RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Nursing Service Division		**POLICY NUMBER:** DPOTMH-MPP-NSD-P032-(01)	
TITLE/DESCRIPTION: **PAIN MANAGEMENT**			
EFFECTIVE DATE: March 31, 2025	**REVISION DUE:** March 30, 2028	**REPLACES NUMBER:** NSD-QP-84	**NO. OF PAGES:** 1 of 11
APPLIES TO: Nursing Service Division		**POLICY TYPE:** Multi Disciplinary	

PURPOSE:

1. To establish a comprehensive and standardized approach to pain assessment, management, and documentation to ensure optimal patient comfort, safety, and quality of care.
2. To promote effective and individualized pain management as a fundamental component of patient care.
3. To enhance patient satisfaction, functional ability, and overall well-being.
4. To ensure compliance with evidence-based practices, institutional guidelines, and regulatory requirements.
5. To provide a structured framework for healthcare providers in assessing, managing, monitoring, and documenting pain.
6. To advocate for a multidisciplinary approach to pain management that integrates pharmacologic and non-pharmacologic interventions.

DEFINITIONS:

Pain - an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Acute Pain - pain that is sudden in onset, often due to injury, surgery, or illness, and typically lasts for a short duration.

Chronic Pain - persistent or recurrent pain lasting longer than three months that may require long-term management.

Breakthrough Pain - a transient exacerbation of pain occurring in patients with stable, controlled pain.

Pain Assessment Tool - a validated instrument used to measure pain intensity and characteristics, such as the Pain Monitoring sheet - for adult, FLACC Pain Assessment Tool – 2 months old to 7 years old, Faces Pain Scale (FPS) Assessment Tool 4 - 12 years old. Non Verbal Pain Scale (NVPS) Assessment tool – over 7 Years old, N-PASS (Neonatal Pain, Agitation, and Sedation Scale) - Assessment Tool 0 – 1 month

Multimodal Pain Management - the use of multiple therapeutic strategies (pharmacologic and non-pharmacologic) to achieve effective pain relief and improve patient outcomes.

Non-Pharmacologic Interventions - alternative pain management techniques, including but not limited to physical therapy, relaxation techniques, cognitive-behavioral therapy, cold/heat therapy, massage, and acupuncture.

RESPONSIBILITY:

Nurses, Physician, Nursing Attendants, Orderly, Riverside College Instructors and Students

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POLICY:

1. All patients shall receive prompt, appropriate, and individualized pain assessment and management as part of their care plan.

2. Pain shall be assessed routinely using age-appropriate and condition-specific tools. The frequency of assessment shall be as follows:
   - 2.1 Upon admission as part of the initial patient assessment.
   - 2.2 During routine the pain monitoring (every hour as per institutional policy).
   - 2.3 Before and after pain management interventions (30 minutes after IV analgesics, 60 minutes after oral analgesics, and as indicated for non-pharmacologic interventions).
   - 2.4 Every hour post-procedure or post-surgery, then at regular intervals based on patient response. And critically ill or non-communicative patients using behavioral pain scales.

3. A multimodal, interdisciplinary approach to pain management shall be utilized, integrating both pharmacologic and non-pharmacologic methods tailored to the patient's needs.

4. Pain reassessment shall occur at regular intervals and after any intervention to ensure effectiveness.

5. Documentation of pain assessments, interventions, reassessments, and patient responses shall be maintained in the patient's medical record.

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PROCEDURE (SOP):

1. **Pain Assessment in the Emergency Room (ER)**

- **Upon admission:**
  - The Nurse conducts an initial pain assessment upon the patient's admission to the ER using an appropriate pain scale (e.g., Numeric Pain Intensity Scale for adults, Faces Pain Scale for children, FLACC Pain Assessment Tool for infants).
  - The Nurse inquires about pain location, intensity, duration, quality, and aggravating or alleviating factors.
  - The Nurse documents the initial pain assessment findings in the patient's medical record.
  - The Nurse promptly administer initial pain relief measures as per the physician's orders (e.g., analgesics, positioning, cold/heat therapy).
  - Reassess pain within the appropriate time frame depending on the medication or intervention (e.g., 30 minutes for IV analgesics).

2. **Pain Management Plan**

- The Nurse develops an individualized pain management plan in collaboration with the patient, considering their medical history, pain severity, and personal preferences.
- The Nurse utilizes a multimodal approach that incorporates both pharmacologic and non-pharmacologic interventions:
  - Pharmacologic interventions may include opioid and non-opioid analgesics, as well as adjuvant medications.
  - Non-pharmacologic interventions may include positioning, cold/heat therapy, relaxation techniques, and distraction therapies.
- The Nurse administers prescribed pain relief measures as per the management plan while carefully monitoring for potential side effects.
- The Nurse adjusts the pain management strategies as needed based on reassessment findings and patient feedback.

