

Clinical Guidelines Related to Pain Management

Assessment and Management of Acute Pain

Access: http://www.icsi.org/pain_acute/pain_acute_assessment_and_management_of_3.html

Source: Institute for Clinical Systems Improvement (ICSI) **Date:** 2008

Description: Acute pain strikes all ages and this evidence-based guideline has been developed for all, from infants to the elderly. An assessment algorithm aids in the evaluation of somatic, visceral, and neuropathic pain symptoms; a second algorithm includes specific treatment options for different types and causes of pain. The 3 mechanisms of pain are considered individually and in combination; great emphasis is placed on thorough assessment, including assessment tools for children and adults.

Practice Guidelines for Acute Pain Management in the Perioperative Setting: An Updated Report by the American Society of Anesthesiologists Task Force on Acute Pain Management

Access:

<http://www.asahq.org/.../PracticeParameters/AcutePainManagementInThePerioperativeSetting.ashx>

Source: American Society of Anesthesiologists - Medical Specialty Society **Date:** 2012

Description: This updated report was designed to review recent evidence-based studies and revise recommendations on acute pain management in the perioperative setting to improve efficacy and safety while reducing the risk of adverse outcomes. The guidelines address: 1) institutional policies, 2) preoperative patient evaluation, 3) preoperative preparation, 4) perioperative pain management including multimodal techniques, and 5) subpopulations at greater risk.

Adult Cancer Pain

Access: http://www.nccn.org/professionals/physician_gls/PDF/pain.pdf

NOTE: Access is free after completing brief registration through 'User Login' section on this page.

Source: National Comprehensive Cancer Network **Date:** 2011

Description: This NCCN guideline is presented in a concise, easy-to-use format that includes algorithms for assessment, follow-up, and decisions related to referral for interventional therapies. Prescribing and titration tables for opioids, non-opioid dosing, and a guide for the management of opioid adverse effects are all summarized in an at-a-glance format. Recommendations for the appropriate use of adjuvant analgesics in the management of cancer pain include examples with dosing instructions. Some guidance is offered for specific pain problems, referrals for complementary therapy, and patient education.

Adult Acute and Chronic Cardiac Pain

ACCF/AHA 2011 Focused Update and 2007 Guidelines for the Management of Patients With Unstable Angina and Non-ST- Elevation Myocardial Infarction

Access Update: <http://content.onlinejacc.org/cgi/content/full/j.jacc.2011.02.009>

Source: American College of Cardiology/American Heart Association Task Force on Practice Guidelines

Date: 2011 **Description:** These guidelines focus on 2 components of acute coronary syndrome, a life-threatening disorder that frequently requires emergency medical care. Pathophysiology, presentation, assessment, and risk stratification are examined in the first two sections; hospital care (early and late), coronary revascularization, and the management of special populations are covered in the last 4 sections. Based on clinical trial results from 2008 through April 2010, the update focuses on 4 important areas in the management of unstable angina (UA) / non-ST-elevation myocardial infarction (NSTEMI) patients. The practice areas are: 1) the timing of acute interventional therapy, 2) the timing and administration of

antiplatelet therapy, 3) therapy considerations in patients with advanced renal dysfunction, and 4) the importance of participation in quality-of-care data registries.

Chronic & Intractable Pain (including CRPS/RSD)

Consensus Guidelines for the Selection and Implantation of Patients with Noncancer Pain for Intrathecal Drug Delivery

Access: http://www.rsd.org/2/library/article_archive/pop/Deer_PainPhysician_2010.pdf

Date: 2010 **Print Reference:** Deer TR, Smith HS, Cousins M, et al. Consensus Guidelines for the Selection and Implantation of Patients With Noncancer Pain for Intrathecal Drug Delivery. *Pain Physician*. 2010(May-Jun);13(3):E175-E213.

Description: Long-term management of intractable noncancer pain using an invasive alternative may be an appropriate option for select patients whose pain is unrelieved by standard pain management therapies. This 40-page evidence-based consensus guideline is rich with practical information including drug administration concerns, cautions on known equipment failures, and cost considerations. To achieve successful therapeutic outcomes, minimize treatment failure, and maximize safety, the authors explain the need for a full and multifaceted patient evaluation — including physical, psychological, and social concerns — before initiating intrathecal drug treatment. Additional features of this guideline include a summary of the evidence and recommendations from other relevant guidelines and a table listing key considerations for patient selection.

