**Pain Management**

**Educate patient and/or family**
- Teach them to rate pain intensity by using the appropriate Pain Scale
- Set a comfort goal

**Assess your patient’s pain:**
- On admission/or clinic visit
- After any pain producing event
- Every hour (inpatient)
- After each pain management intervention

**DOES YOUR PATIENT HAVE PAIN?**

**NO**
- Continue to assess and document pain minimally every 8 hours inpatient and each clinic visit outpatient.

**YES**
- Assess pain history and intensity, location, onset, duration, quality, character, ameliorating and provoking factors.

**If unable to verbalize or unsure then evaluate:**
- Situation/condition
- Behaviors
- Family proxy
- Vital signs
- OR Assume Pain Present if there is a reason to suspect pain

**Analgesic Interventions**
- **Severe (7-10)**
  - Opiod +/- Non-opiod +/- adjuvant
- **Moderate (4-6)**
  - Opiod +/- Non-opiod +/- adjuvant
- **Mild (1-3)**
  - Non-opiod +/- adjuvant

**Complementary Therapies**
- Heat/Cold
- Repositioning
- Diversional activities (TV, relaxation channel, visitors, reading, music)
- MD order for physical or occupational therapy
- Behavioral Medicine consultation for non-pharmacologic approaches (MD to call 327-2133 or page 11043)

**Reassess pain management and medication side effects after every intervention**
- 15-30 minutes after IV medications
- 1 hour after all other interventions
- Each clinic visit or sooner as appropriate

**Side Effects:**
- Sedation
- Nausea/vomiting
- Pruritis
- Constipation (order bowel program or stool softener/stimulant)

**Document pain management in Medical Record**
Pain Management

Educate patient and family. The patient and family should be actively involved when possible regarding their pain management.

- Ideally education should occur pre-hospitalization or pre-operatively, in clinic or preadmission testing. Patients and family should be given verbal and written instructions, with clear expectations (i.e. a certain amount of pain or “discomfort” is expected after surgery)
- Patient education materials can be found on the patient education web site
- Teach the pain talking points

Pain rating at Loyola - Go to EMR-Protocols

- Pain Rating Scale for Adults in English, Italian, Spanish, and Polish. Reverse side addresses assessment of nonverbal adults.
- FLACC for infants and preverbal children
- NPASS for neonates and newborns

Other Resources
- Pain: Clinical Manual by Margo McCaffery – located on each unit
- Unit Pain Resource Nurse

Comfort Goal: The pain intensity level at which one is able to carry out activities (ADL’s) or those directed to recovery (cough, deep breath, ambulate). ABOVE that level which they would want something done to relieve pain or the side effects of pain medication.

Pain Assessment
- Pain assessment is incorporated with the Positive Patient Encounter hourly rounding imitative
- Identify if pain is acute or chronic (lasting longer than 3 months)
- Identify mechanism of pain

Types of Pain: Nociceptive, somatic or visceral is defined as the normal processing of stimuli that damages tissue or has the potential to do so; usually responsive to non-opiois and/or opioids. Somatic arises from bone, joint, muscle, skin. It is usually aching or throbbing and well localized. Visceral arises from organs (i.e. pancreas); pain can be a result of a tumor or obstruction. Pain resulting from a tumor is often aching and localized where as an obstruction is cramp-like and poorly localized. Neuropathic pain is abnormal processing of sensory input by the peripheral or central nervous system. Treatment usually includes adjuvants (SSRI, anticonvulsants and tricyclic antidepressants) (McCaffrey, 2000)

Pain History: Assess if the patient is currently having pain and taking pain medication (why, for what and how)

Complementary Therapy: Guidelines for heat and cold. Cold can be effective for acute and chronic pain, recommended 20 minutes intervals for 48 hours (Can be effective for more than 48 hours in chronic pain). Warm compresses can be applied to ease stiffness and relax muscles, apply at 20 minute intervals.

Analgesic Interventions: See pain orders in the EMR for adult and pediatric dosing

Equianalgesia = approximately equal analgesia dose comparing routes and medications

<table>
<thead>
<tr>
<th>Agent</th>
<th>Route</th>
<th>Equianalgesic Dose (mg)</th>
<th>Onset (Minutes)</th>
<th>Duration (Hours)</th>
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<tbody>
<tr>
<td>Fentanyl</td>
<td>IM, IV</td>
<td>0.1-0.2mg</td>
<td>5-15</td>
<td>0.5-2</td>
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<tr>
<td>Hydromorphone</td>
<td>IM, SQ, IV</td>
<td>1.3-1.5</td>
<td>Variable</td>
<td>4-5</td>
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<tr>
<td></td>
<td>PO</td>
<td>7.5</td>
<td>15-30</td>
<td>3-4</td>
</tr>
<tr>
<td>Methadone</td>
<td>IM, SQ</td>
<td>10</td>
<td>30-60</td>
<td>4-5 (acute)</td>
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<tr>
<td></td>
<td>PO</td>
<td>10-20</td>
<td>30-60</td>
<td>&gt; 8 (chronic)</td>
</tr>
<tr>
<td>Morphine</td>
<td>IM, SQ, IV</td>
<td>10</td>
<td>5-10</td>
<td>4-5</td>
</tr>
<tr>
<td></td>
<td>PO</td>
<td>30-60</td>
<td>60</td>
<td>4-5</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>PO</td>
<td>20-30</td>
<td>10-15</td>
<td>3-6</td>
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<tr>
<td>Hydrocodone</td>
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<tr>
<td>Meriperidine</td>
<td>IM, SQ</td>
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<td>10-45</td>
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</tr>
<tr>
<td></td>
<td>PO</td>
<td>50-300</td>
<td>10-45</td>
<td>3-4</td>
</tr>
<tr>
<td>Codeine</td>
<td>IN, IV, SQ</td>
<td>120 (starting dose lower)</td>
<td>10-30</td>
<td>4-6</td>
</tr>
<tr>
<td></td>
<td>PO</td>
<td>200 (starting doses 15-60)</td>
<td>30-60</td>
<td>4-6</td>
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<tr>
<td>Tramadol</td>
<td>PO</td>
<td>Not available</td>
<td>30-60</td>
<td>4-6</td>
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