3. **Pain Reassessment**

- The Receiving Nurse reassesses pain based on the expected onset of the intervention's effect:
  - For IV analgesics, reassess within 15 minutes.
  - For oral medications, reassess within 30 minutes.
- The Nurse documents pain reassessment findings, patient responses, and any additional

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interventions in the medical record.
- If pain relief is inadequate or adverse effects occur, the Nurse modifies the treatment plan accordingly

4. **Documentation**
   - The Nurse records all pain assessments, interventions, reassessments, and modifications in the patient's chart.
   - The Nurse ensures that patient and family education regarding pain management is well-documented in the medical record.

5. **Escalation Protocol**
   - If the patient's pain remains uncontrolled despite interventions, the Nurse immediately notifies the Physician or Pain Management Specialist for further evaluation and modification of the pain management plan.
   - In cases of complex pain management, the Nurse considers a consultation with a multidisciplinary pain management team.
   - The Nurse carefully monitors for signs of medication misuse, dependence, or adverse reactions, and take appropriate action, including reporting concerns to the healthcare team.

6. **Patient Discharge**
   - Before discharge, the Nurse reassess pain and ensure the patient's pain management plan is appropriate for the transition to home care.
   - The Nurse provides discharge instructions that include pain management guidance (e.g., prescriptions, self-care instructions, follow-up appointments).
   - The Nurse ensures that the pain management plan is communicated to primary care physicians or outpatient providers.
   - The Nurse documents all pain assessments and interventions up until discharge in the patient's medical record.

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WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
1. Assesses pain upon admission, during routine vital signs monitoring, and before and after pain interventions using an appropriate pain scale.	Staff Nurse
2. Documents all findings in the patient's medical record.	
3. Develops an individualized pain management plan in collaboration with the patient, considering their medical history, pain severity, and preferences.	
4. Utilizes multimodal approaches that include both pharmacologic (opioid and non-opioid analgesics, adjuvant medications) and non-pharmacologic (positioning, cold/heat therapy, relaxation techniques) interventions.	
5. Administers prescribed pain relief measures while monitoring for potential side effects.	
6. Adjusts pain management strategies as needed based on reassessment findings and patient feedback.	
7. Reassess pain based on the expected onset of the intervention's effect (e.g., within 30 minutes for IV analgesics, 60 minutes for oral medications).	
8. Documents pain reassessment, patient responses, and any additional interventions in the medical record.	
9. Modifies the treatment plan if pain relief is inadequate or adverse effects occur.	
10. Records all pain assessments, interventions, reassessments, and modifications in the patient's	

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chart.	
11. Ensures that patient and family education regarding pain management is well-documented.	
12. Monitors for signs of medication misuse, dependence, or adverse reactions, and take appropriate action.	
13. Notifies the physician or pain management specialist for further evaluation and modification of the pain management plan.	
14. Reassess pain based on the expected onset of the intervention's effect (e.g., within 15 minutes for IV analgesics, 30 minutes for oral medications).	Receiving Nurse

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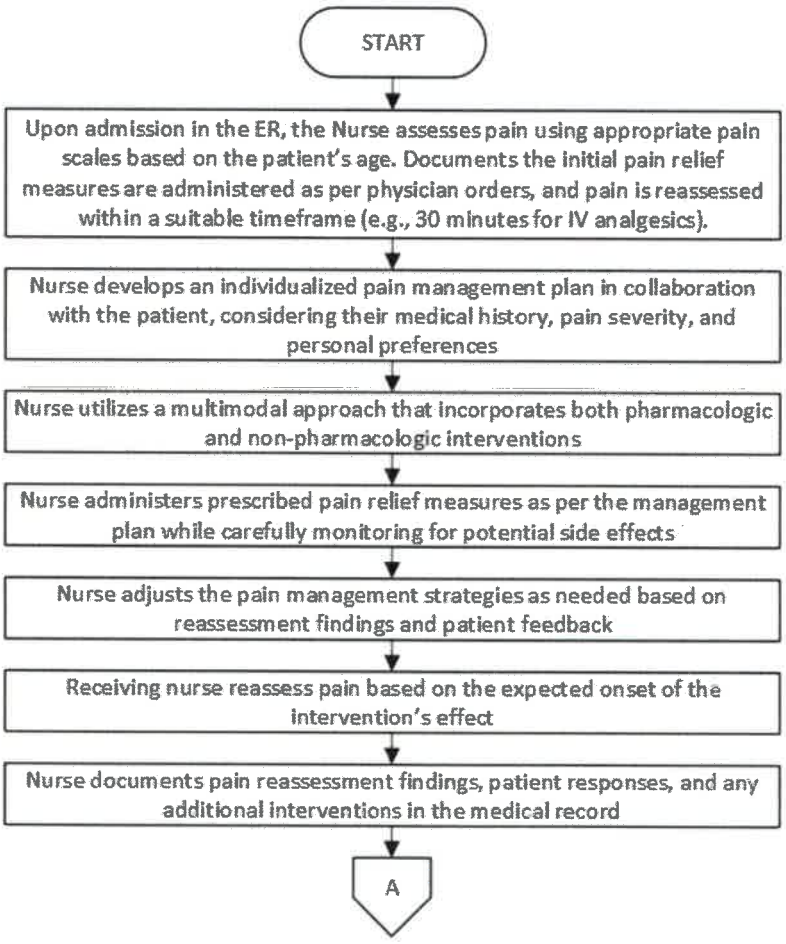
WORK FLOW:



