of the pain and developing a plan of care for management. Appropriate times to consider pain assessments include:

a) With vital signs (minimally every twelve (12) hours)
b) In the Neonatal Intensive Care Unit (NICU) and the Pediatric Intensive Care Unit (PICU, patients will have pain assessments on admission and a minimum of every 4 hours.
c) Following initiation of the treatment plan
d) With each new report of pain
e) Following any painful event, procedure or treatment
f) Within 1 hour of each PRN pain management intervention (pharmacologic and non-pharmacologic)

4. The patient and family will be included in the patient's care, including pain assessment and management.

5. Scales for the measurement of pain intensity are available on each patient care unit or at the patient's bedside. Validated, developmentally appropriate standardized pain rating scales are used to assess pain in different patient groups including neonates, infants, preverbal, nonverbal, school age and adolescent children.

6. A patient's self-report of pain will be used to quantify pain, as appropriate for the patient's age/developmental level.

7. Health care professionals who assess the patient's pain should be consistent in their choice of the appropriate pain scale. Other assessment parameters that are determined to be appropriate may also be used to assess pain.

B. Patients should not be awakened from sleep for pain assessments.

1. Interventions to reduce pain will be given to achieve the goal of optimal pain relief within safety limitations.

2. Biobehavioral management of pain should always be considered. Techniques include but are not limited to repositioning, holding/cuddling/rocking, distraction, relaxation, imagery and cutaneous stimulation. Consult Child Life Specialists to assist with these and other techniques.

3. Complimentary therapies will be offered when available and appropriate. The Pain Relief Program may be consulted for complementary or integrative approaches to pain. For patients taking homeopathic therapies prior to admission, the nutraceutical policy will be followed.
4. Pharmacologic pain management should be considered for each patient with pain.
5. Local analgesics should be used for appropriate procedures, blood draws and intravenous insertions whenever possible. Standing orders for topical anesthetics should be included in the physician's orders.
6. Consider use of appropriately scheduled analgesics. Use PRN dosing when pain is intermittent. Use scheduled, around-the-clock, dosing with available break-through doses when pain is continual.
7. When pain is continual, pain management is optimal with the use of a longer-acting scheduled agent and a shorter-acting PRN medication for break-through pain.
8. Non-steroidal Anti-inflammatory drugs (NSAIDs) are considered the drug of choice for mild to moderate pain. Opioids are considered to be the analgesics of choice for moderate to severe pain. Consult Pharmacy or refer to medication resources for appropriate information for all medications administered.
9. Oral and intravenous administration of analgesics is preferred. This includes boluses, continuous infusions, and PCA administration. Intramuscular (IM) or subcutaneous (SQ) administration is used only when another route is not available.
10. Equianalgesic conversions will be used when changing to a different opioid analgesic or route of administration. If converting medications in an opioid tolerant patient, decreasing the equianalgesic doses by 50% should be considered for the initial conversion. Doses may then be more safely adjusted over time for the incidence of symptoms as needed.
11. In patients receiving long term (>5-7 days) administration of opioids and/or benzodiazepines, signs and symptoms of withdrawal are possible if the medication is abruptly discontinued. A plan of care will be developed to wean the medication appropriately. Health care staff will assess and manage signs and symptoms of withdrawal.
12. Epidural analgesia is available for appropriate patients. Epidural infusions are ordered and maintained by the anesthesiology department.
13. If regional approaches (nerve blocks) to pain management are being considered, consultation with anesthesiology is warranted.
14. If the pain is not improving, additional measures should be taken. Pain management during sleep requires forethought. Overnight pain is optimally

managed considering the daytime analgesic requirements and by developing a plan prior to sleep. The use of longer-acting analgesics may prevent a patient from waking with pain.

15. Pain related to end-of-life care will be managed aggressively following collaboration with the patient's family or guardians. Palliative Care Team consultation may be considered when subspecialty management is desired.
16. Consult the Pain Relief Program, Pharmacy, Psychiatry, Child/Family Support, Anesthesiology, or other health care professionals to assist with supportive care issues and unresolved pain management issues.
17. The adverse effects of treatment will be anticipated, monitored and treated in a timely manner.
18. The discharge planning process will address the management plan for patients going into the community with unresolved pain issues. Community resources must be informed of any medications and non-pharmacological strategies that were used in the hospital and may be appropriate.

C. Education - Patient/Family

1. Education materials describing the pain relief program at Connecticut Children's will be provided to patients/families upon admission.
2. Patients and families are informed that optimal pain management is the guiding principle for all health care providers at Connecticut Children's and is represented by "Comfort Central".
3. Health care staff will discuss with the patient/family their rights and responsibilities including:
    a) Telling the care provider when pain first begins
    b) Telling the care provider if the pain is relieved
    c) Telling the care provider about any new symptoms or side effects
    d) Asking questions about the pain management plan.
4. The following educational topics may also be included:
    a) Frequency of pain reassessments
    b) Use of developmentally appropriate pain scale
    c) Importance of managing pain as part of treatment plan
    d) Expected response when pain is present
    e) Understanding that the total absence of pain may not be a realistic goal
    f) Information on analgesics and possible side effects
5. Patients/families will be educated about the management of ongoing pain issues before discharge.

D. Documentation

1. Initial assessment information will be documented on the appropriate intake assessment form.
2. Record all pertinent patient/family information related to pain assessment and management (including outcomes) in the medical record.
3. The initial plan of care should address pain management and be updated as needed.
4. Record medications used for pain relief on the medication administration record. Record biobehavioral and complementary pain relief measures in the medical record.
5. Patient/family education regarding pain assessment, management and discharge planning for ongoing pain issues will be documented in the patient's medical record. Pertinent information will be included on the Discharge Authorization and Summary form and communicated to home care agencies and other facilities as appropriate.
6. Document all teaching to patient/family members as to the purpose, expected effect and side effects of the pain medication. Their understanding of the teaching should also be included.
7. Any additional information/data regarding all aspects of pain will be documented on the Progress Notes.

V. References

VI. Related Documents

Epidural Analgesia
Medication Administration
Medication Control
Monitoring Equipment: Medical/Surgical Units
Nurse-controlled Analgesia (NCA)
Nutraceutical Therapy
Procedural Pain Management
Patient Controlled Analgesia (PCA)
Sedative and Analgesic Weaning Guideline