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| ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI |
| Title: Pain Management Policy |

Pain Policy

All India Institute of Medical Sciences, New Delhi takes a stand that all attempts will be made to make the registered patients in the premises of the hospital PAIN FREE.

Purpose of the Policy

1. This document establishes and affirms AIIMS's commitment to the relief of pain to all its registered patients.
2. This policy statement puts into writing AIIMS's promise to patients and families that the institute is accountable for their pain relief.

Basis

- Pain is the 5th Vital sign and will be assessed for all patients along with pulse, blood pressure, temperature and respiratory rate
- A multidisciplinary team approach will be undertaken for assessment and management of pain.

Patient has the right to receive or refuse adequate relief of acute and/or chronic cancer and non-cancer pain

Scope

1. A Policy statement describes what needs to be done and assigns responsibility
2. It is a powerful tool to sanction and drive efforts to improve pain management and establish accountability of health professionals to relieve pain

Outcomes Expected

1. Patients will report adequate pain relief
2. Patients will have minimal side effects from the analgesic regimen
3. Patients will be satisfied with all aspects of the pain management

Definitions

- Pain is an unpleasant, sensory, subjective, emotional experience due to actual or potential tissue damage or described in terms of such damage
- Acute Pain is the pain of sudden onset usually in response to trauma, surgical or therapeutic interventions. The pain is of short duration easily managed with standard analgesics. It should recede as healing takes place and usually lasts less than a month.
- Chronic non cancer pain - pain persisting beyond the expected healing period lasting for more than 3 months
- Cancer pain - Pain in cancer patients as a result of the malignancy itself or arising from the therapeutic intervention for the treatment of the cancers.

- Multidisciplinary team - doctors, nurses, therapists, patient and family who are responsible for obtaining and providing information regarding the pain and participates in discussions to develop, implement and evaluate the management plan for the patient in pain
- Therapists - staff from Rehabilitation department, Physical therapy, pharmacy, Medical social workers, psychologists etc who contribute to treatment and education of patient and family
- Pain Scale - Numerical Rating Scale
A 10 cm line with No pain at Zero and Maximum imaginable pain at 10. The patient has to give a number to his pain between 0 and 10 to help quantify the pain
- Primary physician – Doctor from the treating unit under whom the patient is admitted

Policy implementation plan

1. Plan for a comprehensive approach to the needs of patients who experience both acute and/or chronic pain in curative, advanced and terminal stages excluding pain from Myocardial infarction.
2. Plan for immediate and sustained pain relief to needy patients including children, infants, adolescents and those with special health care needs do experience pain and always remain undertreated.
3. To identify and establish systems within the institutional frame work for making this facility accessible within the shortest time interval

4. To establish training requirements for faculty and staff involved in direct patient care

Roles and Responsibilities

Nurses

- Nurse will ask questions to elicit information regarding pain from patient and family.
- Nurses will be trained to monitor pain in adult, children, in unconscious patients, in mentally challenged patients and patients with special health care needs using scales
- If patient verbalizes nurse will educate patient about NRS and will assess score and will continue to monitor every 4hrs in the ward and hourly in ICUs
- If score is >3/10 the nurse shall inform the physician in-charge/ Duty doctor and seek specific orders to be followed
- Nurse will ensure that the physician's prescription is complete with respect to dose, timing, frequency and other details including instructions of sudden exacerbation of pain
- The nurse shall administer prescribed medication or SOS medication exactly as per doctor's orders and watch for side effects of medication
- Shall assess and reassess pain prior to and after any surgical /medical therapeutic intervention that may result in pain.
- Shall reinforce education on pain assessment and management plan with colleagues and subordinates

Primary Physician

- Attending physician will assess pain according to NRS Scale at first visit and subsequently assess and document changes at each subsequent interaction
- Shall explain the treatment plan to patient and clear doubts if any
- Physician shall prescribe round the clock medication and SOS medication according the principles of pain management and WHO ladder for Pain Management
- Physician shall respond to reports of pain from nursing team and treating area professionals and shall prescribe appropriate medications
- Physicians shall refer to Pain Resource team/ palliative care for difficult pain situations
- Physician shall follow up the relief of pain and endeavor to improve it continuously

Pain Resource Team

- Shall take lead in creating awareness about significance of pain relief
- Shall organize sessions for education of all concerned personnel – medical and paramedical
- Shall prepare and disseminate assessment / documentation and management protocols related to implementing Pain Policy
- Shall interact with different departments sequentially to assure smooth implementation
- Shall respond to difficult pain situations
- Shall help optimize pain assessment and management or consider interventions where appropriate
- **Shall be available for consultation after the treating unit has attempted the simple protocols for pain relief**
- Shall continue to follow up patients who have been prescribed strong opioids for pain management or have continuous IV or epidural analgesia
- Shall formulate policies, educational materials and meetings to further the implementation of the policy
- Pain resource team comprises of one Pain physician, four resident doctors and six nurses in each team to take care of maximum 200 patients. Thus total 9-10 pain resource team will be required in whole of the hospital.

