



Roles and Responsibilities

Help Our Patients With Pain
and Other Symptoms

Lead Physician: Pain Management Responsibilities

The lead physician will direct all team members and be available to answer questions via phone as much as possible and via email.

The lead physician will prescribe as necessary, and educate house staff/hospitalists. The team will be sensitive to the wishes of private attending physicians.

Registered Staff (RN/RPN): Pain Management Responsibilities

Knowledge of Basic Principles of Pain Management

Issues associated with illness and bereavement

Essential and basic steps during a therapeutic encounter

The person with the pain experience – not the health care provider, family, or friend – is the authority on the pain

The complexity of the “total” pain experience, including the physical, psychosocial, emotional and spiritual components

The major classifications of pain: acute, persistent, nociceptive, neuropathic, mixed, incident and breakthrough;

The differences in their quality, presentation, and management

Knowledge of incident and breakthrough pain

The impact of inadequately treated pain on physiological function, psychological status and quality of life

The major barriers to adequate pain management which include

- the myth that pain is a normal part of aging
- fear of addiction to pain medications (resident/family/staff)
- fear of developing tolerance to pain medications
- the assumption that pain must be endured
- fear of side effects from pain medications such as confusion, sedation, respiratory depression, constipation, nausea and vomiting
- concern by the person/family for “bothering” the staff

The different ways people may describe pain (e.g. “not feeling myself”, “tingling in my legs”)

The issues that impact on pain management (e.g. physician reluctance to prescribe because of incomplete assessment information and lack of timely access to controlled substances for escalating pain problems)

The issues around medical directives, informed consent, right of refusal of treatment and the personal right of choice

Use of assessment tools

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Assessment, Decision Making & Care Planning

Use a standard pain assessment tool to document location, intensity, quality, pattern, (e.g. radiating, intermittent or constant), alleviating and aggravating factors, medication history, response to past treatments, and other relevant factors such as the person's lifestyle, impact of the pain on the person's life (activities of daily living, sleep, rest, appetite, nutritional status, and mobility).

If the pain is severe (7-10), ask the patient:

- If the current treatment helps
- If they know what the current treatment is
- How long it helps for
- How long they usually wait until a nurse arrives after they call for the nurse
- If a physician has seen them today and discussed their pain management

Document the patient's perceived efficacy of treatment. If the patient is dissatisfied, contact the physician in charge and assure the patient that "we will do everything possible to better manage your pain."

At this time, interview the nurse. **It is very important that we do not put the nurse on the defensive.** Introduce yourself as part of the symptom reduction team, and inquire:

- Patient X has been in severe pain (or nausea, or whatever) and doesn't think the treatments are helping. Can you tell me what we've been doing for Mr. X and if it helps?
- Have you called the doctor?
- If yes, how long does it take for them to respond?
- If they respond, do you think their treatment is enough?
- Is there anything else that makes it harder for you to treat Mr. X's pain (or nausea etc)?
- What can we do to help?

In the initial period, a second team member (preferably the NP) will see the patient at a later time and document efficacy of treatment. If the patient's pain is intractable, a phone call will be made to the primary physician, alerting him that the services of an ACO-contracted pain management specialist is available.

Role will be expanded after the initial period.

Pharmacist: Pain Management Responsibilities

The pharmacy team will round with the team up to twice a week. The pharmacist will make recommendations as to narcotic equivalencies, duration of action, potential interactions, and mechanism of elimination. He will track medication usage during the program.



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