Evidence Based Guidelines for Complex Regional Pain Syndrome Type 1

Access: http://www.rsd.org/2/library/article_archive/pop/Perez_Zollinger_BMCNeurol_2010.pdf

Date: 2010 **Print Reference:** Perez RS, Zollinger PE, Dijkstra PU, et al. Evidence based guidelines for complex regional pain syndrome type 1. *BMC Neurology*. 2010;10(20).

Description: A multidisciplinary task force graded literature evaluating treatment effects for CRPS-1 — formerly known as reflex sympathetic dystrophy (RSD) — according to their strength of evidence. Based on the findings treatment recommendations were formulated and approved for general pain treatment, neuropathic pain, inflammatory symptoms, promoting peripheral blood flow, and decreasing functional limitations. The prevention of primary and secondary CRPS-1 also is discussed.

Practice Guidelines for Chronic Pain Management [ASA/ASRA]

Access: <http://journals.lww.com/anesthesiology/...13.aspx> (PDF version also available at this site)

Source: American Society of Anesthesiologists (ASA) and the American Society of Regional Anesthesia and Pain Medicine (ASRA). **Date:** 2010 (April) **Print Reference:** Rosenquist RW, Benzon HT, Connis RT, et al. Practice Guidelines for Chronic Pain Management. *Anesthesiology*. 2010;112(4):810-833.

Description: These new recommendations, an evidence-based update of guidelines published by ASA/ASRA more than a decade ago, are designed to help all clinicians who treat chronic pain. Topics apply to patients with chronic noncancer, neuropathic, somatic, or visceral pain. A diversity of modalities are addressed, such as the latest advances in interventional and surgical procedures, medication management, and the full range of adjunctive or alternative therapies.

Assessment and Management of Chronic Pain

Access: http://www.icsi.org/pain_chronic_assessment_and_management_of_14399/...

NOTE: Adobe Reader Ver 7.0 or higher is required to access this file.

Source: Institute for Clinical Systems Improvement (ICSI) **Date:** 2009

Description: This ICSI guideline aims to improve the effectiveness of chronic pain treatment and resulting physical functionality by using a biopsychosocial model and a multi-specialty team approach. Assessment and management algorithms are presented; patient questionnaires, agreements, and a pain inventory are also included.

Reflex Sympathetic Dystrophy/Complex Regional Pain Syndrome Clinical Practice Guidelines

Access: http://rdsfoundation.org/en/en_clinical_practice_guidelines.html

Source: International Research Foundation for RSD/CRPS **Date:** 2009

Description: Reflex Sympathetic Dystrophy Syndrome (RSD), also known as Complex Regional Pain Syndrome (CRPS), is a multi-symptom, multi-system, syndrome usually affecting one or more extremities, and continues to be poorly understood. This guideline covers the clinical features of RSD/CRPS and important diagnostic strategies. A comprehensive treatment protocol is defined and video presentations on sympathetic lumbar nerve block techniques are included. Additionally, a video on sympathetic nerve blocks in children has been added since the last update. 26 Pages.

Pharmacological Management of Persistent Pain in Older Persons

Access: http://www.americangeriatrics.org/.../clinical_practice/clinical_guidelines_recommendations/2009/

Source: American Geriatrics Society (AGS) Panel on Persistent Pain in Older Persons. **Date:** 2009.

Description: This AGS guideline on the pharmacological management of persistent pain in older adults replaces the 2002 edition. Based on more recent studies that show increased cardiovascular risk and gastrointestinal toxicity with the use of NSAIDs or COX-2 inhibitors, it is important to note that this guideline has nearly eliminated any recommendation of these agents in this population. Overall, 27 recommendations are presented for managing persistent pain in patients 75-years and older who have a tendency to be more frail and suffer from multiple chronic illnesses. The panel also recommends opioid therapy for elderly patients with moderate-to-severe pain or diminished quality of life due to pain. Adequate management of pain could reduce unwanted adverse outcomes like falls, sleep disruption, depression, and anxiety. A brief discussion on the use of newer adjuvant drugs and topical analgesics is also presented.

Practice Guidelines for Obstetric Anesthesia. An Updated Report by the American Society of Anesthesiologists Task Force on Obstetric Anesthesia.

