Site Applicability

BC Children's Hospital & BC Women's Hospital

Purpose

To make every effort to minimize pain and distress, to the extent possible, by providing pain management with a shared commitment to comfort. This standard is to be used and integrated with the Pain Assessment Standard.

Scope

Applies to any healthcare professional (HCP) or person/family/supporter/caregiver in any clinical situation, where pain or distress may be a factor affecting care delivery and applied in accordance with the Pain and Comfort Policy.

Definitions

1. **Acute pain**: Pain experienced as a result of trauma, surgery, procedures, and/or medical condition changes.
2. **Analgesic**: an agent producing diminished sensation to pain without loss of consciousness.
3. **Bio-psychosocial**: A bio-psychosocial model is a model that emphasizes the interconnection between biology, psychology, and socio-environmental factors.
4. **Chronic Pain**: Pain that persists longer than the expected time frame for healing to occur or recurs and is associated with significant emotional symptoms and/or functional interference with activities of social and daily life.
5. **Comfort**: The pleasant and satisfying feeling of being physically or mentally supported with pain and suffering, or something that promotes this feeling when pain persists.
6. **Complex Pain**: Complex pain is a dynamic phenomenon caused by numerous changes occurring in the peripheral and/or central nervous system. The pain is often a result from persistent activity in the pain messaging system that continues regardless of the original cause.
7. **Distress**: A physiological, behavioural and/or experience that can be manifested as discomfort, anxiety, fear, agitated movement, grimacing, crying, avoidance, muscle tension and/or autonomic nervous system responses.
8. **Inflammatory Pain:** Pain from increased sensitivity due to the inflammatory response associated with tissue damage and is characterized by the perception of, and affective response to, noxious stimuli that occurs during an inflammatory or immune response.
9. **Most Responsible Provider (MRP**): A health care professional who is qualified by education, training, licensure/regulation and facility privileging (as applicable) who performs a professional service within their scope of practice.
10. **Multimodal Pain Management**: Is an approach that uses concurrent therapeutic interventions that have and target different mechanisms of action.
11. **Neuropathic Pain:** Pain caused by a lesion or disease of the somatosensory nervous system.
12. **Nociceptive Pain:** Pain that is perceived from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors (neural process of encoding noxious stimuli).
13. **Pain:** An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. (IASP, July 2020 revised definition) Refer to the Pain and Comfort Policy for the accompanying notes and full definition.
14. **Pain Threshold:** The minimum intensity of a stimulus that is perceived by the person as painful.
15. **Pain Tolerance:** The maximum intensity of a pain-producing stimulus that a person is willing to accept in a given situation.

16. **3P Approach:** Pain management is provided with a combination of psychological, physical, and pharmacological strategies, or methods, to treat and manage pain.
17. **Somatization**: The expression of emotions and/or stress through physical symptoms; occurs due to the mind-body or brain-body connection.
18. **Uni-modal Pain Management**: Single therapeutic intervention directed at a specific pain mechanism or pain diagnosis. (Example: the application of exercise treatment by a physiotherapist)

Standard

2.1 Prevent and alleviate pain

Initiate pain prevention and management approaches to minimize the pain experience, distress and related suffering in all clinical point of care encounters.

- The focus of pain management is to promote function, coping, and alleviate the symptoms of pain.

2.2 Use a bio-psychosocial approach

Pain management interventions are accessed and offered through an interdisciplinary approach to minimize the sensory and affectual experience of pain and promote comfort while ensuring safety (Appendix A).

- Pain management approaches will be offered concurrently (not in a serial process) to address biological, psychological, and socio-environmental factors that relate to pain.
- This approach is based on the clinical context, individual factors, and will be responsive within the medical care situation.

2.3 Develop a pain management plan

- Consider the etiology of the pain to direct care approaches and interventions.
- Develop or refer to an existing pain plan if assessment, management and/or history indicate individual pain management needs, goals, or complex chronic pain while in hospital.
- Collaborate with the person and/or family to identify and incorporate their goals and needs for pain management, and offer strategies to ensure a comprehensive approach to the plan of care.
- When a pain plan is applicable while in hospital, ensure an individual pain plan is documented and accessible in the person's health record and maintained for all healthcare professionals (HCPs) involved in the care to reference and use.
- Share the pain management plan with the person and/or caregiver/supporter/family and provide for their reference if this is desired. The pain plan can be used to communicate their role and participation in their pain management and inform community out-patient care interactions.

2.4 Provide complementary approaches

Non-pharmacological interventions are always an essential part of the pain management approach. Use along and in combination with other strategies for pain relief as clinically indicated.

2.4.1 Psychological Approaches

- Use psychological interventions, or involve HCPs/caregiver/supporter/family familiar with the application of cognitive and behavioural strategies, such as mind and body techniques, mindfulness practices, deep breathing, hypnosis and imagery to reduce distress, anxiety, and pain.

- Promote comfort with the consistent use of the four pillars of the Comfort Checklist : TBD Preparation, Altered focus (distraction), Comfort positions, Supportive Communication.

2.4.2 Physical Approaches

- Use physical interventions, such as heat/cold, massage, elevated positions, modified movements, paced activity, and promote rest to alter sensations and reduce pain.

