



ASSESSMENT AND MANAGEMENT OF PAIN

Contributors:

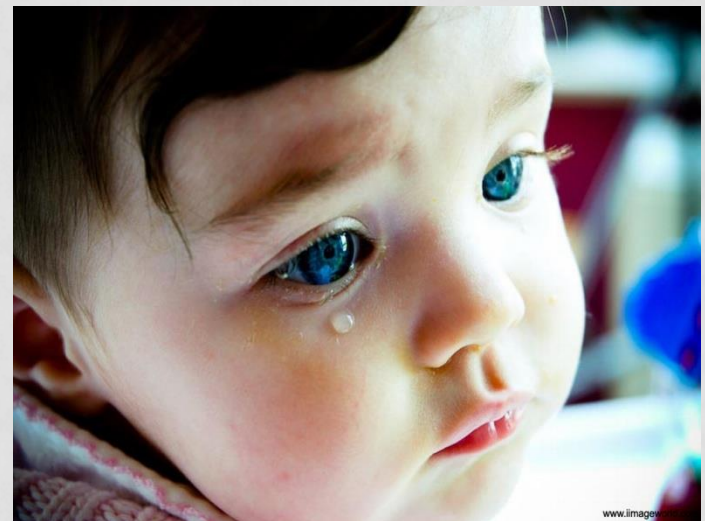
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BARRIERS TO OPTIMAL PAIN MANAGEMENT

- Assessing Pain In Children Is Difficult
- Children have a limited range of experience and may be unable to use words that adequately express their discomfort, an effective assessment in determining just how much pain a child is experiencing can be difficult.
- As a result, far too often Pain is not adequately treated or is under treated.



PAIN ASSESSMENT IN CHILDREN

- **Pain is to be regarded as the 5th vital sign.** Pain is assessed at the time of admission/visit
- Interventions, pharmacologic and non-pharmacologic, are implemented based on the assessment and reassessment of the patient's pain.
- Pain is assessed when clinically required, during ongoing periodic re-assessments, and within 60 minutes of pain intervention
- Education related to pain management must be available to patients and family.

PAIN ASSESSMENT IN CHILDREN

- Pain scales are tools developed to clinically assess the intensity of a patient's pain and for monitoring the effectiveness of treatments at different points in time. These tools are designed for different age groups, as well as for individuals who do not speak English and/or cannot verbalize responses. At RCHSD we utilize the following four pain assessment tools:
 - Neonatal Pain, Agitation and Sedation Scale (**N-PASS**)
 - Face, Leg, Activity, Cry, and Consolability (**FLACC**) tool
 - **FACES**
 - **Visual Analog Scale** (VAS)
 - **Pasero Opioid-Induced Sedation Scale** (POSS)
 - **COMFORT Scale**

THE POSS SCALE

- **Opioid-Induced Sedation – NEW!**
 - All patients receiving opioids for pain control will be assessed for opioid-related sedation using the Pasero Opioid-Induced Sedation Scale (POSS).
 - POSS is used for early identification of over-sedation. The nurse is required to assess sedation (in addition to pain) after administration of opioids (IV or PO).

THE POSS SCALE

Pasero Opioid-induced Sedation Scale (POSS)

S = Sleep, easy to arouse

Acceptable; no action necessary; may increase opioid dose if needed

1 = Awake and alert

Acceptable; no action necessary; may increase opioid dose if needed

2 = Slightly drowsy, easily aroused

Acceptable; no action necessary; may increase opioid dose if needed

3 = Frequently drowsy, arousable, drifts off to sleep during conversation

Unacceptable; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory; decrease opioid dose 25% to 50%¹ or notify prescriber² or anesthesiologist for orders; consider administering a non-sedating, opioid-sparing nonopioid, such as acetaminophen or a NSAID, if not contraindicated.

4 = Somnolent, minimal or no response to verbal and physical stimulation

Unacceptable; stop opioid; consider administering naloxone^{3,4}; notify prescriber² or anesthesiologist; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory.

A score of 4 may require naloxone (Narcan) administration!

THE **COMFORT** SCALE

Purpose: The COMFORT scale is a behavioral, unobtrusive method of measuring distress in **unconscious** and **ventilated** children and adolescents. This scale has eight (8) indicators:

- alertness
- calmness/agitation
- respiratory response
- physical movement
- blood pressure
- heart rate
- muscle tone
- facial tension

The **COMFORT** Scale

Each of the eight indicators is scored between 1 and 5 based upon the behaviors exhibited by the patient. Patients should be observed unobtrusively for two minutes. The total score is derived by adding the scores of each indicator.

Total scores can range between 8-40. A score of 17-26 generally **indicates adequate sedation and pain control**. Due to the complexity of measuring blood pressure and heart rate, this scale is used primarily for **patients in a critical care setting**.

ACUTE PAIN MANAGEMENT OPTIONS

- **Nonpharmacologic Pain Management**
 - Child Life involvement
 - Biofeedback
 - Acupuncture
 - Physical Therapy
- **Pharmacologic Pain Management**
 - Acetaminophen
 - Nonsteroidal Anti-inflammatory Drugs
 - Opioid Analgesics
 - Oral or Intravenous
 - PRN
 - Continuous opioid Infusions
 - Patient Controlled Analgesia
 - Local Anesthetics -EMLA

RESOURCES TO MANAGE PAIN

- **RCHSD Acute Pain Service**

- Available 24/7 as an inpatient consulting service operated by specialized on-call anesthesiologists and nurse practitioners.

- **Director:**

- George Ulma, MD

- **Nurse Practitioners:**

- Rebecca Bennett, RN, MS, PNP/FNP BC;
- Denise Givens, RN, MS, FNP-BC
- Erin Dale, RN, MS FNP BC

RESOURCES TO MANAGE PAIN

- **RCHSD Chronic Pain Program**

- Biofeedback, and cognitive behavioral therapy are available Monday through Friday. Integrative therapies (acupuncture) are available Monday and Thursday between 1:00 – 3:00PM. A provider run outpatient Chronic Pain clinic is held on Thursday afternoon. Appointments for these services may be scheduled by calling 858-576-1700 ext. 2678.

- **Director:**

- Pritha Dalal, MD

- **Nurse Practitioners:**

- Denise Givens, RN, MS, FNP-BC