Access: <http://www.asahq.org/For-Members/Practice-Management/.../ObstetricAnesthesia.ashx>

Source: American Society of Anesthesiologists (ASA) **Date:** 2007

Print Reference: Practice Guidelines for Obstetric Anesthesia. An Updated Report by the American Society of Anesthesiologists Task Force on Obstetric Anesthesia. *Anesthesiology*. 2007(Apr);106(4):843-863. **Description:** The ASA Task Force reviewed evidence-based literature and invited the opinions of a panel of consultants and practitioners to develop an update to guidelines that were originally adopted in 1998. The update provides expanded recommendations for pain management during labor, operative and non-operative deliveries, and the postpartum period. The revised guidelines include the recommendation that the level of care and equipment available to patients in the main operating room also be provided to all obstetric patients. Each recommendation is supported by a strength-of-evidence evaluation and the appendix to the guideline includes a meta-analysis summary.

Consensus Guidelines for the Management of Chronic Pelvic Pain - Part One and Part Two

Access: Part One: <http://www.sogc.org/guidelines/public/164E-CPG1-August2005.pdf>

Access: Part Two: <http://www.sogc.org/guidelines/public/164E-CPG2-September2005.pdf>

Source: Chronic Pelvic Pain Working Group, Society of Obstetricians and Gynaecologists of Canada

Date: 2005 **Print Reference:** Part One: Jarrell JF, Vilos GA, Abu-Rafea B, et al. Chronic Pelvic Pain Committee. Consensus guidelines for the management of chronic pelvic pain. *J Obstet Gynaecol Can*.

2005(Aug);27(8):781-826. **Print Reference:** Part Two: Jarrell JF, Vilos GA, Abu-Rafea B, et al. Chronic

Pelvic Pain Committee. Consensus guidelines for the management of chronic pelvic pain. *J Obstet Gynaecol Can.* 2005(Sep);27(9):869-887. **Description:** Part one contains 6 chapters which address individual aspects of chronic pelvic pain. Physiology, etiology, assessment, and laparoscopic investigations are examined in the first 4 chapters; specific gynecological, urological and gastrointestinal conditions are explored in chapters 5 and 6 (21 Pages). Part two contains 8 chapters covering myofascial dysfunction plus recommendations for medical, surgical and complementary/alternative interventions for the management of chronic pelvic pain (19 Pages).

Headache

Health Care Guideline: Diagnosis and Treatment of Headache

Access: http://www.icsi.org/headache/headache_diagnosis_and_treatment_of_2609.html

Source: Institute for Clinical Systems Improvement (ICSI) **Date:** 2011

Description: This guideline emphasizes appropriate assessment and provides a thorough analytical framework that includes 10 algorithms for the diagnosis and treatment of headache. A drug table with a discussion of treatment considerations for the female population is provided. The authors include a presentation of the warning signs of potential disorders other than primary headache. To learn more about ICSI or to order a printed copy (\$10), visit www.icsi.org. 85 Pages.

Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache

Access: http://217.174.249.183/upload/NS_BASH/2010_BASH_Guidelines.pdf

Source: British Association for the Study of Headache **Date:** 2010; Third Edition (1st Revision)

Description: The evidence for improved outcomes in headache management was evaluated and guidelines were developed by a team of headache specialists, members of the British Association for the Study of Headache and the Association of British Neurologists. These guidelines utilize the headache criteria of the 2003 International Class of Headache Disorders (ICHD-II) and address all forms of headache diagnosis and management. In addition to migraine, tension-type headache, cluster headache, and multiple coexistent headache disorders, recommendations are also included for medication overuse headache. A brief 6-part history questionnaire is included as a tool for diagnosis. 52 Pages.

American College of Rheumatology 2012: Recommendations for the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee

Access:

http://www.rheumatology.org/practice/clinical/guidelines/PDFs/ACR_OA_Guidelines_FINAL.pdf

Source: American College of Rheumatology **Date:** 2012 (April)

Print Reference: Hochberg MC, Altman RD, April KT, et al. *Arthritis Care & Research.*

2012(Apr);64(4):465-474. **Description:** These evidence-based guidelines update recommendations from year 2000. The Expert Panel chose the best evidence for efficacy and safety available in each modality. All 3 sets of recommendations -- for Hand, Knee, and Hip -- include guidance for pharmacologic and nonpharmacologic therapies. Recommendations for all therapies were graded and panel confidence levels for individual interventions are reflected as strong, conditional, or no recommendation. 10 Pages.

Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society

Access: <http://www.annals.org/cgi/reprint/147/7/478.pdf>

Source: American College of Physicians (ACP), American Pain Society (APS) **Date:** 2007

Print Reference: Chou R, Qaseem A, Snow V, et al. *Annals of Internal Medicine*. 2007(Oct);147(7):478-491. **Description:** Low back pain is reported to be the fifth most common healthcare complaint in the United States. This evidence-based guideline for the evaluation and treatment of acute and chronic low back pain in primary care settings was developed through a collaborative effort of the ACP and the APS. The guideline focuses on adults presenting with low-back pain unassociated with major trauma, with and without referred leg pain. Two algorithms were developed: 1) diagnostic evaluations and interpretation which can aid clinicians in identifying a general back pain category during the patient's first visit, and 2) pain management that includes drug and nonpharmacologic therapies. Clinicians are encouraged to use the 7 evidence-based recommendations to expand current treatment modalities and to explore the benefits and drawbacks of traditional treatment methods.

Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline

Access: <http://www.annals.org/cgi/reprint/147/7/492.pdf>

Source: American Pain Society (APS), American College of Physicians (ACP) **Date:** 2007

Print Reference: Chou R, Huffman LH, American Pain Society, American College of Physicians. *Annals of Internal Medicine*. 2007(Oct);147(7):492-504. **Description:** Task force members of the APS and ACP examined systematic reviews and randomized trials on a wide range of nonpharmacologic therapies used to treat acute or chronic low back pain. Studies that reported pain outcomes, back-specific function, general health status, work disability, or patient satisfaction were graded on methodological quality. In the final analysis, four modalities showed good levels-of-evidence for moderate efficacy in the treatment of chronic or subacute low back pain: cognitive-behavioral therapy, exercise, spinal manipulation, and interdisciplinary rehabilitation. The only therapy that provided good evidence for effectiveness in acute low back pain was superficial heat.

Neurological/Neuropathic Pain

Guidelines on Neuropathic Pain Assessment [NeuPSIG]

Access: <http://download.journals.elsevierhealth.com/pdfs/journals/0304-3959....pdf>

Source: International Association for the Study of Pain (IASP) Neuropathic Pain Special Interest Group (NeuPSIG) **Date:** 2011

Print Reference: Haanpaa M, Attal N, Backonja M, et al. NeuPSIG guidelines on neuropathic pain assessment. *PAIN*. 2011(Jan);152(1):14-27.

Description: Effective neuropathic pain treatment requires thorough patient evaluation and assessment. The IASP Neuropathic Pain Special Interest Group has revised their 2004 guidelines on the assessment of neuropathic pain for the primary care clinician. Following a systematic review and evaluation of scientific literature, the group classified and graded the evidence for the use of specific pain and psychosocial screening tools as well as clinical examination methods that include sensory profiling. In addition, the guideline includes a review of recommendations based on studies evaluating the influence of psychological factors on neuropathic pain and those that assessed treatment efficacy. The use of assessment techniques such as microneurography, functional brain imaging, skin biopsy, and peripheral nerve blocks are also evaluated.

Evidence-based Guideline: Treatment of Painful Diabetic Neuropathy

Access: <http://dx.doi.org/10.1212/WNL.0b013e3182166e6e> (click on full text PDF)

Source: American Academy of Neurology, American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation

Date: 2011 **Print Reference:** Bril V, England J, Franklin GM, et al. Evidence-based Guideline: Treatment of Painful Diabetic Neuropathy. *Neurology*. 2011(Apr 11);76 [Epub ahead of print].

Description: This goal of this guideline was an assessment of the evidence to support specific pharmacologic and nonpharmacologic therapies to reduce pain, increase physical function, and improve quality of life for patients with painful diabetic neuropathy. The evaluation included a systematic literature review of anticonvulsant, antidepressant, and opioid drugs — plus complementary therapies such as electrical stimulation, magnetic field treatment, low-intensity laser treatment, and Reiki massage. The authors provide a review of the evidence for each treatment type as well as their rationales for recommended therapies.

