HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Maternal Intensive Care Unit		
Document:	Departmental Policy and Procedure		
Title:	Pain Assessment and Management in Maternal Intensive Care Unit		
Applies To:	All Maternity Intensive Care Unit Staff		
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1. PURPOSE:

1.1 The purpose of this policy is to establish a standardized process for the appropriate assessment and management of pain in all MICU patients.

2. DEFINITIONS:

2.1 **Pain**

2.1.1 Refers to an unpleasant sensory or emotional experience associated with actual or potential tissue damage or described in terms of such damage.

2.1.2 Pain is often accompanied by emotional and spiritual responses, such as suffering or anguish, and effective management should include measures to address these responses.

2.2 **Acute Pain**

2.2.1 A normal, predicated physiologic response to an adverse clinical, thermal or mechanical stimulus. It is generally time limited and is responsive to opioid and non-opioid therapy.

2.3 **Chronic Pain**

2.3.1 Malignant or non-malignant pain that exist beyond its expected time frame for healing or where healing may not have occurred. It is persistent pain that is not amenable to routine pain control methods. Note: Patients with chronic pain may have episodes of acute pain related to treatment, procedure, disease progression or reoccurrence.

2.4 **Pain Assessment**

2.4.1 Part of nursing as well as medical process in which subjective and objective data is collected on patient experiencing pain, including but not limited to: location, intensity, frequency, duration, type of pain (e.g. sharp/dull, acute/chronic) aggravating and relieving factors, effects on activities of daily living, sleep patterns and psychosocial aspects of the patient's life, and effectiveness of current strategies. The pain assessment includes the rating from the pain scale, and also observed nonverbal behaviour.

2.5 **High Risk Pain Population**

May include, but are not limited to:

2.5.1 Infants and Children

2.5.2 Elderly, particularly over 70.

2.5.3 Patients with a history of active substance abuse; difficulty in communicating; limited financial resources, social supports or access to healthcare; cognitive or psychosocial impairments; metabolic alterations; analgesic allergies; and chronic pain.

2.6 **Pain Management**

2.6.1 The use of pharmacological and non-pharmacological interventions to control the patient's identified pain. Pain management extends beyond pain relief, encompassing the patient quality of life and ability to work productively, to enjoy recreation.

3. POLICY:

3.1 Patients have a right to assessment of pain and to appropriate intervention when pain is present or anticipated.
3.2 This policy applies to all ventilated ICU treated patients in MOH.
3.3 All healthcare providers are responsible and accountable for ensuring effective pain management.

4. PROCEDURE:

4.1 Pain Assessment:
- 4.1.1 Pain severity and pain relief shall be assessed and reassessed at regular intervals, and this information shall be used in deciding the appropriate intervention, which may include pharmacological and non-pharmacological techniques.
- 4.1.2 Only approved pain assessment scales shall be utilized.
- 4.1.3 Visual Analog Scale (VAS)
  - 4.1.3.1 Pain assessment scales shall be selected based upon the patient's developmental, emotional and cognitive status.
  - 4.1.3.2 The same pain scale shall be used every time the patient is assessed for pain. The pain scale shall only be changed if there is a change in the patient's cognitive status.
  - 4.1.3.3 The patient's or guardian's report is the most reliable indicator of pain and effectiveness of interventions.
  - 4.1.3.4 All patient's shall have a goal for pain relief ("comfort goal") established upon admission by the physician in charge of the patient.
  - 4.1.3.5 The comfort goal shall be determined based upon function and quality life.
  - 4.1.3.6 Healthcare providers in all disciplines and settings are expected to be knowledgeable and skilled in pain assessment and management as applicable to their practice.

4.2 Pain Management
- 4.2.1 A pain management treatment plan shall be developed by the physician and nurses based on appropriate assessment, pain severity, and multi-disciplinary evaluation an input.
- 4.2.2 Selection of the intervention(s) shall be based in the nature, severity, and expected duration of pain, as well as the patient history, developmental age and goals of treatment.
- 4.2.3 Anticipated pain related to procedures (e.g. dressing changes, circumcision, lumbar puncture) shall be included in the pain management plan.
- 4.2.4 Consultation with or referral to pain experts (Pain service, Palliative Care Service) shall be included in the pain management plan.
- 4.2.5 The pain management interventions, whether pharmacological or non-pharmacological, shall continue until the effective outcome of pain reduction is achieved to the satisfaction of the patient and health care provider.
- 4.2.6 The effectiveness of the pain management treatment shall be evaluated on an on-going basis and modified based upon the assessment findings.
  - 4.2.6.1 Persistent unrelieved/ uncontrolled pain shall be communicated by the Nurse to the Physician.
  - 4.2.6.2 Pain score consistently above the patient's acceptable level, "comfort goal", or less than or equal to 7 out of 21 for neonates shall trigger a review of the treatment regimen and modification of the management plan.
  - 4.2.6.3 Pain ratings which continue to be at an unacceptable level post modification of the treatment regimen shall result in a referral/ consultation with the pain service.

4.3 Non-Pharmacological Interventions
- 4.3.1 Non-pharmacologic measures should be selected based upon patient preference, developmental age effectiveness of prior use, pain and anxiety level of patient and guardian, and the ability and willingness of the patient and guardian to follow instructions and degree of pain relief obtained.
- 4.3.2 Non-Pharmacologic interventions incorporate multiple modalities and techniques.
  - 4.3.2.1 Repositioning

4.3.2.2 Heat or Cold
4.3.2.3 Non-nutritional sucking (Pacifier)
4.3.2.4 Active and/ or passive physical/ occupational therapy.
4.3.2.5 Distraction
4.3.2.6 Massage

4.4 Pharmacological Interventions
4.4.1 Pharmacological Treatment
4.4.1.1 Non-Opioids
4.4.1.1.1 Acetaminophen
4.4.1.1.2 NSAIDs
4.4.1.2 Opioids Agonists
4.4.1.2.1 Combination product – opioid against and acetaminophen or NSAID
4.4.1.2.2 Tramadol
4.4.1.3 Adjuvant Medications
4.4.1.3.1 Benzodiazepines
4.4.1.3.2 Tricyclic Antidepressants
4.4.1.3.3 Anticonvulsants
4.4.1.3.4 Topical/ Local/ Regional Anaesthetics
4.4.1.3.5 Oral Sucrose

4.4.2 Pharmacological Management and the Mechanism of Pain (i.e. Neuropathic vs. Nociceptive) shall be guided by pain severity.
4.4.2.1 Mild Pain (1-3) may be treated with non-opioids.
4.4.2.2 Moderate pain (4-6) may be treated with non-opioid and/or opioid.
4.4.2.3 Severe pain (7-10) may be treated with non-opioid, The opioid selection and route of administration may vary from those selected for treatment of mild to moderate pain.
4.4.2.4 Oral and intravenous administration are the preferred routes. Rectal and transdermal should also be considered before intramuscular injections.
4.4.2.5 Medication for persistent pain should be administered round the clock.
4.4.2.6 PRN dosing is appropriate for intermittent pain, including breakthrough or activity related pain, pain that is escalating or decreasing rapidly.
4.4.2.7 Placebos shall not be used as part of any pain management plan.
4.4.2.8 Meperidine should not be considered as a first choice of opioid in the treatment of pain especially when needed for 48 hours or more.
4.4.2.9 Anticipate common side effects of analgesic by early interventions, i.e. laxatives to prevent constipation.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

6.1 Physician
6.2 Nurse

7. APPENDICES:

N/A

8. REFERENCES:

8.1 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers-Riyadh, 2013

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8.1 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers-Riyadh, 2013

9. APPROVALS:

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