

Pain Management

Purpose

Adequate pain relief is a serious public health problem in the United States. Factors that can contribute to the frequency of inadequately managed pain can include: a lack of knowledge of medical standards; the perception that prescribing appropriate amounts of controlled substances will result in scrutiny by regulatory agencies; a misunderstanding of addiction and dependence; and unfamiliarity with regulatory processes.

All health care providers who treat patients in pain (regardless of whether the pain is acute or chronic, a result of terminal illness or non-life-threatening injury or disease) should become knowledgeable about effective methods of pharmacological and non-pharmacological measures and interventions available for pain treatment.

This policy is designed to guide the practice of the Licensed Practical Nurse, Registered Nurse and Advanced Practice Nurse in promoting patient access to the appropriate, therapeutic and effective assessment, nursing diagnosis and management of acute and chronic pain. Each professional nurse practices pain management to the extent of their scope of practice.

Background

Pain is a nursing diagnosis and as such, nurses have primary responsibility for its assessment and management. The nurse is often the healthcare professional most involved in on-going pain assessment, implementing the prescribed pain management plan, evaluating the response to such interventions and adjusting medication levels, based on the individual's response.

Pain is multifactorial and therefore the management of pain may include the use of both pharmacologic and non-pharmacologic modalities. An individual's self-report of pain, along with level of functional impairment are the optimal standards upon which pain management interventions are based. In the absence of ability to self-report level of pain, an appropriate non-verbal scale should be used.

The management of pain must be a priority for nurses and all others who provide care to individuals in pain. This policy is intended to:

1. Provide a balanced approach to pain management. A balanced approach addresses the potential for abuse without keeping individuals from receiving the level of care and pain management that is needed.
2. Promote the optimal level of nursing practice in pain management using pharmacologic, non-pharmacologic multimodal approaches.
3. Establish a framework leading to sound clinical judgment in managing acute, chronic, and end-of-life pain.

Definitions

For the purposes of this statement, the following terms are defined:

1. **Acute Pain** is brief and responds to timely intervention, or subsides as healing takes place.
2. **Addiction** is a combination of cognitive, physiological and behavioral symptoms (such as compulsive craving and compulsive use of a controlled substance) in which the individual continues the use of a

substance despite harm or adverse consequences. Neither physical dependence nor tolerance alone, as defined below, constitutes addiction.

3. **Breakthrough Pain** is pain that comes on suddenly for short periods of time and is not alleviated by the individuals' normal pain suppression management.
4. **Chronic Pain** is ongoing or frequently recurring, and may become unresponsive to intervention over time.
5. **Intractable Pain** means a pain state in which the cause cannot be removed or otherwise treated, and no relief or cure has been found after reasonable efforts.
6. **Medication Range Order** is an order that allows the nurse to titrate medication to the desired effect through changes in dose with fixed time intervals (American Society for Pain Management Nursing & American Pain Society, 2004). Example: "Morphine sulfate 1–2 mg IV q2hours prn pain"
7. **Multimodal** is the use of medication and/or other therapies with different modes of action i.e. application of heat and cold along with acetaminophen.
8. **Neuropathic Pain** is caused by a lesion or a malfunction in the nervous system.
9. **Nociceptive Pain** is caused by active illness, injury or inflammatory process associated with actual or potential tissue damage.
10. **Non-opioid** is pain medication that does not contain opioids i.e. NSAIDS and acetaminophen
11. **Pain** is an unpleasant sensory and emotional experience related to adverse nociceptive or neuropathic stimuli.
12. **Pain assessment scale** is a pain assessment tool that is appropriate to the needs of the individual and the demand of the care situation that takes into account such variables as language, cognitive ability, age, culture, disability and other factors (International Association for the Study of Pain, 2006, Objectives).
13. **Physical Dependence** is the physiologic adaptation to the presence of a controlled substance, characterized by withdrawal when its use is stopped abruptly.
14. **Pseudoaddiction** is an iatrogenic syndrome resulting from poorly treated pain and may be mistaken for addiction.
15. **Substance Abuse** is a pattern of substance use leading to clinically significant impairment or distress as manifested by one or more of the following:
 - a. Recurrent substance use resulting in failure to fulfill obligations at work, school or home;
 - b. Recurrent substance use when such use is physically hazardous;
 - c. Recurrent substance-related legal problems; or,
 - d. Continued substance use despite recurrent consequences socially or interpersonally.
16. **Tolerance** is the physiologic adaptation to a controlled substance over time, resulting in the need to increase the dose to achieve the same effect, or in a reduction of response with repeated administration.