EFNS Guidelines on Pharmacological Treatment of Neuropathic Pain: 2010

Access: http://www.efns.org/fileadmin/...EFNS_guideline_2010_pharma_treatment_of_neuropathic_pain.pdf

Source: European Federation of Neurological Societies **Date:** 2010

Print Reference: Attal N, Cruccu G, Baron R, et al. EFNS guidelines on pharmacological treatment of neuropathic pain. *Eur J Neurol*. 2010(Sep);17(9):1113-1123, appendix e67-e88. **Description:** The management of neuropathic pain continues to provide challenges for the practitioner. This paper summarizes the evidence-based treatment for painful polyneuropathy (diabetic and non-diabetic), postherpetic neuralgia, trigeminal neuralgia, central neuropathic pain, and several conditions for which very few studies were available. The mechanism of action, efficacy and adverse effects were presented and recommendations were made for antidepressants, antiepileptics, opioids, and a combination regimen.

Opioid Therapy & Safety

ASPMN Guidelines on Monitoring for Opioid-Induced Sedation and Respiratory Depression

Access: <http://www.aspmn.org/...Opioid-InducedSedationandRespiratoryDepression.pdf>

Source: American Society for Pain Management Nursing **Date:** 2011

Print Reference: Jarzyna D, Jungquist CR, Pasero C, et al. American Society for Pain Management Nursing Guidelines on Monitoring for Opioid-Induced Sedation and Respiratory Depression. *Pain Management Nursing*. (Sep 2011);12(3):118-145. **Description:** Nurses play an important role in monitoring patients receiving opioid analgesics. In addition to variations in the health status of each patient, pain management can become complex due to differences in the dosage and route of opioid administration, combination therapy, and individual treatment goals. Based on an extensive review of existing literature, this expert-developed guideline specifically examines patient risk factors for advancing sedation and respiratory depression. Recommendations focus on effective assessment and monitoring practices, as well as appropriate interventions aimed at reducing the impact of adverse events. Additional recommendations include nurse education and the use of technology in patient monitoring. The authors review patient conditions — like functional status, preexisting disease, and a history of sleep-disordered breathing — that have been shown to increase the occurrence of opioid-induced adverse effects.

VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain

Access: http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp

Source: Department of Veterans Affairs and the Department of Defense (VA/DoD)

Date: 2010 (Version 2.0); Version 1.0 published in 2003

Description: Designed for use in an ambulatory care setting, the guideline provides all levels of pain management guidance from assessment to patient education. This guideline has a wider focus than the original version and includes treatment considerations for all patients who could benefit from chronic

opioid therapy (defined as more than one month). The goal of this comprehensive set of recommendations is education and guidance for primary care practitioners and researchers who must assess and treat patients with persistent pain. Each best-practice recommendation is goal-focused and the treatment algorithm is designed to guide the clinician through assessment, a discussion of patient treatment goals, trial therapy, treatment evaluation, maintenance therapy, and treatment challenges. Tables that address drug interactions and contraindications are included; separate sections provide specific considerations for methadone use, titration challenges, managing adverse effects, and referral strategies. Two PDF versions of the guideline are available at the web address listed above: a 74-page summary and the 159-page full-text guideline. Both of these versions include the full 3-page algorithm.

APS/AAPM Clinical Guidelines For the Use of Chronic Opioid Therapy in Chronic Noncancer Pain

Access: [http://www.jpain.org/article/S1526-5900\(08\)00831-6/abstract](http://www.jpain.org/article/S1526-5900(08)00831-6/abstract)

(As of 3/11/09 the publisher was offering free access to the full document, but this may change.)

Source: American Pain Society (APS), American Academy of Pain Medicine (AAPM)

Date: 2009

Print Reference: Chou R, Fanciullo GJ, Fine PG, et al. *The Journal of Pain*. 2009(Feb);10(2):113-130.

Description: This clinical practice guideline was developed by a multi-disciplinary panel of experts representing the American Pain Society and the American Academy of Pain Medicine. Based on a systematic review of the literature through November 2007, 25 recommendations were developed to guide the use of opioids for carefully selected and monitored patients with chronic non-cancer pain. However, the panel identified numerous research gaps and they did not rate any of the recommendations as supported by high-quality evidence. Only 4 recommendations were viewed as supported by moderate-quality evidence. Nonetheless, the panel came to a unanimous consensus on almost all of its recommendations. 17 pages + appendices. Access checked April 14, 2009.

Also of interest...

