



**MOUNT SINAI HOSPITAL  
MOUNT SINAI QUEENS  
POLICY & PROCEDURE**

<b>POLICY TITLE:</b>	<b>Pain Assessment and Management</b>		
<b>POLICY NUMBER:</b>	GPP-321	<b>POLICY OWNER:</b>	Nursing
<b>ORIGINAL DATE OF ISSUE:</b>	10/2002	<b>LAST REVIEWED DATE:</b>	3/2023
<b>EFFECTIVE DATE:</b>	3/2023		

**CROSS REFERENCE:**

NU-505: Pain, Screening; Assessment, and Reassessment Procedure

NU-506: Epidural Analgesia Administration

NU- 514: Patient Controlled Analgesia

GPP-210: Sedation Analgesia Policy

**I. PURPOSE**

To describe pain management for patients at the Mount Sinai Hospital.

**II. POLICY**

The Mount Sinai Hospital (MSH) recognizes pain assessment, reassessment, and pain management, including safe opioid prescribing, as an organizational priority. All patients have the right to pain treatment, including the appropriate assessment, reassessment and management of pain. MSH has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand. The hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.

**Pain Screening, Assessment, and Reassessment:**

Appropriate screening and assessment tools are readily available and used appropriately. All patients will be screened, assessed, and reassessed for pain, including patients in the emergency department. During assessment, the patient's identified needs and pain management goals are discussed. (Refer to NU- 505, [Pain Management](#), Pain Management)

The primary objective is to obtain information that will help identify the cause of the pain and guide management. A patient history, physical examination, and appropriate diagnostic studies are typically conducted for this purpose. Talking to patients and asking them about their pain (i.e., obtaining a "pain history") is integral to pain assessment. The pain history usually is obtained as part of the patient history, which includes the patient's past medical history, medications, habits (e.g., smoking, alcohol intake), family history, and psychosocial history.

Patients will be reassessed in a timely manner for their response to treatment. Patients will be monitored to identify high risk for adverse outcomes related to opioid treatment. Hospital leadership works with its clinical staff to identify and acquire the equipment needed to monitor patients who are at high risk for adverse outcomes from opioid treatment (e.g., patients with sleep apnea, those receiving continuous intravenous opioids, or those on supplemental oxygen).



# MOUNT SINAI HOSPITAL MOUNT SINAI QUEENS POLICY & PROCEDURE

## Pain Management

Patients will be treated for their pain or provided with a referral. A pain treatment plan based on evidence based practices and the patient's clinical condition, past medical history, and pain management goals will be developed. The plan is mutually established with the patient, family, and members of the health care team. The plan will include developing realistic expectations and measurable goals that are understood by the patient for the degree, duration, and reduction of pain. Objectives used to evaluate treatment progress (for example, relief of pain and improved physical and psychosocial function) will be discussed. Pain medication may be ordered by a Credentialed Provider. Non-pharmacologic pain treatment modalities will be offered to the patient when available. Information on available services for consultation and referral of patients with complex pain management needs is available to staff and licensed independent practitioners. The hospital identifies opioid treatment programs that can be used for patient referrals.

## Patient and caregiver education

Education regarding pain management begins at the time of admission or initial encounter for patients, family, and/or significant others. Education on pain management includes treatment options, and safe use of opioid and non-opioid medications when prescribed. The patient and family will be educated on discharge regarding their pain management treatment, side effects, activities of daily living, including the home environment, that might exacerbate pain or reduce effectiveness of the pain management plan of care, as well as strategies to address these issues, and the safe use, storage, and disposal of opioids when prescribed.

## Evaluation of practice and performance improvement

The Pain Management Committee Membership Co-Chairs shall be the Director of the Department of Anesthesiology /Pain Medicine Division and the Chief Nursing Officer. Other members shall be from Nursing Units, Nursing Administration, Palliative Care, Anesthesiology Pain Management, Hospitalist Service, Surgery, Pharmacy, Information Technology, and Quality Assessment and Improvement.

## REFERENCES

Berry, PhD, RN, CHPN, CS, Covington, MD, Dahl, PhD, Katz, MD, Miaskowski, RN, PhD, FAAN. 2019. American Pain Society. Pain: Current Understanding of Assessment, Management, and Treatments

E. Chai, J. R. Horton, Managing Pain in the Elderly Population: Pearls and Pitfalls. Curr Pain Headache Rep (2010) 14:409–417. DOI 10.1007/s11916-010-0148-0

Horgas, A. L. (2017). Pain assessment in older adults. Nursing Clinics, 52(3), 375-385.

Joint Commission on Accreditation of Healthcare Organizations. Comprehensive accreditation manual for hospitals. Oakbrook Terrace: Joint Commission on Accreditation of Healthcare Organizations; 2018. Standards Revisions Related to Pain Assessment and Management.

Severgnini, P., Pelosi, P., Contino, E., Serafinelli, E., Novario, R., & Chiaranda, M. (2016). Accuracy of Critical Care Pain Observation Tool and Behavioral Pain Scale to assess pain in critically ill conscious and unconscious patients: prospective, observational study. Journal of intensive care, 4(1), 1-8.

## REVIEW/REVISION HISTORY

<i>Reviewed</i>	12/03	4/12	5/16	5/18	4/21	3/23		
<i>Revised</i>	12/08	7/13	8/13	5/18				