

## **James A. Haley (Tampa) VA Pain Policy**

JAMES A. HALEY VETERANS' HOSPITAL  
TAMPA, FLORIDA 33612  
HOSPITAL POLICY - MEMORANDUM NO. 127-4 - March 27, 1998 - PAIN  
MANAGEMENT

**1. PURPOSE.** To provide interdisciplinary direction to all staff members involved in the care of patients experiencing pain.

### **II. POLICY.**

A. It is the policy of James A. Haley Veterans Hospital to provide optimal pain management to all inpatients and outpatients. This policy is based upon an institutional philosophy that pain control is a legitimate therapeutic goal essential to the participant's physical and emotional well-being. Pain control approaches are to be collaborated and interdisciplinary in nature and utilize input from all members of the health care team, particularly the patient and significant others.

B. Clinical decisions relating to pain control are to be made based upon the following assumptions:

- (1) Optimal pain management is achieved through positive relationships with health care providers who believe patients reports of pain. For patients with cognitive/expressive deficits, nonverbal expression and behavior must be considered when evaluating pain.
- (2) Pain should be actively assessed; it is not acceptable to wait for the patients complaints. Lack of pain expression does not mean absence of pain.
- (3) The patient has the right to be informed of all available and appropriate methods of pain relief along with possible positive and negative consequences. The patient's preference in determining the method(s) to be used for pain management should be considered.
- (4) Pain that is established and severe is difficult to control.
- (5) Pain control planning should include consideration of both pharmacologic and nonpharmacologic interventions.

C. Acute pain is defined as pain that subsides as tissue healing takes place (McCaffery & Beebe, 1989). Acute pain has a predictable end, is transient, and is often highly localized.

D. Chronic pain is defined as pain that persists three months beyond the usual course of an acute disease or three months beyond a reasonable time for tissue damage to heal, or pain that is associated with a chronic pathologic process that causes continuous or recurrent pain (Bonica, 1990). Chronic pain may be either nonmalignant pain or cancer pain.

### **III. DELEGATION OF AUTHORITY AND RESPONSIBILITY.**

A. The Chief of Staff is responsible for overall coordination and quality of care in pain management of all patients and the ongoing evaluation of hospital pain management practice.

B. Staff/attending physicians, registered nurses, and other members of the clinical health care team are responsible for assessment of pain, as well as development of an individualized plan of care and implementation of this plan.

C. Physicians and Licensed practitioners (e.g. nurse practitioners and physician assistants subject to physician collaboration/supervision) are responsible for ordering pharmacologic agents and certain nonpharmacologic interventions in accordance with individual prescribing privileges and applicable statutory requirements.

D. Pharmacy Service will serve as a resource to the health care team regarding pharmacologic pain management issues.

E. Psychology and Psychiatry Services will serve as resources for client assessment and the provision of psychotherapeutic interventions.

F. Rehabilitation Medicine will serve as a resource for physical therapy and interventions (e.g., ultrasound, TENS, trigger point injections, electrodiagnostic testing, etc.) and provide coordination of ancillary services such as physical therapy, occupational therapy, and vocational rehabilitation.

G. Anesthesiology will serve as resource for interventional modalities, including Neuraxial administration of analgesic agents, sympathetic drug instillations, trigger point injections, etc.

H. The Chronic Pain Management Team is responsible for evaluating and treating eligible, motivated persons with complex chronic pain problems.

(Attachment 2: Chronic Pain Algorithm)

I. Clinical Service Chiefs are responsible for the education of clinical personnel in and the enforcement of provisions of this policy.

**IV. PROCEDURES.** None

**V. REFERENCES.** None.

**VI. RECESSON.** None.

RICHARD A. SILVER  
Director

DISTRIBUTION: "A"

Attachment:

1. Guidelines for Pain Management
2. Chronic Pain Algorithm
3. Equi-analgesic Chart
4. Florida Agency for Health Care Administration Guidelines for Management of pain using Dangerous Drugs and Controlled Substances - 1996
5. American Pain Society "The Use of Opioids for the Treatment of Chronic Pain"