PATHWAY HEALTH SERVICES, INC.

F309 QUALITY OF CARE

ASSESSMENT AND MANAGEMENT OF PAIN

The intent of this requirement is to ensure that the facility assists each resident with pain management to maintain or achieve the highest practicable level of well-being and functioning by:

- **Screening** to determine if the resident has been or is experiencing pain.
- **Comprehensively assessing** the pain.
- **Identifying circumstances** when pain can be anticipated.
- **Developing and implementing a plan** using pharmacologic and/or non-pharmacologic interventions to manage the pain and/or try to prevent the pain consistent with the resident's goals.

DEFINITIONS

- **"Adjuvant Analgesics"** describes any medication with a primary indication other than pain but with analgesic properties in some painful conditions.
- **"Adverse Consequence"** refers to an unpleasant symptom or event that is due to or associated with a medication such as impairment or decline in the individual's mental or physical condition or functional or psychosocial status. It may include various types of drug reactions and interactions.
- **"Complementary and Alternative Medicine"** (CAM) "is a group of diverse medical and health care systems, practices, and products that are not presently considered to be a part of conventional medicine."
- **"Pain"** is an "unpleasant sensory and emotional experience that can be acute, recurrent or persistent." Following are descriptions of several different types of pain:
    - **"Acute Pain"** is generally pain of abrupt onset and limited duration, often associated with an adverse chemical, thermal or mechanical stimulus and may be associated with surgery, trauma and acute illness.
    - **"Breakthrough Pain"** refers to a sudden, episodic flare-up of severe pain in a resident taking pain medicine regularly and may occur spontaneously or be associated with activity or with inadequate medication levels, dosing frequency, or type of medication.
    - **"Incident Pain"** refers to pain that is predictable and is associated with a precipitating event, such as movement (e.g., walking, transferring, or dressing) or certain actions (e.g., disimpaction or wound care).
    - **"Discomfort"** refers to a level of physical or affective pain that is no more than mild in degree, which may be described by terms such as: annoyance, irritation, nuisance, uncomfortable, distraction, or twinge.
    - **"Neuropathic or Neurogenic Pain"** is pain that results from stimulation or malfunction of the peripheral or central nervous systems.
    - **"Nociceptive Pain"** is pain that results from the stimulation of pain receptors; for example, pain of internal organs (visceral pain).
    - **"Persistent Pain" or "Chronic Pain"** refers to a pain state that continues for a prolonged period of time or recurs intermittently for months or years.
- **"Physical Dependence"** is a physiologic state of neuroadaptation that is characterized by a withdrawal syndrome if a medication or drug is stopped or decreased abruptly, or if an antagonist is administered.
- **"Tolerance"** is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose.

Analgesics	Brand Name	Max Dose 24/hrs	Issues and Concerns
Acetaminophen	Tylenol	4000 mg	Dosage < 4gms/day (<3 with liver dysfunction)
Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)	Non-selective NSAIDS • Aspirin • Ibuprofen (Advil, motrin) • Naproxen (Naprosyn or Aleve) • Trilisate (Q 8-12 hr) • Nabumetone (Relafen) • Ketorolac (Toradol) (5 days max) • Tramadol COX-2 inhibitors • Celecoxib (Celebrex)	 4000 mg 2400mg 1500mg 3000mg 2000mg 150mg 1st dose then 120mg 300 mg (elderly) (200-400mg)	Indications for use: Used for pain or inflammatory conditions in which lower risk analgesics (e.g. Tylenol) have failed or are not clinically indicated. *Exception: ASA (81-325mg/day) for prophylactic treatment of cardiac events* **Interactions:** • ASA may increase the adverse effects of COX-2 inhibitors on the GI tract • Some NSAIDS (e.g. ibuprofen) may reduce the cardioprotective effect of Aspirin **Monitoring/Adverse Consequences** • Caution with hepatic/renal disease • Monitor closely for bleeding when used with ASA, other NSAIDs, platelet inhibitors or anticoagulants. • Monitor for stomach or bowel problems • Should not be use in conjunction with corticosteroids (prednisone) • Should not be used before or after Coronary bypass surgery • Do not use with severe kidney disease • ANY NSAID my cause or worsen renal failure, increase blood pressure or exacerbate heart failure
Opiod Analgesics	**Short-acting (e.g., breakthrough/rescue pain)** • Codeine • Fentanyl • Hydrocodone (Vicodin) (Lortab) • Hydromorphone (Dilaudid) • Morphine (Roxanol) • Oxycodone **Long-acting e.g.,** • Fentanyl, transdermal (Duragesic patch) • Methadone • Morphine sustained release • Oxycodone, sustained release (Oxycontnin)	**Indications:** • When using long acting for around the clock persistent pain, obtain ider for a short acting opioid for breakthrough pain. • The initiation of longer-acting opioid analgesics is not recommended unless shorter-acting opioid have been tried unsuccessfully, or titration of shorter-acting doses has established a clear daily dose of opioid analgesic that can be provided by using a long-acting form. • Rescue dose is 10-15% if tge 24h total daily dose • If using >3 rescue dieses QD, consider increasing around clock dose. **Monitoring/Adverse Consequences:** • May cause constipation, nausea, vomiting, sedation, lethargy, weakness, confusion, deliriumdysphoria, physical and psychological dependency, hallucinations, respiratory depression- especially in individuals with compromised pulmonary function. • These side effects can lead to other consequences such as falls, and urinary incontinence. • Sedation precedes respiratory depression. Hold opioid, narcan.	
Principles of Pain Management	**Ask the patient about the presence of pain** **Accept the patient's report of pain.**	**Perform a comprehensive pain assessment, including:** • Onset, duration, and location • Quality • Intensity (use appropriate scale) • Patient's goal • Effect on function • Response to prior quality of life treatment • What makes the pain better or worse ▪ Treat persistent pain with scheduled medications ▪ Ordinarily two drugs of the same class (e.g., NSAIDs) should ▪ With older adults, start low, go slow, but go! ▪ Assess and reassess pain frequently	