Joint Commission Preparation

2021

Tell the Story of Pain Relief

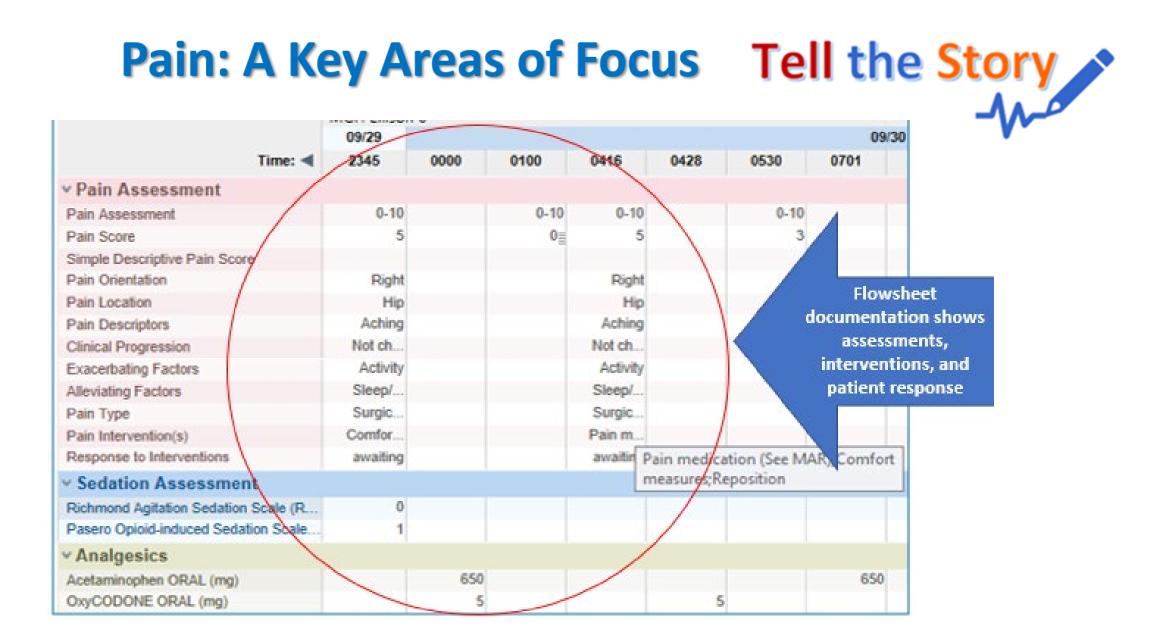






MASSACHUSETTS GENERAL HOSPITAL

PCS QUALITY, SAFETY & PRACTICE



Tell the Story through PAIN DOCUMENTATION

Assess – Screen all patients (admitted to ED or Hospital) for pain & fully assess if in pain

- Perform a full pain assessment *at least* every shift during the hospital stay
- Include its description, intensity, location &/or modifiers (what makes it better or worse)
- Assess for risks associated with pain treatments

If pain > midpoint on pain scale; comfort/function goal; care plan & past/present responses to therapy

Intervene – Tailor a care plan that includes realistic expectations and measurable goals

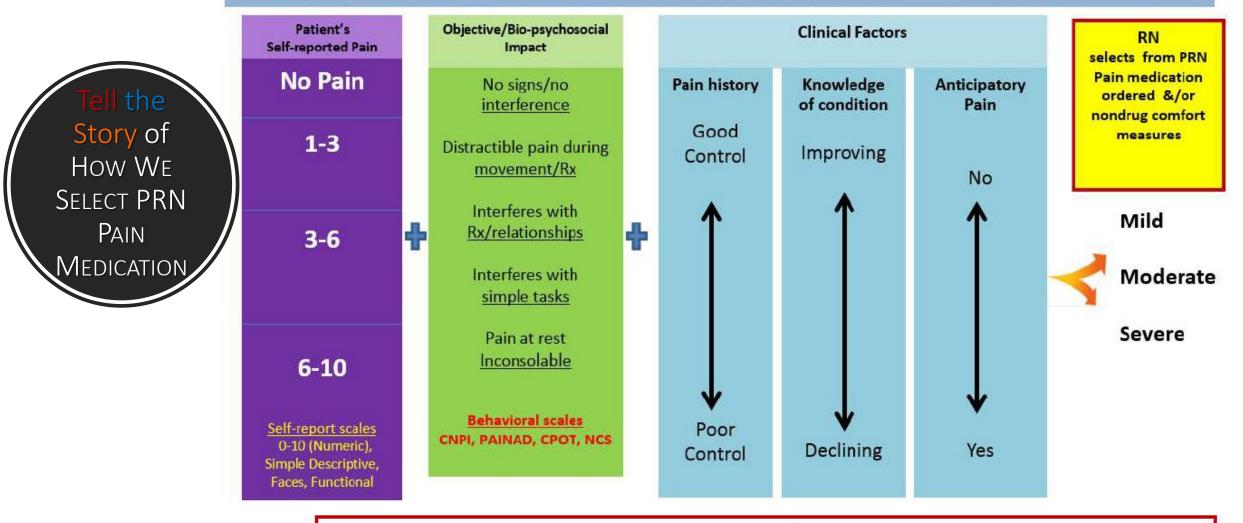
- Document pain assessment before & after treatments
- Consider (opioid-sparing) Medications, PT/OT, Pain Service, Behavioral &/or Integrative therapy
- **<u>Educate</u>** (then document) and engage patients/caregivers about:
 - The specific treatment plan and how pain and medication effects are assessed and managed,
 - Desired treatment response (pain, function, safety)
 - Post-discharge safety (impact of pain on ADLs; safe use, storage & disposal of drugs)

Evaluate – Document progression toward pain goals in nursing Plan of Care.

PRN PAIN MEDICATION SELECTION GUIDELINES: MILD-MODERATE-SEVERE

PAIN ASSESSMENT

Patient's Self-report + Objective Assessment + Clinical Judgment = Mild-Moderate-Severe



Important consideration

Decrease the need for PRN opioid analgesics by discussing with healthcare team the feasibility of scheduling routine non-opioid pain medications