

SECTION - MEDICAL/NURSING SERVICES
ADMINISTRATIVE DIRECTIVE NO. 566
(Replaces A.D. No. 566 dated 7/13/06)

Effective Date: July 12, 2007

SUBJECT: PAIN MANAGEMENT

I. PURPOSE

To provide Individuals with optimal relief from pain through a proactive approach to pain management that is mutually established and acceptable to the Individual and the multidisciplinary treatment team.

II. AUTHORITY

Department of Mental Health, Special Order 118; California Business and Professions Code, Section 2725 (b); California Health and Safety Code, Section 1254.7.

III. POLICY

It is the policy of this hospital to recognize the right of Individuals to appropriate assessment and management of pain; to educate Individuals and staff about pain and pain management; and to monitor and evaluate the efficacy of pain intervention.

IV. METHOD

A. Assessment:

1. At the time of admission, and routinely thereafter, nursing staff shall assess all Individuals for the presence of pain in accordance with approved nursing procedures.
2. When an Individual communicates his complaints of pain during the course of his hospitalization, nursing staff shall notify a physician.
3. If an Individual (who is being treated for pain) has ongoing acute or chronic pain, that is not controlled nor has frequent breakthrough pain, nursing staff shall initiate an intensive assessment using a Pain Assessment Tool and shall notify a physician.
4. The Individual's history of drug abuse and drug seeking behavior shall also be assessed and considered in developing an appropriate pain management plan.
5. The Individual's self-assessment of his pain level tolerance and pain management goal shall be included in pain assessments/reassessments.

6. Pain management shall be reassessed at appropriate intervals.
7. The Physician's order will clearly specify parameters or established protocols for pain medication administration.
8. Effectiveness of the pain intervention shall be evaluated based on observable conditions and behaviors specified in the physician's orders. Licensed staff, legally authorized to administer such medications, shall document effectiveness in the clinical record.

B. Care and Treatment:

1. An attending physician is responsible for developing and coordinating a multidisciplinary pain management plan and for ongoing review of the plans effectiveness.
2. A clinician, in collaboration with the treatment team, may request a pain consult by submitting a Consultation Request Form to the Central Medical Services Clinic. The clinic physician will complete the pain consultation within the requested timeframe.
3. Individuals who need pain management beyond the resources of Coalinga State Hospital (CSH) may be referred to an appropriate outside resource.
4. The treatment team shall include the Individual in the development of his pain management plan.
5. The Individual's personal, cultural, spiritual, and/or ethnic beliefs will be respected in the management/treatment of pain.
6. The treatment team shall consider both pharmacological and non-pharmacological interventions. Non-pharmacological interventions that will be considered include but are not limited to the following examples:
 - a. Cognitive-behavioral therapy
 - b. Psychological support
 - c. Heat/cold application
 - d. Relaxation therapy
 - e. Position change
 - f. Imagery/meditation
7. The treatment team shall routinely evaluate the effectiveness of both pharmacological and non-pharmacological pain interventions.

V. PATIENT EDUCATION

- A. At the time of admission, all Individuals shall be informed of their right to pain assessment and management of pain.
- B. Individuals will be educated about the use of pain rating scales, the pain cycle, types of pain, pain medications, attitudes and beliefs about pain and Individual participation in their pain management program.
- C. Individuals on pain medication will be educated about tolerance, physical dependence and addiction in relation to those medications.

VI. STAFF EDUCATION

- A. An overview of pain management will be provided during new employee orientation for all clinical staff.
- B. Clinical staff will receive work site orientation to specific policies and procedures for pain management.
- C. Updates in the field of pain management will be provided at clinical case conferences, colloquia, annual training or special presentations.

VII. CONTINUITY OF CARE

For Individuals with pain management needs at the time of discharge, the condition and recommended follow-up intervention will be documented and recorded in the discharge summary and forwarded to the appropriate aftercare provider.

VIII. MONITORING

- A. The Individual's pain care treatment plan will be described in the clinical record; the Individual's response to pain interventions will be monitored and documented; the overall effectiveness of the Individual's pain management will be routinely evaluated and recorded in the treatment plan.
- B. Data will be collected, aggregated, and evaluated to identify trends, patterns and opportunities for improvement in pain management at CSH.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):

A.D. No. 166 Risk management-Documentation and Reporting

A.D. No. 512 Patient Medical & Psychiatric Examinations

A.D. No. 518 Nursing Service

A.D. No. 532 Pharmaceutical Services

A.D. No. 568 Nursing Staff Allocation: Minimum On-Duty Coverage

A.D. No. 612 Patients' Rights, Treatment Related Issues

A.D. No. 646 Central Medical Services

Nursing Procedure Manual: Pain Assessment Tools

Patient Classification System: Acuity Calculation & Report