- To promote the comfort of neonates and infants, use physical interventions such as kangaroo care, breastfeeding, non-nutritive sucking, developmentally supportive positioning and facilitated tucking as clinically indicated.

2.4.3 Pharmacological Approaches (Appendix B)

Pharmacological interventions, (analgesics) should be ordered by a prescriber when pain is expected and/or persistent and given as prescribed and scheduled. Refer to the Pediatric Drug Dosage Guidelines (7th Edition) and Neonatal Drug Guidelines for medication dosages and prescribing guidelines.

- Utilize documents relevant to the clinical area and care population to manage analgesia administration/prescribing.

- Consider the severity of pain assessed to guide the analgesia approach indicated.

- Analgesic medication should be ordered using the least invasive route for the person when possible.

- Use the C&W order sets relevant to the clinical care area for pain management interventions.

- All prescribing health professionals will follow the multimodal analgesia recommendations to optimize pain treatment.

- Allow for sufficient time for pain medication to be active and evaluate its effectiveness.

- As needed dosing ('PRN') should be used for experienced or anticipated breakthrough pain management (when regular dosed medication is not adequate, pre-procedures, and preparation for ambulation/physiotherapy).

- Consider inter-professional collaboration and consultation when planning pain medication management approach.

- For skin-breaking procedures, topical anaesthetics should be offered unless contraindicated. Refer to the topical anaesthetic guidelines. TBD

- Sucrose may have comfort effects for some specific clinical situations and infant populations Refer to the oral sucrose guidelines. TBD

2.5 Adverse Pain Events

Even in the presence of appropriate pain management, pain may persist, escalate, and may not be explained by primary diagnosis. When intensifying symptoms of pain and distress present, in the presence of adequate pain management, the primary service (Most Responsible Provider) must:

- Physically assess the person when unexpected intense pain, sudden onset, or if there are concerning associated changes in the vital signs.
- Assess for possible causative factors or conditions/signs and symptoms for the pain (bleeding, infection, compartment syndrome, etc.)
- Focus on stabilizing the pain and treating the primary cause of the pain.
- Consult with Pain Service specialists to augment care and maximize support for the person if unable to adequately manage pain. BCCH staff refer to Pain Escalation Algorithm TBD

2.6 Transitions in Care

Pain should be assessed during all transitions of care which include changes in healthcare status and/or location of care with the introduction of new HCPs assuming the clinical care management.

- Ensure processes of communication, documentation and hand-over for the care of pain are formalized and relevant with transitions in care and appropriate for the care population.
- Facilitate the inclusion of the person and/or caregiver/supporter/family in transitions in care to ensure pain care continuity and optimize communication of individual comfort preferences.

2.7 Person and Family Education

Provide education and guidance to persons and/or caregivers/supporters/families of their role as a partner in pain management, including information about expectations for treatment effectiveness.

- Educate the person and/or caregiver/supporter/family about the appropriate use of pain assessment tools.
- Educate the person and/or caregiver/supporter/family the options for the pain medication and the reason/rationale of its use.
- Communicate and reinforce the goal of pain management which is to minimize pain as much as possible. It is not a realistic expectation that all pain can always be reduced completely with treatment.
- Include and involve persons and/or caregivers/supporter/families in their care by providing useful resources, appropriate teaching for self-management and invite questions and feedback.
- Provide thoroughly explained options and choices for non-pharmaceutical approaches to use along-side pain medication treatment. Include all members of the family in these decisions whenever possible.
- Encourage and guide the caregiver/supporter/family to support the person in pain with ways they can promote a calm and supportive environment while in the hospital.
- Teach the person and/or their caregiver/supporter/family about the pain management strategies in their plan of care and address any known concerns and/or disbeliefs.
- Encourage the person and/or their caregiver/supporter/family to report changes in pain, new pain, and pain that improves or does not improve after interventions. Communication of the pain experience is an essential part of treating pain effectively.

Supporting Documents

- Pediatric Drug Dosage Guidelines (7th Edition) and Neonatal Drug Guidelines
- IBM Micromedex 2020
- Topical Anaesthetics Guidelines TBD
- Oral Sucrose Guidelines TBD

Related Policies and Standards

- Pain and Comfort Policy
- Pain Assessment Standard
- Comfort with Clinical Procedures and Sedation Standard (Draft)
- Person and Family-Centered Care Standard (Draft)

Guidelines/Procedures/Forms

- Complex Chronic Pain Assessment and Management Guideline TBD
- Complex Developmental Disability Pain Assessment and Management Guideline TBD
- Opiate Management Guideline TBD
- Pain Escalation Algorithm (For Approval)
- Procedural Sedation Non-Critical Care Areas Guidelines (Revised for Approval)
- Comfort Log Reference Tool TBD
- Comfort Checklist Reference Tool (Draft)
- Pediatric Order Sets
    - Intermittent Morphine for patients GREATER than 3 months
    - Intranasal Medication for Procedural Sedation
    - Intravenous Sedation for Patients GREATER than or equal to 12 months
    - Morphine Infusion for patients GREATER than 3 months
    - Morphine Infusion weaning orders for patients GREATER than 3 months