Scope of Practice

Consistent with the licensee's scope of practice, the nurse is accountable for implementing the pain management plan utilizing his/her knowledge base and documenting assessment of the individual's needs. It is the responsibility of the nurse to utilize critical thinking and integrate multimodal approaches for effective pain management.

The nurse has the authority to adjust medication levels within the dosage range stipulated by the prescriber and according to the institutions established procedures. When pain is not controlled under the currently prescribed treatment plan, the nurse is responsible for reporting such findings to the prescriber, advocating for an optimal pain management plan and documenting the continuum of care provided an individual with pain.

Advanced Practice Nurses who are authorized by law to prescribe or dispense drugs, including controlled substances see Division 56 for additional standards of practice.

Nursing Pain Management Knowledge and Skills

Principles of pain management include:

- Assessment - the process of pain management starts with an adequate assessment of the pain which can include but is not limited to:
 - Nature of the pain (including the use of an appropriate, evidence-based pain assessment scales)
 - Cause of the pain
 - Personal context of pain, including how pain impacts daily function and quality of life
- Development and implementation of an individualized pain management plan that is evidence-based and includes comprehensive and on-going pain assessment, including impact on daily functional ability, appropriate pharmacological and non-pharmacological modalities, and substantiation of adequate symptom control;
- Implement measures in the care plan that include non-pharmacological modalities, interventions, and comfort measures for pain management i.e. positioning, pillow placement, music, dimming lights, heat and cold etc.
- Document assessments, interventions, treatment and response;
- Utilization of controlled substances when appropriate including opioid analgesics in the management of all pain types;
- Collaboration and consultation with Interdisciplinary teams;
- Recognition that:
 1. tolerance and physical dependence are normal consequences of sustained use of opioids and are not synonymous with addiction;
 2. pseudoaddiction may develop as a direct consequence of inadequate pain management and that pseudoaddiction can be distinguished from true addiction in that inappropriate drug seeking behaviors resolve when pain effectively treated;
 3. patients with chemical dependency may require special pain management involving controlled substances including opioids;
 4. individuals who suffer from extreme pain or disease progression may require increased doses of pain medication and the appropriate dose is the dose required to effectively manage the patient's pain in that particular circumstance;
- Adherence to system safe-guards that are designed to minimize the potential for abuse and diversion when controlled substances are used;
- Acceptance of an individual's self-determination and autonomy;
- Culturally sensitive patient, family/significant other, and/or caregiver pain management education.

Pain Education and Training

The nurse is responsible and accountable for acquiring and maintaining current knowledge, skills and abilities necessary to practice in accordance with accepted standards of care for pain management. Such competencies

may be acquired through basic, graduate or continuing education programs, as appropriate to the nurse's scope of practice. These competencies include, but are not limited to knowledge of the current federal and state laws and regulations for the prescription, dispensing, administration and destruction of controlled substances, current evidence-based guidelines developed by nationally recognized professional organizations in the assessment and management of pain and the use of pharmacological and non-pharmacological modalities (e.g. heat and cold therapies).

REFERENCES AND RESOURCES

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 - <http://www.mass.gov/eohhs/provider/licensing/occupational/nursing/nursing-practice/advisory-rulings/advisory-ruling-on-the-management-of-pain.html>
- Oregon Pain Management Commission: <http://www.oregon.gov/OHA/OHPR/PMC>
- Oregon State Board of Nursing, Oregon Nurse Practice Act, 2012

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