Procedure for pain assessment and Management

Guidelines:

A.Pain Recognition and Assessment

1. In patient Areas

- a. Screen all patients for pain on admission to the hospital.
- b. If the patient confirms recent pain at the time of admission, record a pain scale score (0-10) on the vitals chart [initially as add on data and later to be incorporated to the re-designed chart]
- c. For patients unable to rate pain verbally (e.g. in the ICU or in ventilator patients) the Behavioral Pain Scale will be used
- d. Monitor the patient for pain
 - i. After administering pain relief measures at least 2 hrly to quantify the pain score change
 - ii. During Vital chart recording
 - iii. When requested by the patient
 - iv. When an intervention or treatment which is known to cause pain is done
- e. Identify interventions that definitely cause experience of pain
 - A. IV Canulation
 - B. IM injections
 - C. Lumbar Puncture
 - D. Paracentesis
 - E. Major dressings

- F. Physiotherapy
- G. Needle Aspiration
- H. ICD insertion
- I. Ryles tube aspiration
- J. Other individualized Specific areas

2. Outpatient Clinics

- a. Screen patients for pain during outpatient visits.
- b. Complete the pain assessment in the clinic, unless the follow-up plan includes referral to a pain clinic.

B. Management of Pain

- 1. Pharmacological treatment according to WHO Analgesic Ladder according to the Pain Score of Numerical rating Scale [Education of Medical and Paramedical staff*][*Annexure 1*]
- 2. Assess the effectiveness of pain intervention within two hours after medication and reassess until there is pain relief
- 3. For severe pains IV Morphine trial will be used for immediate pain relief and for determining the required dose of the drug

C. Protocol for taking help for inadequate pain relief

- a. Team leader staff
- b. Duty Doctor

- c. Departmental consultant
- d. Pain Resource Team
- e. Anaesthesia duty doctor [if <24 hrs post op]
- f. Pain Resource Team – senior Doctors

Documentation

2. General

- Pain is taken as 5th Vital signs to be recorded in the vital chart along with temperature, pulse, Respiration and Blood pressure
- Opioids- Each time Opioid is used, either in parenteral form or in the oral form, it has to be documented by the concerned Nurse.
- A specially prepared drug chart has to be used for dispensing Opioids which contains instructions regarding time of medication, cautions and other guidelines related to it

3. In Inpatient areas, document the following on the Vitals chart with date and time:

- Pain score, within 6 hours of admission and at least once in 2 hrs until pain score < 3 and then once in 4 hrs during vital chart monitoring or when there is a change in the patient's condition
- Satisfaction with pain relief
- Communication with family / Patient [education*]
- Distress charting once in 12 hours
- Discharge instructions regarding pain management, on the Discharge Instruction sheet.

4. In Outpatient areas, document the following with date and time:

- Pain and distress screening, at every visit
- Patient/family education

5. Post Anesthesia / ICU

- Summary of pain management in the discharge Sheet
- Discharge instructions including directions on projected pain management for the next 24 hours

Additional Stationary Requirement

- Modification of Vitals Chart to include Pain score as 5th vital sign and Distress as 6th vital sign
- Pain assessment chart [NRS]
- Poster / Chart for those who are non awake / unable to communicate
- WHO Ladder – availability in wards / OPDs
- Drug chart of patients on step III drugs with dose and side effects and other instructions
- IV Opioid trial protocols and details
- A poster for each ICUs / wards with
 1. Sedation scale
 2. Behavioral Pain Scale
 3. Numerical Rating Scale

Patient/Family Education:

Educate patient/family at the level of their understanding of the following:

- a. How and when to request interventions for comfort/symptom relief.
- b. Importance of preemptive pain management
- c. The timing of taking analgesic drugs and adjuvant drugs
- d. Explanation of the drug chart
- e. Discharge counseling addressing pain management whenever warranted by the patient's condition
- f. Provide the name and telephone number of the individual to contact with problems, such as excessive discomfort.
- g. The Physician note may also include explanatory details for patient's awareness regarding pain causes and management.

Evaluation of the Policy

- Through feed backs gained during the implementation of the policy within the institution from patients and professionals
- Regular audits in the wards about the effectiveness of policy implementation
 - By the nursing team of the area
 - Management support in dispersion of the data to the corresponding team
- Comprehensive multi team pre-planned case discussions of difficult pains

- Allows improvement of competence and confidence in relieving pain
- One way of maintaining dialogue in the field

Annexure 1 follows

