

Acute pain management: operative or medical procedures and trauma, Part 2. Agency for Health Care Policy and Research.

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Summary recommendations 1-5 and 7 should be implemented in every hospital where operations are performed on inpatients. The Acute Pain Management Guideline Panel recommends that any hospital in which abdominal or thoracic operations are routinely performed offer patients postoperative regional anesthetic, epidural or intrathecal opioids, PCA infusions, and other interventions requiring a similar level of expertise, under the supervision of an acute pain service as described in summary recommendation 6. For pain management to be effective, each hospital must designate who or which department will be responsible for all of the required activities. There are a number of alternative approaches to preventing or relieving postoperative pain, many of which can give good results if attentively applied. The following elements, however, apply to most cases and might serve as a focus for assessing the results of these guidelines: 1. Promise patients attentive analgesic care. Patients should be informed before surgery, orally and in printed format, that effective pain relief is an important part of their treatment, that talking about unrelieved pain is essential, and that health professionals will respond quickly to their reports of pain. It should be made clear to patients and families, however, that the total absence of any postoperative discomfort is normally not a realistic or even a desirable goal. 2. Chart and display assessment of pain and relief. A simple assessment of pain intensity and pain relief should be recorded on the bedside vital sign chart or a similar record that encourages easy, regular review by members of the health care team and is incorporated in the patient's permanent record. The intensity of pain should be assessed and documented at regular intervals (depending on the severity of pain) and with each new report of pain. The degree of pain relief should be determined after each pain management intervention, once a sufficient time has elapsed for the treatment to reach peak effect. A simple, valid measure of intensity and relief should be selected by each clinical unit. For children, age-appropriate measures should be used. 3. Define pain and relief levels to trigger a review. Each institution should identify pain intensity and pain relief levels that will elicit a review of the current pain therapy, documentation of the proposed modifications in treatment, and subsequent review of its efficacy. This process of treatment review and follow-up should include participation by physicians and nurses involved in the patient's care.(ABSTRACT TRUNCATED AT 400 WORDS)