

# PAIN MANAGEMENT PROTOCOL

## Introduction

Optimal pain management facilitates healing, promotes comfort and a feeling of well-being, improves quality of life, and may shorten the length of stay by increasing mobility, nutritional intake and rest. Pain should be managed to a level that is acceptable to the patient. Accurate assessment of pain is imperative, although challenging, in patients unable to verbalize or describe pain, where evaluation of physiologic and behavioral signs is most valuable in identifying the presence of pain. The risk of addiction resulting from the administration of narcotics to patients in the hospital setting is minimal.

## Assessment

1. Assess for allergies and previous adverse reactions to pain medications prior to initial dose of analgesic medications.
2. Assess for presence, location, and characteristics of pain at least every 4 hours.
3. Identify intensity of pain when present using an appropriate pain assessment scale based upon patient chronologic or developmental age.
4. Monitor for physiologic signs of pain.
  - tachycardia                      •tachypnea                      •diaphoresis                      •muscle tension
  - elevated BP                      •pallor                      •dilated pupils                      •nausea
5. Monitor for behavioral signs of pain.
  - frowning                      •gritting teeth                      •clutching/rubbing affected part
  - grimacing                      •hostility                      •fetal position
  - clinched fists                      •restlessness                      •increased muscle tension
  - crying/moaning                      •loss of appetite                      •depression
6. Assess baseline BP, HR, RR prior to administration of IV push Narcotics and every 15 minutes X2 and PRN if needed (non-critical care units only). If abnormal vital signs are noted prior to IV administration, hold narcotics and notify physician.
7. Monitor for the following potential complications, especially within the first 15-30 minutes of IV narcotic administration.
  - hypotension                      •RR <10/min                      •decreased level of consciousness
8. Notify physician of history of allergy, previous adverse reaction to the medication prescribed, or suspected adverse reaction following administration.

## Report to Physician

9. Notify physician of ineffective pain management following administration of the analgesic prescribed.

## Interventions

10. Administer analgesics as prescribed to prevent severe pain from reoccurring and prophylactically prior to activities associated with discomfort.
11. Consider administration of analgesics on an around-the-clock basis for severe pain.
12. Plan activity around peak time of pain control.
13. Provide individualized non-pharmacologic interventions as indicated:
  - heat/cold                      •humor                      •position change                      •back massage
  - relaxation                      •meditation                      •music/T.V.                      •imagery
  - environmental change                      •therapeutic touch                      •rhythmic breathing

- Evaluation**
14. Evaluate effectiveness of analgesic medication in reducing or relieving pain to a level that is acceptable to the patient within two hours of administration depending on medication/route.
  15. Evaluate effectiveness of non-pharmacologic interventions.
  16. Monitor for exaggerated response or unpleasant effects of analgesic medication or dose.
  17. Monitor for adverse reactions to pain medication. Document suspected or potential adverse reaction on appropriate Pharmacy form.

**Patient Teaching**

18. Discuss the following with patient and family as appropriate:
  - cause of pain and expected duration
  - use of a pain scale to report intensity
  - pain medication action and expected effects
  - need to request prn analgesic at onset of pain
  - need for prn medications around-the-clock for severe pain
  - need to notify staff of increasing discomfort or dissatisfaction with management of pain

**Documentation**

19. Adverse reaction to analgesic medication.
20. Unacceptable level of pain management as reported by patient.
21. Presence, location, and characteristics of pain.
22. Pharmacologic and non-pharmacologic interventions and patient response to interventions.
23. Physician notification of ineffective pain management or suspected adverse reaction to analgesic medication.
24. Teaching and response to teaching.

**References**

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