

Appropriate Use of “Assume Pain Present” (APP) and the Analgesic Trial in Practice and Documentation

“Assume pain present” (APP) is shorthand for: “I have assessed this patient for pain to the extent possible given the clinical picture and the inadequacy of recognized assessment instruments in this situation. In my judgment it is reasonable to conclude that the patient is likely to be experiencing pain and I will plan my care based on that assumption.”

Note that APP is not a substitute for assessment, but is in fact the culmination of the assessment. APP may be the end point of the assessment of a nonverbal patient, usually when there is no appropriate behavioral assessment instrument to quantify behaviors systematically. APP is the result of observing

- behaviors (if present)
- patient history of a painful condition
- illness, trauma, or surgery that would be expected to cause pain
- presence of instrumentation such as chest tubes or ventilators
- extended stay in a critical care setting
- invasive and non-invasive procedures (even routine repositioning) that are likely to be painful.

The criteria used in a particular case to reach the APP conclusion must be documented. Clear documentation facilitated design of interventions and reassessment over time.

APP requires pain-relieving interventions and evaluation of effectiveness (i.e., reassessment). Planning for intervention should be collaborative and multidisciplinary. The catch is that you used APP in the first place because there are few or even no specific indicators (consider the patient who is chemically paralyzed, for example) on which to base your evaluation. Your “evaluation” may be limited to reviewing your process and recording any behavioral or physiologic changes that are detectable.

APP and the “Analgesic Trial”

Both agitated and withdrawn behaviors, lack of appetite, and other behavioral changes could indicate pain in the very young or in elders with dementia. If other sources of distress have been ruled out, or pain can’t be ruled out, APP can be considered. It may be easier to test the assumption in these two groups (because they have observable behaviors) than in the very ill, comatose, or chemically paralyzed patient. An analgesic trial,¹ possibly starting with a non-opioid, can be both diagnostic and therapeutic.

The bottom line: As long as there are conditions that could cause pain, APP should be used. As long as APP is used, attempts to minimize pain are ethically required.

¹ Herr K, Coyne PJ, Key T, Manworren R, McCaffery M, Merkel S, Pelosi-Kelly J, Wild L. [Pain assessment in the nonverbal patient: position statement with clinical practice recommendations.](#) *Pain Management Nursing*. 2006 Jun;7(2):44-52.