Pain Management Self Learning Module

Kaiser Permanente

Medical Care Program - Southern California Region

Los Angeles Medical Center

Developed by:

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PAIN MANAGEMENT

Self Learning Module

Objectives:

Upon completion of this module you will be able to:
* Identify patient rights related to pain.
* Identify the subjective and objective components of pain assessment.
* Identify the pain rating scale utilized at the Los Angeles Medical Center.
* State the importance of using a pain rating scale in pain management.

Description:

This self learning module on pain management is based on current research and standards of care in pain management. Reference: KFH, Los Angeles Medical Center Nursing Practice Manual, Volume 1 #2.043, "Pain Management". This policy, though found in the Nursing Manual, is the defined standard for pain assessment throughout the Medical Center for all professionals interacting with patients in pain.

The implementation date for this policy is October 16, 1995.

Designed by: CQI Team for Oncology Pain
D. Kelly, RN; L. Daskal, RN; and N. Falvo, RN - 9/95

MANAGING PAIN - LOS ANGELES MEDICAL CENTER
POLICY/PROCEDURE

PATIENT RIGHTS AND PAIN MANAGEMENT

According to the Agency for Health Care Research, Joint Commission and others; it is every person's right to have their pain appropriately and aggressively managed.

PAIN ASSESSMENT

The self-report of pain by a patient should be considered sufficient evidence to establish pain as a problem/need/nursing diagnosis. It is the nurse's responsibility as well as all medical professionals to assess pain, to evaluate the findings of the assessment, and to institute a plan of care based upon information gathered.

"Pain is whatever the experiencing person says it is and exists whenever he or she says it does." McCaffery M., Ritchey K.J., and Rhiner M. Pain Management: An Update, Nurseweek 1992.

To assure continuity of care throughout the Los Angeles Medical Center a single standard approach to the assessment of pain shall be utilized. Prioritizing and planing of interventions to relieve pain shall be performed in collaboration with the patient/family.

The assessment of the patient with pain shall include objective data.

1. Vital signs (blood pressure, pulse and respiration).
2. Patient behavior (grimacing, frowning, crying out or guarding).
3. Emotional expressions such as anger, depression, irritability, fear.

The assessment of the patient with pain shall also include subjective data.

1. Onset.
2. Duration.
3. Location:
       Have patient either point to source or mark on appropriate drawing.
4. Intensity:
       Use numerical rating scale 0-10 (or faces).
5. Quality:
       Use the patient's own words (burning, throbbing, pulling, sharp, aching, shooting).
6. Factors that relieve pain or make the pain worse.
7. Pain's effect on the individual:
       The amount of distress experienced by the individual.

The subjective pain rating scale to be used at the Los Angeles Medical Center is A0-10". To use this scale, ask the patient: "On a scale of 0 to 10, with 0 equaling no pain and 10 meaning the worst possible pain (or the most severe pain imaginable), what number would you give your pain right now?"

The initial assessment for pain shall be performed for all:

1. Patients admitted to the emergency area, acute hospital, long term care and/or home care services.
2. Patients presenting with complaints of pain in all settings.
3. Patient at first post operative visit and/or with diagnosis of cancer and/or diagnosis of chronic pain will be screened by asking "Are you having pain?" "Do you hurt?"

REASSESSMENT OF PAIN

The assessment is ongoing and not simply a one-time event.
For the reassessment of pain guidelines please refer to the Los Angeles Medical Center policy, APain Management@, found in the Nursing Practice Manual, Volume 1 #2.043.

DOCUMENTATION

Documentation shall include the subjective and objective pain assessment and reassessment and reference to the pain rating scale. Documentation should include all interventions taken.

PATIENT EDUCATION

Patient education is a key component of pain management.
Resources have been identified in the policy.

RECOGNIZING "UNDER TREATMENT" OF PAIN

It is important to recognize that Aunder treatment@ of pain may occur in all clinical settings.
Opioids may be under prescribed for reasons such as lack of knowledge regarding the medications and their proper use; fear of repercussion from medical regulatory boards and the legal system; and societal pressures caused by enhanced awareness of the substance abuse problem.
Finally, some patients do not take or request pain medications when needed. Possible reasons include fear and misunderstanding about opioid analgesia, especially related to addiction and physical dependence.

PAIN RESOURCES AT THE LOS ANGELES MEDICAL CENTER

For more information on pain management issues, you may contact any of the Los Angeles Medical Center Pain Advisory Committee members.

PAIN MANAGEMENT
POST TEST

Name:_____ Employee No: _____

Unit/Work Area: _____ Date: _____
After reading the self-learning module, please answer the following questions:
1. Pain exists whenever the patient says it does.
_____ True _____ False

2. The patient, not the nurse, is the expert on the patient's pain.
_____ True _____ False

3. Pain behaviors or expressions of pain are a very reliable indicator of the presence of pain in any patient.
_____ True _____ False

4. The pain rating scale to be used at Los Angeles Medical Center is:
_____ 0-5
_____ 1-5
_____ 0-10
_____ No pain scale is used

5. The initial assessment for pain shall be performed for patients in:
_____ Emergency Room, Home Care, Hospital, Long Term Care
_____ All settings if presenting with complaint of pain
_____ First post-op visit
_____ Cancer or chronic pain diagnosis
_____ All of the above

6. The Los Angeles Medical Center Policy is found in the:
_____ Nursing Practice Manual, Volume 1
_____ Medical Legal Manual
_____ Regional Hospital Manual
_____ Medical Center Policy and Procedures

7. The Health Care Provider's role includes documentation of the following:
_____ Patient's pain assessment
_____ Reassessment of the patient's pain
_____ Pain Rating Scale
_____ All of the above

8. "Under Treatment" of pain may occur because of fears of addiction.
_____ True _____ False