



Ascension Wisconsin

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Owner: *Peggy Lutz: RN Dir-Nursing*Policy Area: *Provision of Care, Treatment and Services*

Reference Tags:

Applicability: *Ministry Health Care  
Systemwide*

## Pain Management Policy (North)

### SCOPE

The organizations wholly owned and/or managed by Ascension Wisconsin (AW) listed below:

- Ascension Calumet Hospital
- Ascension Eagle River Hospital
- Ascension Good Samaritan Hospital
- Ascension NE Wisconsin - Mercy Campus
- Ascension NE Wisconsin - St. Elizabeth Campus
- Ascension Our Lady of Victory Hospital
- Ascension Sacred Heart - St. Mary's Hospitals
- Ascension St. Clare's Hospital
- Ascension St. Michael's Hospital
- Howard Young Medical Center
- Saint Elizabeth's Medical Center

### PURPOSE/RATIONALE

The identification and management of pain is an important component of person centered care. Ascension Wisconsin (AW) respects the patient's right to have their pain managed. A holistic approach is essential to safe and effective pain management. It is premised on the respect for human dignity and the rights of individuals to determine, directly or indirectly through their surrogate, the course of treatment.

### DEFINITIONS (applicable to policy and analgesic orders)

**Mild pain:** A self-reported pain score that is within the bench mark range of 1-3/10.

**Moderate pain:** A self-reported pain score that is within the bench mark range of 4-6/10.

**Severe pain:** A self-reported pain score that is within the bench mark range of 7-10/10.

### POLICY

1. Goals of Pain Management

- a. AW supports the patient's right to the highest level of pain relief that can be realistically and safely provided.
- b. Pain is assessed and managed consistent with the patient's medical condition, scope of care, treatment and services. Additional pain concerns are referred appropriately.

## 2. Initial Screening

- a. Patients are screened for the presence or absence of pain during Emergency Department visits and at the time of admission.
- b. Patients seen in hospital-based ambulatory departments or within the medical group clinics will be screened for the presence or absence of pain at each visit as appropriate to reason for visit.

## 3. Assessment: Initial Assessment of Patients with Pain

- a. Initial assessment for patients with pain identified during screening includes a comprehensive pain assessment. This assessment takes into consideration:
  - i. Pain assessment using organization approved pain scales appropriate for the patient's age, medical condition, and ability to understand. See appendix A.
  - ii. Patient self-report of pain is the gold standard and the most reliable information about the patient's pain
  - iii. Patient goals and expectations for pain relief
  - iv. The patient's medical condition, scope of care, treatment and services
- b. The comprehensive pain assessment may include:
  - i. Pain intensity by patient self-report whenever possible
  - ii. Behavioral indicators or non-verbal signs of pain for patients not able to self-report using behavioral pain assessment tools appropriate to the patient's age and medical condition
  - iii. Pain quality and characteristics (onset, location, description, intensity), aggravating and relieving factors, previous treatment and effectiveness.
  - iv. Impact of pain on functional ability and quality of life including activity, mood, appetite, sleep, social relationships, leisure and pleasure activities, etc.
  - v. Psychosocial assessment (such as coping responses to pain, attitudes towards the use of medications and other treatments, cultural or religious beliefs toward pain)
- c. Assessment information is used to develop a plan of care based on the patient's clinical condition and pain management goals.

## 4. Assessment: Ongoing

- a. Patients with pain will be assessed at minimum of once per shift (0700-1500, 1500-2300, and 2300-0700)
- b. Pain and the effectiveness of pain management interventions are reassessed and documented using assessment tools appropriate to the patient.
  - i. Pain is reassessed at a suitable interval following drug and non-drug interventions.

- ii. For pharmacologic interventions, the timing of reassessment should consider: drug, route, and dosage.

## REFERENCES

Czarnecki, M. & Turner, H. (Eds.) (2018). *Core curriculum for pain management nursing, Third Edition*. St. Louis, MO: Elsevier.

The Joint Commission. (2017). *R3 Report, Requirement, Rationale, Reference: Pain assessment and management standards for hospitals*. Issue 11, August 29, 2017. Retrieved from [https://www.jointcommission.org/assets/1/18/R3\\_Report\\_Issue\\_11\\_Pain\\_Assessment\\_2\\_9\\_18\\_REV\\_FINAL.pdf](https://www.jointcommission.org/assets/1/18/R3_Report_Issue_11_Pain_Assessment_2_9_18_REV_FINAL.pdf)

The Joint Commission. (April 18, 2016). *Joint Commission statement on pain management*. Retrieved from [https://www.jointcommission.org/joint\\_commission\\_statement\\_on\\_pain\\_management/](https://www.jointcommission.org/joint_commission_statement_on_pain_management/)

## ATTACHMENT NAMES

Appendix A: [Pain Assessment Tools](#)

## Attachments:

No Attachments

## Approval Signatures

Approver	Date
Peggy Lutz: Srvc Line Pain Mgmt Dir	1/3/2019

## Applicability

Affinity Health System, Affinity Medical Group, Ascension Calumet Hospital, Ascension Eagle River Hospital, Ascension Good Samaritan Hospital, Ascension NE Wisconsin-Mercy Campus, Ascension NE Wisconsin–St. Elizabeth Campus, Ascension Our Lady of Victory Hospital, Ascension Sacred Heart-St. Mary's Hospitals, Ascension St. Clare's Hospital, Ascension St. Michael's Hospital, Howard Young Medical Center, Ministry Health Care, Ministry Medical Group, Saint Elizabeth's Medical Center