

**ANNA JAQUES HOSPITAL  
ADMINISTRATIVE POLICY AND PROCEDURE MANUAL**

<b>Subject:</b> Pain Management	<b>Policy Number:</b> P-8.4
<b>Category:</b> Patient Care	<b>Effective Date:</b> 2/02
<b>Page</b> 1 of 5	<b>Revised Dates:</b> 05/07, 11/10 Re-write
<b>Attachments:</b>	<b>Review Dates:</b> 11/04
<b>References:</b>	

**POLICY**

**STATEMENT:** Optimal management of pain is a primary goal of patient care, and is consistent with the organization’s mission and value statement. The Health Care Team is committed to comprehensive pain management which is achieved by addressing the physical, psychosocial, and spiritual needs of all patients. Pain management includes a variety of pharmacologic and non-pharmacologic therapeutic interventions. Anna Jaques Hospital believes that pain relief is a basic human right which requires a commitment to collaboration among patients, their support systems and the health care team. This will lead to continued quality patient care and positive patient outcomes.

**RESPONSIBILITY:** Health Care Team

Management of the patient’s pain is a multidisciplinary process and is to be included in the multidisciplinary plan of patient care. Inclusion of this component of the patient’s care process will alert and educate all members of the Health Care team regarding the patient’s pain experience. Pain management issues will be included in topics of discussions during multidisciplinary care planning conferences.

**I. PROCESS**

1. All patients will be assessed for pain upon initial encounter. Reassessment will occur within one hour of therapeutic interventions and ongoing reassessment will occur according to the individual needs of the patient. Based on the patient’s age, condition and ability to understand, the most appropriate of the following four pain scales will be utilized:
  - a. Neonatal Infant Pain Scale (NIPS)
  - b. FLACC Pain Scale
  - c. FACES Pain Scale
  - d. Numeric Pain Scale

**II. INTERVENTIONS**

1. Therapeutic interventions for pain control may include but are not limited to:
  - a. Medications administered for the control or relief of pain
  - b. Medications administered for the control or relief of anxiety
  - c. Repositioning of the patient
  - d. Ambulation and treatments of the patient
  - e. Mild patient exercise

- f. Diversion techniques (i.e., television, video tape viewing, reading)
  - g. Spiritual counseling
  - h. Visitation from family members, significant others, or friends
  - i. Touch as appropriate
2. Therapeutic interventions for the neonate may include but are not limited to:
- a. Holding / Swaddling
  - b. Quiet, darkened environment
  - c. Non-nutritive sucking
  - d. Feeding
  - e. Sucrose
  - f. Consider pharmacological intervention.

### **III. DOCUMENTATION**

1. Pain assessments, interventions, and reassessments are documented per unit specific documentation system.

### **IV. PATIENT EDUCATION**

1. The patient's educational needs regarding their Pain Management Plan will be assessed taking into consideration the following:
  - a. barriers and limitations to learning
  - b. developmental stage of the patient
  - c. educational level, language and literacy
  - d. cultural and spiritual factors
2. Based upon this assessment, an individualized educational plan will be developed and implemented for the patient including family members.

### **V. STAFF EDUCATION**

1. Nurses/health care team will receive pain management education based on their job descriptions and clinical competency requirement. Education will initially be provided during new employee orientation. An annual review of pain management will be provided for all appropriate health care team members involved in pain management. After receiving education, the employee should be able to:
  - a. Perform appropriate pain assessment and reassessment
  - b. Provide appropriate pain management interventions in an effort to reach the patient's pain goal level. These interventions may be pharmacologic and/or non pharmacologic.
  - c. Provide education to the patient regarding his/her role/responsibility in their own pain management plan. The family will be included in the education whenever possible.

## VI. PAIN TOOLS

### 1. Neonatal Infant Pain Scale (NIPS)

- a. The NIPS is a behavioral assessment tool for measurement of pain in preterm and full term neonates.
- b. This scale is based on 6 assessment parameters: facial expression, cry, breathing patterns, arms, legs and state of arousal
- c. This can be used to monitor a neonate before during and after a painful procedure such as venipuncture.
- d. The score range is 0 – 7.

Parameter	Finding	Points
Facial Expression	Relaxed	0
	Grimace	1
Cry	No cry	0
	Whimper	1
	Vigorous crying	2
Breathing Patterns	Relaxed	0
	Change in breathing	1
Arms	Restrained	0
	Relaxed	0
	Flexed	1
	Extended	1
Legs	Restrained	0
	Relaxed	0
	Flexed	1
	Extended	1
State of Arousal	Sleeping	0
	Awake	0
	Fussy	1

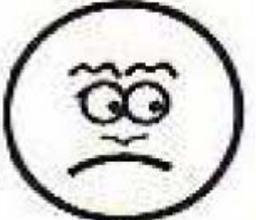
**2. FLACC F (Face) L (Legs) A (Activity) C (Cry) and C (Consolability)**

- a. The FLACC scale is appropriate for those patients who are unresponsive and/or those patients who are unable to report their pain.
- b. Each of the five categories is scored from 0 – 2, resulting in a total score range of 0 to 10.

	<b>0</b>	<b>1</b>	<b>2</b>
<b>Face</b>	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
<b>Legs</b>	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
<b>Activity</b>	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
<b>Cry</b>	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
<b>Consolability</b>	Content, relaxed	Reassured by occasional touching, hugging or “talking to”, distractible.	Difficult to console or comfort

**3. Faces Pain Rating Scale**

- a. The Faces Pain Scale utilizes a series of faces ranging from very happy to very sad.
- b. The patient can select the face that most closely resembles how they feel.
- c. The faces translate into numbers (0 – 10) for consistent documentation.
- d. This scale can be helpful for children, non-verbal adults and patients who cannot speak English.

			
<b>No hurt</b>	<b>Hurts a little bit</b>	<b>Hurts a lot</b>	<b>Hurts worst</b>
<b>0</b>	<b>1 – 3</b>	<b>4 – 6</b>	<b>7 – 10</b>
<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>

**4. Numeric Pain Intensity Scale**

- a. The Numeric Pain Scale 0 – 10 is utilized by older children and adults to rate their subjective experience of pain.

0	1	2	3	4	5	6	7	8	9	10
None	Mild			Moderate			Severe			

**VII. PAIN TOOL INTERPRETATION**

**1. Neonatal Infant Pain Scale (NIPS)**

- a. The 0-7 scoring of the Neonatal Infant Pain Scale is as follows:
- (i) 0 No pain
  - (ii) 1-2 Mild pain
  - (iii) 3-4 Moderate pain
  - (iv) 5-7 Severe pain

**2. FLACC, Faces And Numeric Scales**

- a. The 0-10 scoring of the FLACC, Faces, and Numeric Pain Scales are categorized as follows:
- (i) 0 No pain
  - (ii) 1-3 Mild pain
  - (iii) 4-6 Moderate pain
  - (iv) 7-10 Severe pain

<b>Authorizing Signatures</b>	<b>Name / Title</b>	<b>Date</b>
Administration: SIGNED ORIGINAL IN ADMINISTRATION	Delia O'Connor, President & CEO	
Medical Staff:	Joseph Hull, M.D. President, Medical Staff	