- Pharmacological Approaches
    - Analgesia using 50% nitrous oxide in 50% oxygen for painful procedures and reducing anxiety
    - Guidelines for the administration of intranasal Fentanyl
    - Guidelines for the administration of intranasal Midazolam
    - Reference tool opioid infusions at BC Children's Hospital

- Physical Approaches
    - Appendix A: Peripheral intravenous (PIV) access decision support tool algorithm
    - Buzzy bee CWAC_PHL_1300 (not on epops)
    - Pain Management: Healthy newborns undergoing routine minor painful procedures - BCW
    - Pain Management: Algorithm for healthy Newborns
    - Kangaroo Mother Care - BCW

- Psychological Approaches
    - Pediatric pain management non-pharmacological interventions
    - Psychological interventions
    - Psychological Factors CWAC_PHL_1100 (not on epops)

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Appendices

- Appendix A: Pain Management Algorithm
- Appendix B: Pain Management Flow Chart

Developed By

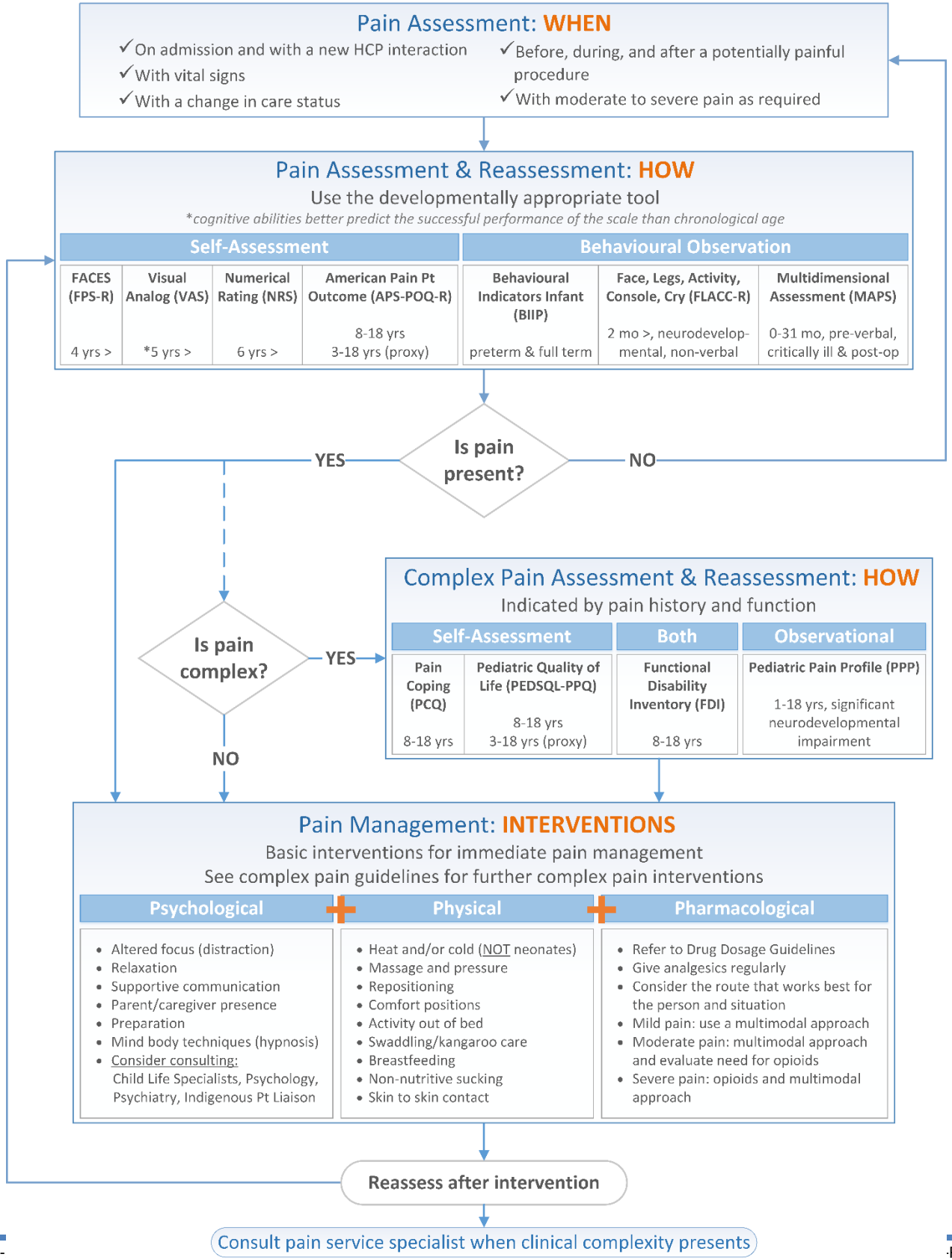
C&W ChildKind Project

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
2-Feb-2021	C-0506-15-60941 Pain Management	Approved at: CW Best Practice Committee

DISCLAIMER

***Appendix A**: Pain Assessment and Management Algorithm*



Appendix B: *Pain Management Flow Chart*