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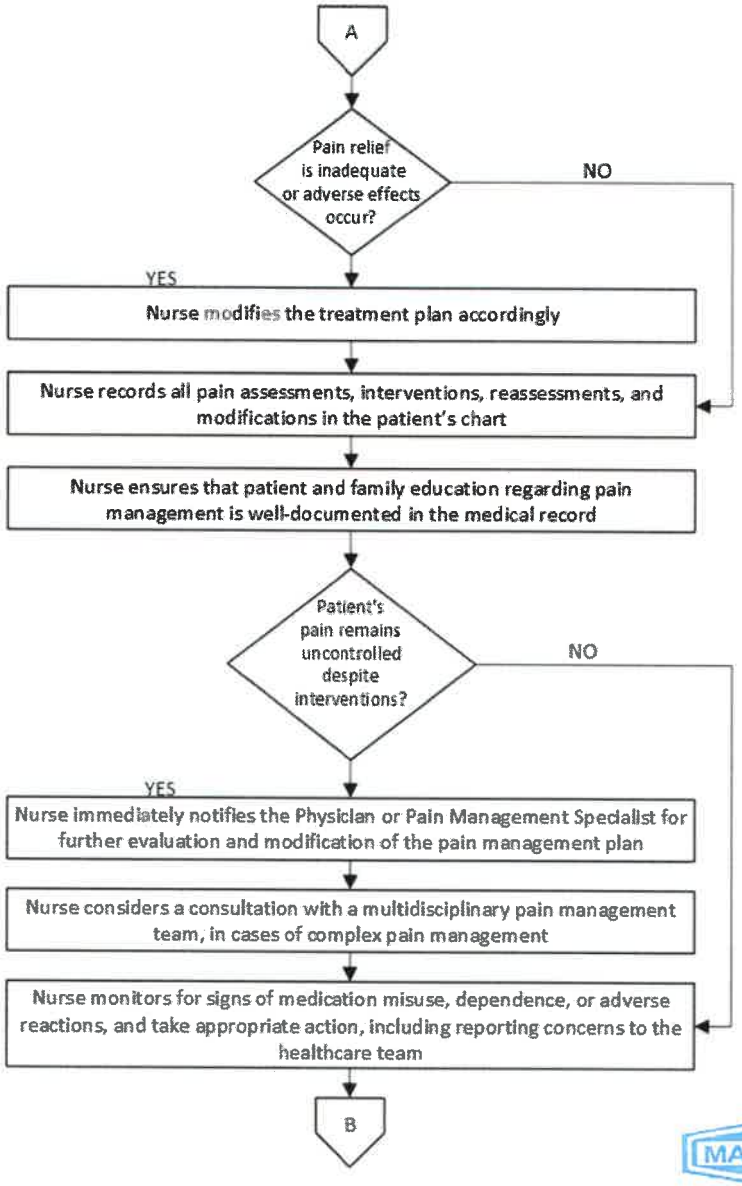

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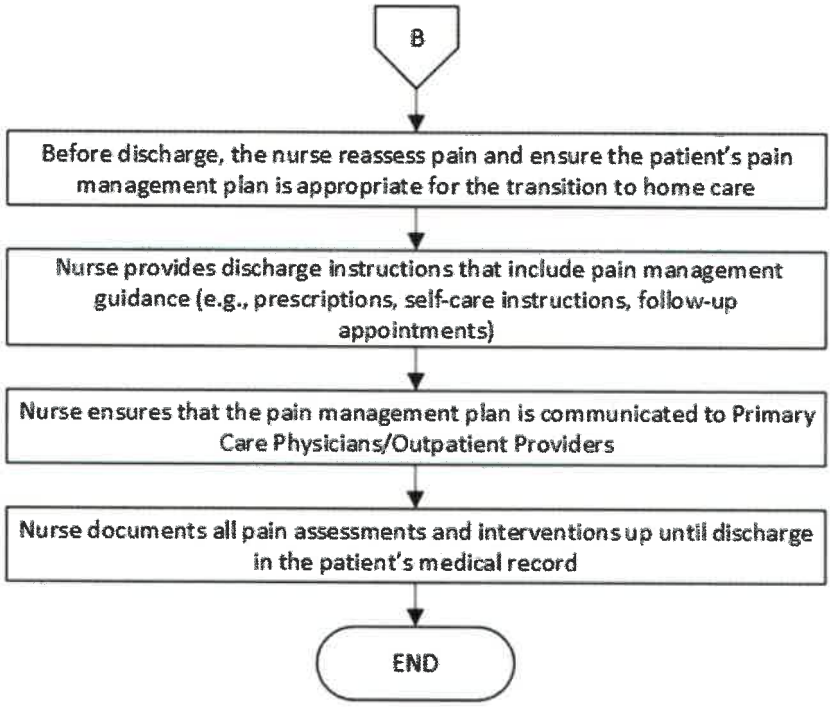

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FORMS: N/A
EQUIPMENT: N/A
REFERENCES: N/A

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