



NURSING CARE PLAN No 30
PAIN ASSESSMENT AND MANAGEMENT

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 30 Problem	PAIN ASSESSMENT AND MANAGEMENT	Issue Date: April 2018 Review Date: April 2020	
<p>.....</p> <p>Has pain due</p> <p>.....</p>	<p>1..... or his/her parents will report pain is relieved or controlled in a way that is acceptable to him/her and the family.</p> <p>2..... will be able to participate in his/her usual activities of daily living within his/her level of ability e.g. play, mobilise comfortably, sleep and rest.</p>		
1	NURSING INTERVENTION ON ADMISSION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> 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 Select an age appropriate pain assessment scale e.g. FLACC / FLACC-R/ Faces or Numeric Rating Scale. Assess & documentlevel of pain using the (state selected) pain assessment scale. Perform comprehensive pain assessment using mnemonic OLD CARTS; Onset, Location, Duration, Characteristics, what Aggravates, and Relieves the pain, Timing and Severity and effect of pain on sleep of any pain experienced byand document in HCR.. Observe for guarding, rigidity, crying or restlessness. Pain assessment and management will be explained and discussed. 		
2	PAIN ASSESSMENT		
	<ul style="list-style-type: none"> Involve and parents / carers in the assessment and management of pain & encourage them to inform staff if pain increases. Pain scores will be documented in the child's HCR to provide consistency of care. 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). 		
3 (a)	MANAGING PAIN		
	<ul style="list-style-type: none"> Promote non-pharmacological pain relieving measures' e.g. position.....in a comfortable well supported position, splinting the surgical site or painful area where appropriate. Painful procedures will be anticipated and appropriate and timely pharmacological and non-pharmacological measures will be used.Pain intensity will be assessed 30-60 minutes post analgesia administration and the effects of pain control methods will be documented in the HCR. Parents will be supported to help them manage their child's pain The multidisciplinary team will be consulted as appropriate to help manage pain. 		



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3 (b)	PHARMACOLOGICAL METHODS OF PAIN RELIEF	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> Analgesic medications will be administered regularly as prescribed by a pain-free method in accordance with OLCCH Formulary, BNFC, Opioid Guidelines 2016, epidural guidelines, Sickle Cell pain guidelines and ABA/NMBI regulations Observe for analgesic medication side-effects. Inform the Pain ANP/CNS (Bleep 8300) or anaesthetist document and treat as needed. and his/her parents will be encouraged to use non-pharmacological methods of pain relief e.g. distraction, play, massage, relaxation techniques, cool / warm packs etc.parents will be involved in the assessment and management of pain & encourage them to inform staff if pain increases. The medical or surgical team or ANP/CNS 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 or complex pain. 		
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, physiotherapy, occupational therapy and improvement in function will be evaluated and documented clearly in the HCR. 		
5	WEANING FROM LONG TERM OPIOIDS / SEDATIVES		
	<ul style="list-style-type: none"> will be monitored for signs and symptoms of withdrawal 6 hourly initially, using ward withdrawal observation sheet if has received opioids for more than 5 days. Opioids and sedatives will be weaned as per weaning plan developed by ANP/CNS Pain / Pharmacist. Seek advice and support from pharmacy / ANP / CNSp 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. 		

Created by G O'Callaghan Pain Service 2018