Two additional papers in this same edition of the *Journal of Pain* discuss important research limitations encountered during the development of the above guideline. Access to both checked 4/14/09; *free access*

Research Gaps on Use of Opioids for Chronic Noncancer Pain (Chou R, et al. 2009) – concludes that clinical decisions regarding the use of opioids for chronic noncancer pain need to be made based on weak evidence. Research funding priorities need to address these critical needs if the care of patients with chronic noncancer pain is to improve. 12 pages + appendices.

Access full document at: [http://www.jpain.org/article/S1526-5900\(08\)00830-4/abstract](http://www.jpain.org/article/S1526-5900(08)00830-4/abstract)

Opioids for Chronic Noncancer Pain: Prediction and Identification of Aberrant Drug-Related Behaviors (Chou R, et al. 2009) – concludes that evidence on the prediction and identification of aberrant drug-related behaviors is limited. Although several screening instruments exist, evidence for their external validity is lacking. Further studies evaluating clinical outcomes associated with different assessment and monitoring strategies are needed. 15 pages + appendices.

Access full document at: [http://www.jpain.org/article/S1526-5900\(08\)00832-8/abstract](http://www.jpain.org/article/S1526-5900(08)00832-8/abstract)

Pain in Palliative Care

NHPCO Statement [guideline] on Palliative Sedation in Terminally Ill Patients

Access: http://www.nhpc.org/files/public/JPSM/NHPCO_Pall-Sedation-Ther_JPSM_May2010.pdf

Date: May 2010 **Print Reference:** Kirk TW, Mahon MM, et al. National Hospice and Palliative Care

Organization (NHPCO) Position Statement and Commentary on the Use of Palliative Sedation in Imminently Dying Terminally Ill Patients. *J Pain Symp Manage*. 2010(May);39(5):914-923.

Description: This statement and commentary seek to clarify the position of NHPCO on the use of palliative sedation for patients at the end of life, recommend questions and issues to be addressed in each case for which palliative sedation is being considered, and assist health care organizations in the development of policies for the use of palliative sedation. This addresses the use of palliative sedation only for patients who are terminally ill and whose death is imminent.

EAPC Framework for the Use of Sedation in Palliative Care

Access: <http://www.eapcnet.eu/LinkClick.aspx?fileticket=RKDokneiDJc%3d&tabid=38> **Date:** 2009

Print Reference: Cherny NI, Radbruch L, et al. European Association for Palliative Care (EAPC) recommended framework for the use of sedation in palliative care. *Palliat Med*. 2009;27(3):581-593.

Description: Sedation is considered to be an important and necessary therapy in the care of selected palliative care patients with otherwise refractory distress. Prudent application of this approach requires due caution with attention to potential risks; problematic approaches can lead to harmful and unethical practice which may undermine the credibility and reputation of responsible clinicians and institutions. This document provides procedural guidelines from the EAPC to help educate medical providers and set standards for best practice.

Clinical Practice Guidelines for Quality Palliative Care, Second Edition

Access: <http://www.nationalconsensusproject.org/Guideline.pdf>

Source: National Consensus Project for Quality Palliative Care **Date:** 2009

Description: These guidelines for palliative care were developed to promote consistent high quality care in a variety of healthcare settings. Models of assessment and care that integrate multiple disciplines are presented. While pain management is not addressed on a treatment level, the guidelines emphasize the importance of pain assessment and relief. The integration of physical palliative care with psychological, social, spiritual, cultural and ethical components is discussed as an important aspect of good palliative care.

Clinical Practice Guidelines for the Sustained Use of Sedatives and Analgesics in the Critically Ill Adult

Access: <http://www.sccm.org/pdf/sedatives.pdf>

Source: Task Force of the American College of Critical Care Medicine (ACCM) of the Society of Critical Care Medicine (SCCM), American Society of Health-System Pharmacists (ASHP), American College of Chest Physicians

Date: 2002 (Originally published in 1995)

Print Reference: Jacobi J, Fraser GL, Coursin DB, Riker RR, et al. Clinical practice guidelines for the sustained use of sedatives and analgesics in the critically ill adult. *Crit Care Med*. 2002 Jan;30(1):119-41.

Description: The challenges of assessing and treating patients under prolonged sedation and analgesia are unique in the patient requiring mechanical ventilation. Assessment methods and measurement scales for sedation and agitation are discussed; an algorithm and specific recommendations for drug selection are included. 23 Pages. Access checked April 14, 2009.