

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE

SUBJECT: PAIN MANAGEMENT

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APPROVAL: Rosalynne Reynolds {s}, Agency Director

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I. PURPOSE

The purpose of this policy is to identify the process utilized by Northern Nevada Adult Mental Health Services (NNAMHS) staff in the assessment and management of consumer pain.

II. POLICY

It is the policy of NNAMHS to ensure optimal consumer comfort by proactively addressing consumer pain management. Consumers and, as appropriate, their families will be involved in appropriate pain assessment and management. Staff will identify consumers with pain in initial assessments and ongoing reassessments. Consumers and their families will be educated about pain management as appropriate. Physical pain as well as psychogenic pain will be assessed.

### III. REFERENCES

1. MR 193 page 7, Nursing Assessment
2. MR 135, MR 11, Pain Assessment Form MR2703.
3. NNAMHS Policy NN-MM-06 Consumer Personnel Medication

### IV. PROCEDURES

#### 1. Assessment:

- a. Pain screening at NNAMHS will occur on initial assessment.  
Reassessment will be completed on inpatient and POU consumers when vital signs are checked and when consumers report pain.
- b. Outpatient consumers will be assessed for pain as part of the nursing assessment completed at each visit.
- c. Pain will be rated using the 0-10 numeric pain scale. Staff will document pain score along with other vital signs.
- d. Outpatient consumers reporting pain will be assessed using the MR 270 with follow-up/referrals made as appropriate.
- e. On inpatient and POU if a consumer has a pain report of >6 after available treatment the MD will be notified. Inpatient consumers are referred to medical clinic if routine orders are not effectively relieving the consumer's pain. The on call MD will be called on weekends or after hours.
- f. If consumers report pain that appears to indicate an urgent condition, staff will notify the attending physician and/or resident so that they can assess and treat, as appropriate.

#### 2. Pharmacological Management of Pain – Inpatient Only

- a. Unless contraindicated for a particular patient, non-steroidal anti-inflammatory (NSAID) will be considered the first line of treatment for consumers with pain.
- b. Narcotics are second line treatment, usually in conjunction with NSAIDs

- c. Efforts must be made not to delay any analgesic dose.
- d. Consumers may be allowed to continue analgesic medication that they come into the hospital with at the discretion of the attending physician. This should be accomplished according to NNAMHS policy #NN-MM-06 Consumer Personal Medication.
- e. Every effort will be made to provide methadone to consumers who are already being served at the methadone clinic.
- f. Consumers with a history of past or current substance abuse should not be denied pharmacological management of their acute/chronic pain. Such consumers may require higher than usual doses of opioid secondary to the presence of narcotic tolerance.
- g. The consumer will be re-evaluated 30-60 minutes after the provision of analgesic treatment to determine the effectiveness of the treatment.

### 3. Non-pharmacological Management of Pain:

- a. Non-pharmacological interventions include use of physical agents (i.e., heat, cold, exercise, and immobilization) or psychological approaches (relaxation, distraction, educations, and psychotherapy). These therapies draw from a multidisciplinary approach and are typically used to supplement pharmacological approaches.
- b. The consumer must be provided opportunities for adequate rest and sleep. Members of the multidisciplinary team collaborate in scheduling the consumer's activities (including visitation) to allow for periods of uninterrupted rest/sleep.

### 4. Consumer Education

- a. A nurse, physician, or other clinical staff will provide education on pain and available interventions to consumers with pain. This education will be documented in the medical record.
- b. Physicians and staff should instruct consumers on the appropriate use of PRN analgesics, including requesting analgesics before pain becomes severe. Because of the population served at NNAMHS,

information about available PRNs should be provided to consumers with available orders regularly.

- c. Specific recommendations and referrals about pain follow-up are provided to consumers at discharge.

#### 5. Care and Treatment Plans and Documentation

- a. Minor, incidental pain does not require a full treatment plan as long as orders and progress notes are completed on any treatment provided.
- b. Consumers are to be referred to the physician and a treatment plan for pain implemented when they complain of chronic pain, or severe pain. (When request for analgesia exceeds three per day or consumer complains of severe pain).
- c. The physician is responsible for assessing the pain and investigating the underlying cause.

#### Medication Clinic Only

- d. Consumer's experiencing pain in the medication clinic will have a Pain Assessment form completed. If pain is interfering with consumer's wellness, the treatment plan will include pain as an identified problem.
- e. A release of information will be requested for any current provider of care in pain management. The goal of collaborating with the treating prescriber and sharing information is to help manage the consumer and provide safe and effective treatment. If none exist the nurse will refer the consumer to an appropriate provider.
- f. At each visit the consumer will be reassessed and appropriate education and or referral made for additional interventions until the consumer reports pain is well managed or resolved.
- g. Documentation of follow-up will be completed on the Pain Assessment form, treatment plan and progress note.