ADULT GUIDE: ASSESSMENT and MANAGEMENT of PAIN

Assessment and Diagnosis

While all patients should be screened for pain, identifying a specific etiology for pain is challenging. A complete assessment, including physical, mental, emotional, and spiritual components is helpful in determining the appropriate course of management.
All patients should be actively engaged in self-management of their pain (an 'active' approach.) If necessary, therapies that represent a 'passive' approach may be utilized to encourage self-management strategies to help achieve patient centered goals.

History: Assess

- Onset, location, quality, intensity, temporal pattern, aggravating and alleviating factors, associated symptoms
- Characteristics of pain
- Red flags: indicative of underlying pathology
- Yellow flags: Psychosocial factors shown to be indicative of long-term chronicity and disability: A negative attitude that pain is harmful or potentially severely disabling; fear avoidance behavior and reduced activity levels; an expectation that passive, rather than active, treatment will be beneficial; a tendency to depression, low morale, and social withdrawal; social or financial problems
- Review previous methods of treatment, response to treatment & adverse reactions
- Other medical and surgical conditions
- Substance use

Psychosocial History: Assess

- Depression, anxiety, PTSD, sleep pattern, suicide risk
- Impact on quality of life, ADLs & functional status
- Pain coping skills
- Patient, family, and caregiver's cultural and spiritual beliefs
- Secondary gain: psychosocial/financial

Pain, Function & Quality of Life: Assess

- Evaluate pain on all patients using the 0-10 scale (Use Faces Pain Scale – Revised):
  A. mild pain: 1-3
  B. moderate: 4-7 (interferes with work or sleep)
  C. severe: 8-10 (interferes with all activities)
- Capture variation in pain severity at different sites of pain (Use Ransford Pain Drawing)
- Recognize pain varies at different times of day
- Assess impact of pain on function & quality of life (Use PEG Scale: A Three-Item Scale Assessing Pain Intensity and Interference
- Ask the patient what matters most and about personal goals for care

Diagnosis & Treatment Plan

- **Order and evaluate appropriate diagnostic testing**
- Determine diagnosis
- Develop & document a written treatment plan in medical records.

Treatment

Goals

- **Treat acute pain actively to avoid transition to chronicity.**
- **Treat chronic pain thoughtfully and systematically.**
- If possible, identify and address the etiology of pain, including potential confounders (such as psychosocial issues.)
- Maintain an active approach that enables the ability to function safely and productively.
- Allow emergence of emotions associated with pain.
- Establish patient specific **SMART** (**S**pecific, **M**easurable, **A**greed Upon, **R**ealistic, **T**ime-based) goals that result in **improved function and quality of life** & reduction in suffering.

Nonpharmacologic Therapy: Active Approach

- Patient and Family Education
- Cognitive Behavioral Therapy; Supportive Psychotherapy
- Community and Web-based Support Group
- Exercise: Yoga, Tai Chi, Qi Gong, Walking, Water Therapy
- Meditation, Mindful Practice; Visualization/Interactive Guided Imagery
- Physical Therapy; Chiropractic/Osteopathic Care
- Prayer, Spiritual & Pastoral Support
- Relaxation Techniques: Biofeedback

Nonpharmacologic Therapy: Passive Approach

- Acupressure (trigger point therapy)
- Acupuncture (trigger point therapy)
- Counterstimulation: TENS
- Cutaneous Stimulation: Ice, Heat
- Manipulation/Manual Therapies
- Massage, Music, Hydrobath
- Therapeutic Touch, Reiki, Healing Touch

Pharmacologic Therapy

- Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for treatment of pain.
- For neuropathic pain, use anti-epilepsy drugs (AEDs) first
- Use adjuvant therapies or analgesics as needed
- **Opioids are not first line for chronic pain**, which should be managed with an active approach and non-opioid pain relievers, if possible.
- Consider opioid therapy based on a careful risk assessment that determines the expected benefits for both pain & function are anticipated to outweigh risks. If opioids are used, establish treatment goals, combine w/active approach & nonopioid analgesics as indicated.
- When opioids are indicated establish treatment goals, combine with an active approach & adjuvant medication as indicated. See Opioid Guidelines on Equianalgesic Table for Adults.
- Avoid combination with potentiator drugs (i.e. benzodiazepines)

Management and Monitoring

General

- **Reassess pain, quality of life and function regularly, focusing on patient-centered goals**
- Follow amount and duration of response
- Partner with patient/family in setting goals of care
- Balance function vs. acceptable control of pain

Referrals

Acute pain

- Refer early to appropriate specialist or Pain Center, if diagnosis unclear or pain refractory to treatment

Chronic pain

- Set realistic chronic care goals
- Transition from passive recipient to patient-directed management.
- Refer "difficult to treat" cases (H/O substance abuse, neuropathic pain, rapidly escalating opioid doses) to physician with pain management expertise

Special Considerations for Patients on Opioids

- Use risk assessment tools (e.g. ORT-R), treatment agreements, and medically necessary urine drug testing for compliance/diversion
- Check Prescription Drug Monitoring Program for opioids or benzodiazepines from other sources
- Follow state and federal regulations
- Evaluate benefits & harms w/patients in 1-4 wks. of starting opioid for chronic pain or dose escalation.
- Consider co-prescribing naloxone in at-risk patients (i.e. H/O substance abuse, high MME dose, polypharmacy)
- Review safe disposal of opioids
- Evaluate benefits & harms of continued therapy with patients every 3 months or more frequently.
- If benefits do not outweigh harms of continued opioid therapy, optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.
- **Avoid abrupt cessation of opioids**
- Address opioid-seeking behavior and addiction behaviors without moving patients to illegal means of obtaining opioids. Refer to addiction or pain specialist and community services as needed

Special Situations

Anxiety and depression: See Depression Guidelines
***Verbally non-communicative* patients**: See Nurse's Guide