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

- 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 (Specific, Measurable, Agreed Upon, Realistic, Time-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

Guidelines and principles are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines & principles should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs. Approved in June 2019, Next Scheduled Update in 2021