**Pain Management**

**Competency**

Suggested Implementation Checklist

**Implementation Checklist: Pain Management**

| **Regulation** | **Recommended Actions** | |
| --- | --- | --- |
| **F697 Pain Management.**  “The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences.  **INTENT §483.25(k)**  Based on the comprehensive assessment of a resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident’s choices, related to pain management  **DEFINITIONS §483.25(k)**  **“Adjuvant Medication”** describes any medication with a primary indication other than pain management but with analgesic properties in some painful conditions**.2**  **“Adverse Consequence”** is an unpleasant symptom or event that is due to or associated with a medication, such as impairment or decline in a resident’s mental or physical condition or functional or psychosocial status. It may include various types of adverse drug reactions and interactions (e.g., medication-medication, medication-food, and medication-disease).”[[1]](#footnote-1)  **GUIDANCE §483.25(k) Recognition and Management of Pain**  “In order to help a resident, attain or maintain his or her highest practicable level of well-being and to prevent or manage pain, the facility, to the extent possible”[[2]](#footnote-2) | * Review, revise and institute pain policy and procedures with elements for compliance with F697 * Update staff education materials for orientation, annual education, agency staff orientation, and as needed.   **Strategies**   * Educate nursing staff and the interdisciplinary team which includes all staff that have contact with the resident Recognize when the resident is experiencing pain and identifies circumstances when pain can be anticipated; * Evaluates the existing pain and the cause(s), and * Manages or prevents pain, consistent with the comprehensive * Assessing the potential for pain, recognizing the onset, presence and duration of pain, and assessing the characteristics of the pain; * Addressing/treating the underlying causes of the pain, to the extent possible; * Developing and implementing both non-pharmacological and pharmacological interventions/approaches to pain management, depending on factors such as whether the pain is episodic, continuous, or both; * Identifying and using specific strategies for preventing or minimizing different levels or sources of pain or pain-related symptoms based on the resident-specific assessment, preferences and choices, a pertinent clinical rationale, and the resident’s goals and; using pain medications judiciously to balance the resident’s desired level of pain relief with the avoidance of unacceptable adverse consequences; * Monitoring appropriately for effectiveness and/or adverse consequences (e.g., constipation, sedation) including defining how and when to monitor the resident’s symptoms and degree of pain relief; and Modifying the approaches, as necessary * Evaluate for verbal and non-verbal signs of pain   **Assessment**   * + - History of pain and its treatment (including non-pharmacological and pharmacological treatment and whether or not each treatment has been effective);     - Characteristics of pain, such as: (intensity, pattern, location, frequency and duration)     - Impact of pain on quality of life (e.g., sleeping, functioning, appetite, and mood);     - Factors such as activities, care, or treatment that precipitate or exacerbate pain as well as those that reduce or eliminate the pain;     - Additional symptoms associated with pain (e.g., nausea, anxiety);     - Physical and psychosocial issues (physical examination of the site of the pain, movement, or activity that causes the pain, as well as any discussion with resident about any psychological or psychosocial concerns that may be causing or exacerbating the pain);     - Current medical conditions and medications; and     - The resident’s goals for pain management and his or her satisfaction with the current level of pain control. * Educate residents and resident representatives about pain management and their involvement * Conduct updated training for nurses about supervising and monitoring for compliance * Review pain management with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance and Performance Improvement Committee meeting and any pain policy and procedure updates |
| **F552 Right to be informed and make treatment decisions**  ““§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:  §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.”[[3]](#footnote-3) | Provide resident with information of pain management, medical information, pharmacological and nonpharmacological interventions, risks/benefits of treatment.   * Include resident/resident representative in the care planning process |
| **F578 Right to refuse**  “The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.”[[4]](#footnote-4) | * Resident has the right to refuse once information on the risks, benefits and specifics of the procedure/skill * If resident does not have an Advance Directive, provide education and offer assistance in formulation of an Advance Directive * Policies and procedures regarding Advance Directive |
| **F580 Notification of change**  “(i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there I”s-  “(B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);  (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)”[[5]](#footnote-5) | * Policies and procedures for notification of change of condition |
| **F659 Be provided by qualified persons**  “The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (ii) Be provided by qualified persons in accordance with each resident's written plan of care.”[[6]](#footnote-6) | Licensed Nurse competency in Pain Management Policy and Procedure |
| **F 725 Sufficient and Competent Staffing**  “The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical,mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment”[[7]](#footnote-7) | Licensed Nurse training on:   * Pain policy and Procedure * F697 * Medication Management * Care Plan Process |
| **F686 Pressure ulcer**  “When assessing the PU/PI itself, it is important that documentation addresses: • The type of injury (pressure-related versus non-pressure-related) because interventions may vary depending on the specific type of injury;    • The PU/PI’s stage;  • A description of the PU/PI’s characteristics; • The progress toward healing and identification of potential complications;  • If infection is present;  • The presence of pain, what was done to address it, and the effectiveness of the intervention; and  • A description of dressings and treatments**.”[[8]](#footnote-8)** | * Licensed Nurse and CNA training on facility policy and procedure for pain management with wound care |
| **F692 Nutrition and Hydration** | * Collaborate with IDT, resident and resident representative re: diet and hydration needs/restrictions/orders |
| **F710 Physician Services**  “A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident’s immediate care and needs.”[[9]](#footnote-9) | * Identifies physician involvement in participation of the resident’s pain management needs |
| **F757 Unnecessary Medications**  “Each resident’s drug regimen must be free from unnecessary drugs” | * Policies and Procedures with education on unnecessary medications in relation to pain management |
| **F880 Infection Control**  “The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections”[[10]](#footnote-10) | Nurse and CNA training on Infection Control to include:   * Standard Precautions * Transmission-Based Precautions * PPE * Hand Hygiene * Blood Borne Pathogens * Monitoring for Signs/Symptoms of Infection for causes of pain |
| **F841 Medical Director**  “§483.70(h)(1) The facility must designate a physician to serve as medical director.    §483.70(h)(2) The medical director is responsible for— (i) Implementation of resident care policies; and (ii) The coordination of medical care in the facility.”[[11]](#footnote-11) | * Medical Director to collaborate, review and approve all policies, procedures and protocols for pain management |
| **F842 Medical Records**  “§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are— (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized”[[12]](#footnote-12) | Documentation in the Medical Record to include:   * Resident care and services * Change of condition and follow up * Communication form between Shifts * Care Plan and revisions * Physician orders * All pertinent charting |

**Resources**

* Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>
* Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
* Nursing Skills Reference Manuals
* Manufacturer’s Recommendations on equipment, adaptive equipment, supplies, etc.

1. 1 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. 2 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-2)
3. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-3)
4. 4,5,6 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. 7,8,9 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-7)
8. [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. 10,11,12 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-10)
11. [↑](#footnote-ref-11)
12. [↑](#footnote-ref-12)