SANTA BARBARA COUNTY DEPARTMENT OF Behavioral Wellness
A System of Care and Recovery

Programmatic Policy and Procedure

Section	Psychiatric Health Facility (PHF)	**Effective**	12/22/2016
Sub-section	Nursing	**Version:**	1.1
Policy	Pain Management	**Last Revised:**	12/22/2016

Director's Approval _____ **Date** _____
Alice Gleghorn, PhD

PHF Medical Director's Approval _____ **Date** _____
Ole Behrendtsen, MD

Audit Date:

Supersedes: Pain Management -Eff. 12/22/2016

Approvals: PHF Medical Practice Committee: 10/7/2019 PHF Governing Board

1. PURPOSE/SCOPE

1.1. To provide procedures and guidelines on how to assess, treat and assist in managing a patient's pain while admitted to the Santa Barbara County Psychiatric Health Facility (PHF).

2. DEFINITIONS

The following definitions are limited to the purposes of this policy:

2.1. **Acute pain** – pain that subsides as tissue healing takes place and has a predictable end, is transient, and is often highly localized.

2.2. **Chronic pain** – pain that persists three (3) months beyond the usual course of an acute disease or three (3) months beyond a reasonable time for tissue damage to heal, or pain that is associated with a persistent pathological process that causes continuous or recurrent pain.

2.3. **Licensed nursing staff (LNS)** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or psychiatric technician (PT).

3. POLICY

3.1. All patients will receive pain control that can safely be provided in order to prevent unrelieved pain.

3.2. A patient's report of pain will be accepted and respected as the key indicator of the pain the patient is experiencing.

3.3. Pain control approaches are to be collaborative and interdisciplinary in nature and utilize input from all members of the treatment team – particularly the patient and significant support persons – to set, develop and implement a plan to reach a goal for pain relief and management. The patient's preferences for methods used to manage pain are considered.

3.4. Patients with pain are reassessed as necessary based on the plan of care, changes in condition or upon patient's request.

3.5. Pain intensity will be quantified using the modified Wong-Baker FACES Pain Rating Scale (see Attachment A) which is a subjective, graduated scale with numerical values from 0-10, facial expressions from happy to crying, and words (both in English and Spanish) used to describe pain from none to severe, where the patient communicates his/her level of pain by either stating the level or pointing to the section of the scale that most accurately describes the current level of pain.

3.6. The following treatment modalities may be available (on physician's order) for use at the PHF to assist patients with treatment of pain:

1. Oral, injectable, sub-lingual and topical.
2. Nonpharmacologic modalities, such as distraction techniques, re-positioning, relaxation techniques and hot and cold therapy.

4. PAIN ASSESSMENT AT ADMISSION

4.1. At admission, LNS will utilize the Wong-Baker FACES Pain Rating Scale (see Attachment A) to assess for presence of pain for all patients.

4.2. If a patient reports a pain level of three (3) or above, LNS will assess the patient's ability to use a pain rating scale and the patient's personal goal for pain relief, including:

1. Alleviating and aggravating factors;
2. Acceptable rating of pain and pain management history;
3. Current medications for pain and what works best; and
4. Alternative methods of pain control used.

4.3. The patient's pain level will be monitored at regular intervals as dictated by a physician's order ~~but no less than every 12 hours or once per shift~~ ;monitoring may be more frequent as indicated for each individual patient.

4.4. All pharmalogical and non-pharmacological interventions must be documented in the medical record. The pain intensity rating is reassessed and documented within one (1)

hour after each intervention until the intensity rating is two (2) or less or the patient's stated level of acceptable pain.

4.5. A numerical intensity rating of pain is determined with every set of vital signs and if the patient spontaneously reports pain.

4.6. If the patient's pain remains at a three (3) or greater despite pharmacologic interventions, or is higher than the patient's acceptable level of pain, LNS will contact the assigned physician for further instructions.

5. ONGOING PAIN ASSESSMENT

5.1. If the patient reports new pain during the course of stay, or reports an adverse change in pain, a more detailed assessment of the acute and/or persistent pain will be performed and may include the following data:

1. Location of pain. If more than one location, they are assessed separately.
2. Duration.
3. Type, quality/description, and patterns of radiation (if applicable).
4. Alleviating and aggravating factors.
5. Intensity rating.
6. Patient's acceptable rating of pain and pain management history.
7. Current medications for pain and what works best.
8. Alternative methods of pain control used.
9. Vital signs and level of consciousness.
10. Patient's physical, emotional and behavioral expressions of pain.
11. Level of influence of pain on necessary activities.

5.2. The assigned LNS will reassess pain intensity after each pain management intervention (pharmacological and non-pharmacological) once a sufficient time has elapsed for the treatment to reach peak effect (general guidelines: 60 minutes for pharmacological and non-pharmacological interventions).

6. PATIENT EDUCATION

6.1. During the course of stay, and at discharge, LNS will:

1. Provide patients and significant support persons with verbal and written information about pain management.
2. Teach patients and significant support persons how to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention.
3. Teach pharmacologic and non-pharmacologic interventions.

4. Develop an individualized pain management plan which includes the patient's goal for pain management, patient's preferences for treatment, age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices.

~~ASSISTANCE~~

~~Gerardo Puga-Cervantes, LMFT, PHF Program Manager~~

~~Cheryl Cook Jacobs, RN, Interim Nursing Supervisor~~

REFERENCE

American Pain Society Guidelines

The Joint Commission Hospital Accreditation Standards (2013)

ATTACHMENTS

Attachment A - Wong-Baker FACES Pain Rating Scale

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
9.25.2019	1.1	**Revised Section 4.3 to indicate that the patient's pain level will be monitored as dictated by a physcian's order.**

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).