

GUIDELINES FOR A PAIN CONFERENCE FOR AN INDIVIDUAL PATIENT

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- 1) Identify the need for a conference
 - A. Increasing requests for narcotics
 - B. Acting out behaviors
 - C. Mood alterations
 - D. Staff frustration
- 2) Whenever possible involve the patient prior to the conference
 - A. Explain reason for conference
 - B. Assure patient that the approach will not be punitive
 - C. Remind the patient that you are their advocate
 - D. Find out what the patient's goals and expectations are
- 3) Organize attendance - Keep it limited
 - A. Patients primary RN
 - B. Patient Relations representative
 - C. Primary staff MD
 - D. Primary resident
 - E. Consider secondary providers if relationship already established
 - F. PRN
- 4) Set meeting guidelines
 - A. Resolution will not be punitive in its approach
 - B. It will be recognized that > 90% of patients escalate their narcotic intake because they have increased pain, increased stress, or both. Not Because they are exhibiting drug seeking behaviors.
 - C. It is our job, not the patients, to determine where the void in this individual's health care system is and fill that void for them.
- 5) Determine consensus on patients pain
 - A. Patients have a right to know if their care providers believe their complaints
 - B. If a member of the patients health care team is at conflict this must be resolved before any more progress can be achieved.
- 6) Recognize that goals must be small and transitions must be gentle
- 7) Consider contracts
 - A. Provides structure and continuity for staff
 - B. Provides accountability and participation for the patient

GUIDELINES FOR PAIN CASE CONFERENCES

I. GOAL OF CASE CONFERENCES

The goal of pain case conferences is to provide a forum for multidisciplinary interaction to discuss pain management issues, and ultimately, improve the quality of clinical practice related to pain management.

II. OBJECTIVES

- Provide an atmosphere for teaching/learning and continuing education in the area of pain management
- Discuss the integration of all aspects of clinical pain management
- Create opportunities to discuss actual patient scenarios and research based interventions as they may apply
- Promote intra- and inter- disciplinary relationships among professionals

III. GENERAL FORMAT

Pain case conferences will be held monthly from 4 p.m. to 5 p.m. on the second Wednesday of each month in a regularly scheduled CSC room. Each month, 2 patient cases plus 1 general pain topic will be presented.

Cases to be discussed may be identified by any UWHC staff (physicians, nurses, physical therapists, etc.) who has cared for that specific individual. Active cases are encouraged, however due to time constraints, patients who are no longer receiving ongoing care may be presented. Time-slots for case presentations are reserved in advance by contacting Deb Gordon, RN, (3-6488) or James Stewart, MD, (3-1399) by the first Wednesday of the month. It is the responsibility of the staff member who signs up a case to invite the patient's primary nurse and physician to the designated monthly case conference.

Each case will be presented (approximate time 5 minutes) using the attached general format guidelines by either the staff member who initially signed the case up, or another primary caregiver based on a joint decision of those involved. Following this brief overview of the case approximately 5-10 minutes will be allowed for an informal group discussion and question and answer period. Emphasis of this discussion will be on problem solving and research utilization.

A general pain topic presentation, preferably one related to that month's cases, will follow (approximate time 20 minutes). Topics will be presented by identified pain management resources or volunteer staff. A variety of visual aids and teaching approaches are encouraged to provide an interesting learning experience for the audience. Five to ten minutes will be allowed for questions from the audience following the presentation.