### PURPOSE

To provide guidelines for the appropriate identification and management of patients who may experience pain.

### Policy

All patients will receive pain assessments. Pain assessments will be appropriate to the patient’s age, cognitive ability, and will be documented to facilitate regular reassessment and follow-up by clinicians.

### PRocEDURE

1. During the initial assessment and on an ongoing basis, the patient will be asked general screening questions regarding current or recent pain as part of the baseline data. Clinicians will consider the patient’s personal, cultural, spiritual, and ethnic beliefs when assessing pain or discomfort.
2. When the patient or the clinician identifies pain, the following in-depth pain assessment information will be obtained whenever possible:
3. Pain intensity using a rating scale (on a scale of 0 – 10: 0 = no pain, 10 = unbearable pain). Pain intensity should include current pain, worst pain, and least pain using the scale. The patient will be reassessed every visit for the existence and intensity of pain and the effectiveness of interventions to relieve pain.
4. Pain location.
5. Pain quality, patterns of radiation, and character. Use the patient’s own words whenever possible.
6. Pain onset, duration, variations, and patterns.
7. Alleviating and aggravating factors.
8. Present pain management regimen and effectiveness.
9. Pain management history may include:
	1. A medication history
	2. Presence of common barriers to reporting pain and using analgesics
	3. Past interventions and response
10. Effects of pain. These include impact on daily life, function, sleep, appetite, relationships with others, emotions, concentration, etc.
11. The patient’s pain goal
12. Physical exam or observation of the site of pain.
13. Secondary symptoms related to pain such as nausea, vomiting, respiratory distress, or nutritional compromise.
14. If patient is unable to communicate pain using the rating scale, or is cognitively impaired the clinician will assess behavioral factors that signal pain or discomfort and include this information in the assessment.

***Pain Management***

1. The patient’s preferences for pain management will be reflected in the pain control measures selected.
2. Nonpharmacological interventions will be considered for the treatment of pain
3. Common side effects of analgesic medications will be anticipated, and preventive measures will be implemented.
4. Patient and family/caregiver education will focus on the use and side effects of analgesic and/or adjuvant medications, expected responses to therapy, and the importance of administering medications according to prescribed dosage and frequency.