



**Title:** PAIN MANAGEMENT

**Responsibility:** Registered Nurse (RN)

**Purpose:** To provide adequate pain control and improve the quality of life for those experiencing pain

**Procedure:**

**I. Assessment and Reassessment**

1. Assess for pain and discomfort upon arrival to the nursing unit, with any change in condition, and every shift.
2. Pain assessment is performed more frequently as needed per patient.
3. Pain will be reassessed and documented after interventions to ensure patient comfort.
4. If pain intervention is provided within one hour of the end of the shift, the reassessment will be the responsibility of the next shift.
5. If the patient is experiencing pain at a level 4 or above, the assessments may include type, behaviors the patient is exhibiting and a description of the pain. In addition, interventions and responses need to be documented.

**II. Pain Rating Scales**

1. Utilize the appropriate rating scale for the individual being assessed
2. Rating scales for adults include the following
  - 0-10 pain rating scale
  - Wong Baker Pain Faces Scale
  - Adult Non-Verbal scale
  - FLACC rating scale
3. The FLACC rating scale may be used for children
4. The University of Toledo Medical Center has determined that pain rated a “0” is no pain, “1-3” to be mild, “4-7” to be moderate and “8-10” to be severe

**III. Education of the patient**

1. Educate on the importance of using a standardized tool and explain the tool being utilized if able.
2. Reinforce to the patient that pain medications should decrease but may not alleviate pain completely.
3. Educate on the side effects of pain medications include constipation, sedation, nausea and vomiting, pruritis, hallucinations, confusion/delirium, and respiratory depression.
4. Address concerns of addiction and the benefits of interventions.

**IV. Measures to reduce discomfort**

1. Administer pain medications proactively such as before dressing changes, procedures or therapy.

2. Decrease negative environmental stimuli ( i.e. noise, light, excessive heat or cold).
3. Administer pain meds promptly as ordered.
4. Make a plan with the patient concerning PRN medications – example, should you just bring them in without asking the patient or should you wake the patient up when they are due.
5. Teach and assist with with relaxation techniques
6. Use non-pharmacological interventions such as massage, diversion, heat, ice, repositioning, emotional support, immobilization, exercise, and imagery.
7. Notify the physician if the above interventions are ineffective.

**Resources**

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