
Subject: SAH ICU pain assessment and management patient care standards	Policy Section: 10-VMC-K
Applicable to: ICU clinicians, staff, and students	Pages: 1 of 2
Author: ICU Supervisor	Submitted Date:
Review:	Review Date:
Approval: ICU Committee Clinical Management Committee	Approval Date: 2/27/02 6/11/02
Related policies and procedures:	Replaces version Dated: New

STANDARDS

1. All ICU patients will be assessed hourly during each shift for pain.
2. Assessment of pain will include the following parameters:
 - a. heart rate
 - b. respiratory rate
 - c. temperature
 - d. blood pressure when ordered
 - e. vocalization
 - f. inability to rest or sleep
 - g. unwillingness to move
 - h. agitation
 - i. aggression
 - j. abnormal posture
 - k. depression
 - l. trembling
 - m. inappetence
 - n. whether or not a potentially painful procedure has occurred

All of these parameters will be weighed equally. Pain medications will not be withheld on the basis of one parameter. For example, a normal heart rate will not preclude the use of pain meds. Bradycardia is more easily treated than pain. Any patient that has had a surgical procedure will be considered to be in pain.

3. Patients with "PRN" orders for pain medications will have the appropriate line highlighted on their orders. The patient will be assessed hourly and pain meds given when needed.
4. Non-pharmacologic methods of pain relief will be tried to give relief before giving pain medications. These will include, but are not limited to changing position, padding the cage, bladder and bowel relief.
5. If a patient does not have pain medications ordered and the ICU technicians feel they are needed, the clinician will be contacted. During the day the ICU staff will alpha page and overhead page. At night the ICU staff will alpha page and call the home number. If the clinician does not respond or is unreachable, the ICU technicians will contact the critical care clinician or the emergency clinician on duty for instructions.

OVERSIGHT/FOLLOW THROUGH:

The ICU Supervisor, Director of Patient Services and Division Heads are responsible for assuring compliance with these standards. Compliance will be measured and included in annual performance appraisals.