

Intensive Chronic Case Management Pain Assessment, Referrals and Documentation

A workgroup of nursing staff from the Area Agencies on Aging participating in the expansion of the Intensive Chronic Case Management (ICCM) Project developed an evidence based practice for the assessment, referral and documentation of chronic pain and the associated care needs for clients participating in the ICCM project.

One of the primary symptoms and treatment concerns for individuals with chronic illness or disability is the presence of chronic pain and its associated impacts on the functional and mental status of the person with the pain. In response to that need and to provide clients enrolled in the ICCM project with evidence based practice for optimal outcomes, and reduced medical expenditures, this *Pain Assessment, Referral and Documentation Best Practice* was assembled.

Resources/citations used in development of this evidence based practice include:

1. National Institutes of Health Warren Grant Magnuson Clinical Center, Pain Intensity Instruments; <http://painconsortium.nih.gov> (12/08/05)
2. Institute for Clinical Systems Improvement, Health Care Guideline, Assessment and Management of Chronic Pain (First Edition, November 2005) Appendix A, B, E, F, G, and H, Assessment and Management Algorithms. <http://www.icsi.org> or <http://www.guideline.gov>
3. American Pain Foundation; Treatment Options: A Guide for People Living with Pain, <http://www.painfoundation.org/Publications/TreatmentOptions2006.pdf?JServSessionIdr007=sbq5t5siw2.app6b>
4. American Chronic Pain Association, Live Better with Pain Log, Copyright 2005. <http://www.theacpa.org/documents/8%205x11%20Pain%20Log%202-8-06.pdf>
5. The American Pain Foundation, Pain Assessment, (2005), http://www.painfoundation.org/print.asp?file=documents/doc_036.htm
6. American Chronic Pain Association. Quality of Life Scale, A Measure of Function for People with Pain, Copyright 2003, Developed by Penney Cowan and Nicole Kelly. http://www.theacpa.org/documents/Quality_of_Life_Scale.pdf

Introduction

The National Institutes of Health, the American Pain Foundation and the Institute for Clinical Systems Improvement have all identified the broad impacts and experiences of people with chronic pain. More than 50 million Americans experience chronic pain and more than half of dying patients experience moderate to severe pain during the last days of their life (NIH, 2005). Pain is also known to be a frequent cause for clinical visits, with approximately 45% of the population seeking medical help for pain at some point in their lives (NIH, 2005).

Chronic pain is a disorder that lasts for months or years and cannot be fully relieved by standard medications or treatments, and is a persistent life altering condition (NIH, ICSI). Pain management resources recommend a client-centered multi-factorial comprehensive management plan that includes addressing the biopsychosocial factors. Spiritual and cultural issues are also important (ICSI, 2005).

McCaffery and Passero in their Clinical Pain Manual (1999) identify the following key factors for pain assessment:

- The rhythm of the pain; constant vs. intermittent
- The functional impact of the pain
- The intensity and quality of the pain
- The effects of the pain and the scope of the pain management
- Permitting assessors to suggest the types of pain to the client to aid in assessment
- The side effects of the treatment, and
- The use of alcohol as augmentative treatment (CAGE questionnaire)

Clients enrolled in the ICCM project are often prescribed opioid and non-opioid medications for treatment of their chronic pain. The success of that treatment as noted in the literature will be variable, and with chronic pain almost always temporary. In order to enhance the management of pain associated with co-morbid conditions for Medicaid clients with high-cost, high risk conditions and high medical expenditures, these evidence based practice and appendices are provided as tools to be used by the nurses, clients and other health care providers engaged in the ICCM project.

Pain Assessment and Documentation

Each client enrolled in the ICCM project will have a comprehensive pain assessment completed by the RN in addition to the scoring of the client's pain according to the Comprehensive Assessment Reporting Evaluation Tool (CARE). This assessment will assist the client, the nurse and their health care providers to better identify:

- The source and assessment of the pain;
- Pain triggers;
- Functional and psychosocial impacts of the pain;
- Current treatment plan and effectiveness;
- Treatment (medication) side effects.

Tools that ICCM nurses will have to use for pain assessment include:

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| 1. CARE | Pain Screen |
| | CAGE questionnaire |
| 2. ICSI | Assessment Algorithm |
| 3. ICSI Appendix A | Functional Ability Questionnaire |
| 4. ICSI Appendix E | Side Effects |
| 5. ICSI Appendix F | Non-Opioid Analgesics |
| 6. ICSI Appendix G | Opioid Analgesics |
| 7. ICSI Appendix H | Brief Pain Inventory |
| 8. American Chronic Pain Association | Live Better with Pain Log |
| 9. American Chronic Pain Association | Quality of Life Scale |
| 10. American Pain Foundation | Pain Assessment |
| 11. NIH (Warren G Magnuson Clinical Center) | Pain Intensity Instruments |
| 12. HWT | Pharmacy expenditure data |

Pain Management and Referrals

Depending on the results of the pain assessment and treatments/medications used by the client and their health care providers, additional referrals for pain assessment and management may be indicated.

Tools that ICCM nurses will have to use for pain management include:

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| 1. ICSI Appendix B | Personal Care Plan for Chronic Pain |
| 2. ICSI | Management Algorithm |
| 3. ICSI Appendix E | Side Effects |
| 4. ICSI Appendix F | Non-Opioid Analgesics |
| 5. ICSI Appendix G | Opioid Analgesics |