

**Our Lady's Children's Hospital, Crumlin
Nursing Careplan 30: Pain Assessment and Management**

Care plan 30		Goals	Issue date: June 2014 Review date: June 2017
..... Has pain due _____ _____		<ol style="list-style-type: none"> or his/her parents/guardian will report pain is relieved or controlled in a way that is acceptable to him/her and the family.. will be able to participate in usual activities of daily living within level of ability. e.g. play, school, sports, exercise, sleep and rest appropriately. <p><i>Please see hospital intranet for Pain Assessment and Analgesic Guidelines</i></p>	
Commenced, Date, Time & Signature	No	Nursing Intervention	Discontinued, Date, Time and Signature
	1	On Admission	
		<p>..... or his/her parent will be asked if pain is present or if pain was present prior to admission and where appropriate a pain history will be documented as per nursing practice guidelines for pain assessment 2013</p> <ul style="list-style-type: none"> The location, duration and characteristics of the pain, will be documented in the HCR. The impact of pain on activities of daily living; factors that aggravate or relieve pain and treatment used for pain and their effectiveness or side effects will be documented in the HCR. Pain assessment and management will be explained and discussed. 	
	2	Pain Assessment	
		<ul style="list-style-type: none">and his/her parents will be involved in the assessment and management of pain using developmentally appropriate pain rating tools and they will be encouraged to inform staff if his/her level of pain has changed. Pain scores will be documented in the child's HCR to provide consistency of care.will be observed for behavioural and physiological signs and symptoms associated with pain as per pain assessment guideline OLCCHC 2013 Assessment of chronic pain will avoid reinforcing a concern for pain intensity and instead focus on indicators of functional improvement (for example: sleeping, walking, and engaging in play, physiotherapy, occupational therapy, attending school). <p>.....</p>	
	3	Managing Pain	
	a)	<ul style="list-style-type: none"> Collaborate in the treatment of any underlying medical condition(s). Opioid infusion as per opioid guidelines 2012. Epidural infusion as per care plan 23, continuous nerve block infusion as per care plan 24. Ways to identify, avoid and minimize pain e.g. comfortable position, and splinting surgical site or painful area will be utilized. Painful procedures will be anticipated and appropriate and timely pharmacological and non-pharmacological measures will be used. Parents and carers will be supported to help them manage their child's pain The multidisciplinary team will be consulted as appropriate to help manage pain (CNS Acute Pain, physiotherapy, occupational therapy, music therapy, psychology, play, etc. <small>(some of these therapies may be available by consultation with blue card.</small> 	
	b)	Pharmacological methods of pain relief	
		<ul style="list-style-type: none"> Analgesic medication will be administered as indicated by the cause, type and level of pain, in accordance with OLCCHC Hospital Medication Policy, BNF for Children, opioid and/or epidural or sickle cell pain guidelines, Nursing Practice guidelines and ABA regulations. 	

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	b)	Pharmacological methods of pain relief	
		<ul style="list-style-type: none"> ▪ Analgesia will be given by continuous infusion or regularly around the clock when pain is persistent. <small>(Refer to BNF for Children or current OLCHC Hospital Medication Formulary)</small> ▪ The medical team or CNS Acute Pain where appropriate will be contacted if analgesic medication is not effective; being mindful that treatment that relieves acute pain may not be effective for chronic pain. ▪ Adverse reactions to analgesic medication will be reported promptly to medical staff, treated appropriately and documented in the child's HCR. Where appropriate a clinical incident form will be completed. ▪ 	
	4	Evaluation	
		<ul style="list-style-type: none"> ▪ The effectiveness of interventions for pain e.g. medication, non-drug methods will be documented in the child's HCR. ▪ The ability to take part in normal activities of daily living, sleep, attend school and improvement in function will be evaluated and documented in the HCR. ▪ 	
	5	Weaning from long term opioids/sedatives	
		<ul style="list-style-type: none"> ▪ Monitor for signs and symptoms of withdrawal 6 hourly initially using ward withdrawal observation sheet. ▪ Wean opioids and sedatives slowly initially if a child has been receiving opioids /sedatives for more than 14 days. ▪ Seek advice and support from pharmacy/CNS pain if a child shows symptoms of opioid/sedative withdrawal. ▪ ▪ 	
	6	Discharge Preparation	
		<ul style="list-style-type: none"> ▪ Prior to discharge advice on pain assessment and pain management after discharge will be provided to the family and documented in the HCR. ▪ Prescription for analgesia after discharge will be provided as appropriate. 	