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| <b>Vermont Psychiatric Care Hospital Policy and Procedure</b> |          |                             |
| <b>Pain Assessment, Pain Management, and Opioid Use</b>       |          |                             |
| Effective: January 2023                                       | Revised: | Due to Review: January 2025 |

## **POLICY**

The Vermont Psychiatric Care Hospital (VPCH) recognizes a hospitalized person’s right to pain relief and supports a multidisciplinary approach to pain assessment and management. Pain assessment, pain management, and safe opioid use are organizational priorities at VPCH.

## **PROCEDURE**

An assigned Registered Nurse obtains a pain assessment upon admission and when pain is reported. If during an initial pain screen, pain is not reported, but pain is later reported, a pain assessment is obtained by a nurse or a physician at that time.

Pain assessments are used with a consideration for the hospitalized person’s age, condition, and ability to understand. Hospitalized persons’ self-report of pain is preferable and shall be utilized whenever possible. Evidence-based tools such as the Numerical Rating Scale (NRS) or the Emoji-Based Visual Analog Scale (VAS) can be utilized to quantify self-reported pain.

If pain is not self-reported, the evidence-based Adult Non-Verbal Pain Scale (NVPs) shall be utilized to quantify an assessed pain level.

Pain shall be reassessed with new reports of pain, with procedures or activities that are expected to cause pain, and at appropriate intervals following administration of analgesic or other non-pharmacologic intervention. Reassessment after pharmacologic intervention includes assessing for the presence of analgesic side effects. Pre- and post-analgesic pain scores are documented in the Medical Record.

Hospitalized persons receive prompt, effective management of their pain and any analgesic side effects as relevant to their condition. Pain scores unacceptable to the hospitalized person, or pain that interferes with activities of daily living, treatment, self-care, or sleep are addressed.

Pain management goals are individualized and will be addressed by all members of the multidisciplinary treatment plan.

The attending psychiatrist, in consultation with VPCH Medical Consultant(s), shall consider a referral to a pain specialist for hospitalized persons with poorly controlled pain.

Hospitalized persons are educated about pain and its management. Hospitalized persons receive information about pain management at the time of discharge as warranted by their condition. Information provided at discharge will include information about safe use, storage, and disposal of opioids when prescribed.

### Multidisciplinary Treatment Team Responsibilities

- Support the use of non-pharmacologic modalities as treatment options.
- Shall identify and support the use of diversional pain relief interventions.
- Will review effectiveness of pain management interventions through the treatment plan review process.
- Shall reassesses and respond to the hospitalized person's pain through the evaluation and documentation of response to pain interventions.

### Physicians and Licensed Independent Providers Responsibilities

- Be actively involved in pain assessment, multimodal pain management, and safe opioid prescribing.
- Follow the State of Vermont's Prescription Monitoring System (VPMS) regulations on Opioid usage.
- Enter medication orders for controlled substances into the electronic medical record and review these order(s) at a minimum of every 30 calendar days. The attending physician renews the order every 30 days and/or as needed.
- Will establish the duration of opioid pain management therapy with a stop date of 30 days.
- Prescribe opioids only when benefits are likely to outweigh the risks.

### Registered Nurses Responsibilities

- Hospitalized persons will be assessed for pain as part of their Admission assessment and at least once per shift thereafter.
- Hospitalized persons shall be assessed/reassessed with new reports of pain, with procedures or activities that are expected to cause pain, and at appropriate intervals following administration of an analgesic or other non-pharmacologic intervention.
- Each completed pain assessment should include the initial pain assessment, an offered pain intervention, and a one hour follow up pain assessment.
- A 0-10 rating scale such as the NRS or VAS is generally used to quantify self-reported pain. If pain is not self-reported, the NVPS shall be utilized to quantify an assessed pain level. Alternate pain scales can be made available if clinically necessary and will be named/addressed in the individuals treatment plan.
- A pain scale shall be documented each time an analgesic (scheduled or PRN) is administered.
- The initial pain assessment documented must match the time the medication was given.
- The 1-hour follow-up assessment will be documented between 45 minutes to 1-hour later.
- If the 1-hour follow-up assessment cannot be done within the 45-minute to 1-hour time frame (due to the individual being off unit, or in group) this should be documented in a note and the hospitalized person will be re-assessed as soon as possible and a pain scale entry will be done in the flowchart at that time.
- If the hospitalized person is sleeping, they are not to be awakened to assess/re-assess for pain. If they are sleeping, the pain score should be "0".
- Assess for and report adverse events (such as respiratory depression) following opioid administration.

Pharmacists Responsibilities


- Audit analgesic orders to ensure etiology of pain is indicated.
- Communicate with staff and licensed independent practitioners regarding opioid analgesic therapies and potential alternatives.
- Ensure each opioid medication order has a stop date 30 days after the written date of the order.
- Monitor opioid use for safe utilization and provide consultation to providers and treatment teams.
- Use state-based prescription drug monitoring programs to identify hospitalized persons at risk of addiction or overdose.

Quality Assurance and Performance Improvement

The Quality Department will collect and analyze data on pain assessment and management to identify areas that need improvement, as well as to increase safety and quality of care for hospitalized persons. Quality assurance activities will include collecting data including types of interventions, effectiveness of treatment as well as adverse events related to pain management for hospitalized persons. Data analysis shall be used to determine if opioids are being used safely and to inform performance improvement activities as indicated.

**References:**

- Numerical Rating Scale (NRS), found [here](#).
- Emoji-Based Visual Analog Scale and Numeric Rating Scale, found [here](#).
- Adult Non-Verbal Pain Scale, found [here](#).
- Vermont Prescription Monitoring System (VPMS), found [here](#).

| <b>Approved by</b>  | <b>Signature</b>   | <b>Date</b> |
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| Emily Hawes<br>Commissioner<br>Vermont Department of<br>Mental Health | <br>DocuSigned by:<br>Emily Hawes<br>C50275615A62462... | 1/24/2023   |