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| **Pain Screening and Assessment** | **Last Revision:** | January 2015 |
| **Last Reviewed:** | January 2015 |
| **Applies to the following THA Group of Companies:** | * Island Health Care * Island Hospice * Independent Life at Home * RightHealth® |
| **Included in the following THA Manual:** | Clinical Policy and Procedure Manual: Miscellaneous |

**PURPOSE:**

* To screen patients/clients for pain using standardized tools to maximize accuracy and continuity in care;
* To thoroughly investigate pain in order to understand the patient/client experience, and factors that create or increase pain;
* To identify treatments, medical or otherwise, that alleviate pain; and
* To promote comfort.

**POLICY:**

Patients and clients of THA Group have the right to have their pain assessed and addressed with every contact. Our goal is to work with all members of the health care team to achieve best possible pain control.

**Equipment**: THA Group supplies field staff with a reference tool containing four pain scales, plus one repeated in Spanish. Clinical notes in the EMR all provide guidance and scales as well. All staff are educated on pain screening.

**Special Considerations:**

* Many of THA Group's patients/clients experience chronic pain related to their disease processes or functional limitation.
* Each person’s perception of pain is unique to him/her. The best judge of a person’s pain is that person.
* There may be cultural, emotional, psychological or other factors that influence a patient's/client’s report of pain.
* Patients/Clients may not be able to adequately define or report their pain. Standardized tools help provide that clarity.

**Procedure to Screen, Assess and Treat Pain:**

* Allow that some patients/clients may need to develop some trust and confidence in their health care team before they will discuss pain. Team members must demonstrate their genuine interest and commitment to each patient/client.
* Determine the pain assessment tool best suited to the patient/client.
  + Conversant clients may be able to use the **0 to 10 scale**;
  + The **Verbal Descriptor Scale** allows for an oral description of pain, to be related to the 0 to 10 scale.
  + **Facial Grimace Scale** may be used with children and adults.
  + **Pain Assessment in Advanced Dementia Scale (PAINAD)** relies on clinician observation over a minimum of 5 minutes, then recording and scoring observed behaviors.
  + The **FLACC Assessment**, also observational in nature, is for assessing children who are non-verbal. These categories are scored: face, legs, activity, cry and consolability.
* Screen for pain per instructions for the tool selected.
* When screening reveals that the patient/client has pain, a thorough assessment of that pain must be completed, including but not limited to:
  + Location
  + Severity
  + Character
  + Duration
  + Frequency
  + What relieves it
  + What worsens it
  + What effect does it have on the clients daily activities and quality of life
* A medication and treatment history, and its effectiveness in controlling pain should be documented.
* Concerns about substance abuse or misuse, now or in the past, must be noted.
* Discuss pain management interventions with the patient/client and/or caregiver. It is important to determine what they are willing to do and accept as therapy.
* Report findings to the health care team; note any medication/treatment orders from the physician.
* Implement the treatment plan.
* Evaluate pain treatment effectiveness.
* Continue to assess pain, using the same tool, and effectiveness of pain therapy.

**Documentation Guidelines:**

* Document in the patient/client record:
  + General status
  + Pain screening/assessment data, including ESAS scores for Hospice clients
  + Interventions and client responses
  + Physician notifications, orders as appropriate
  + Any other relevant findings