

PORTSMOUTH DISTRICT PCTs

PAIN MANAGEMENT POLICY

POLICY NO: CLN/P1

POLICY FOR ASSESSMENT AND MANAGEMENT OF PAIN

BACKGROUND

Despite dramatic advances in pain control over the past 20 years, many patients in both hospital and community continue to suffer unrelieved pain and up to three-quarters of patients experience moderate to severe pain whilst in hospital. Pain control in hospital has long been documented as ineffective and problematic. Effective problem – solving skills and interventions which reflect the multidimensional nature of pain are required for effective pain management and there needs to be a logical link between the assessment of the problem and the desired outcome.

1. PURPOSE

This policy identifies mechanisms to ensure that all patients/clients have early and effective management of their pain and or distress.

2. SCOPE

This policy provides a framework for all staff working within the Trust who are involved in direct and indirect care. All individual guidelines, protocols and procedures to support the policy must have been approved by the appropriate professional group.

3. RESPONSIBILITY

It is the responsibility of all professionals and support staff involved directly and indirectly in care to ensure that patients/clients

- Have their pain and distress, initially assessed and ongoing care planned effectively with timely review dates.
- Are informed through discussion of the proposed ongoing care and any need for mechanical intervention.

3.1 All professionals are responsible for:

- Assessment
- Planning
- Implementation of action plans
- Evaluation
- Clear documentation
- Liaison with the multi-professional team

Nurses are also specifically responsible for the:

- Administration of the prescribed medication

Medical and Dental staff are also specifically responsible for:

- Appropriate prescribing of medication
- Clear unambiguous completion of prescription sheet

PAM's are specifically responsible for:

- Prescription of therapies
- Providing appropriate aids

Service lead groups are responsible for:

- Ensuring that the pain management standards are implemented in every clinical setting
- Ensuring that the necessary resource and equipment is available
- Ensuring that systems are in place to determine and access appropriate training and that qualified nurses can evidence their competencies
- Ensuring that standards are being maintained by regular audit and monitoring

4. REQUIREMENTS**4.1 Pain Assessment**

All patients/clients who complain of or appear to be in pain must have an initial assessment to establish the type/types of pain their experiencing.

4.1.1 Systems must be in place to ensure that:

- All qualified nursing and medical staff have the required skill to undertake pain assessments and manage pain effectively.
- A local 'agreed' pain assessment method is implemented
- A local 'agreed' documentation method is implemented
- All staff have the required training to implement and monitor the 'pain standards'

4.1.2 All professional staff are required to:

- Exercise professional judgement, knowledge and skill
- Be guided by verbal and non verbal indicators from the patient/client/re intensity of pain
- Be guided by carer/relatives if appropriate
- Document site and character of the pain
- Share information with the care team to enable a multi-professional approach to the management of the patient/client
- Plan on-going care where possible with the patient, documenting clear evaluation dates and times
- Ensure documented evidence supports the continuity of patient care and clinical practice
- Complete the pain and controlled drugs monitoring chart (mandatory for in-patients, optional use in a primary care setting)
- Complete the syringe driver record chart (where a syringe driver is being used in a hospital setting) (appendix A) and/or ask the patient to complete a personal pain diary (patient in the community). N.B. It would also be good practice to encourage use of a personal pain diary in a hospital setting, (where the patient is capable of completing it).

4.2 Prescribing

A clear unambiguous prescription must be written by medical staff following diagnosis of the type/types of pain.

- The prescription must be appropriate given the current circumstances of the patient/client
- There must be a record of prescribing/authorisation to administer all drugs (in secondary care, this is the prescription chart; in primary care settings this is the "record of administration of drugs prescribed by a doctor"

- If the prescription state(s) that the medication is to be administered by continuous infusion (syringe driver) the rationale for this decision must be clearly documented
N.B. **(the continuous infusion route is not more effective than the oral route)**
- All prescriptions for drugs administered via a syringe driver must be written on a prescription sheet designed for this purpose.
- Systems must be in place to ensure staff have the access to appropriate medication guidance and the analgesic ladder.
- Systems must be in place to ensure staff have the skill to implement the above.

5. **AUDIT/CLINICAL GOVERNANCE**

- The systems in place to support this policy should be subject to an annual audit based on the requirements of this policy and should feature in annual clinical governance plans and reports.
- Pain and controlled drugs monitoring chart (mandatory in hospital, optional for primary care setting).

This policy is supported by the following documents

- **Syringe driver record chart/good practice information**
- **Record of authorisation for nurses to administer prescription only drugs prescribed by a doctor or nurse prescriber (primary care setting only)**
- **Record of authorisation for nurses to administer drugs (including controlled drugs) via a syringe driver (primary care setting only)**
- **Personal pain diary**
- **MS26 syringe driver in palliative care**
- **Pain assessment, rationale for analgesia and pain monitoring chart**

POLICY PRODUCED BY:

LEAD PERSON

Joint PCTs Medicines and Prescribing Committee

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APPROVED BY TRUST BOARD:

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