



LOMA LINDA  
UNIVERSITY  
MEDICAL CENTER

# LOMA LINDA UNIVERSITY MEDICAL CENTER

## OPERATING POLICY

<b>CATEGORY:</b>	CLINICAL MANAGEMENT	<b>CODE:</b>	M-140
<b>SUBJECT:</b>	PAIN MANAGEMENT	<b>EFFECTIVE:</b>	12/2019
		<b>REPLACES:</b>	01/2017
		<b>PAGE:</b>	1 of 2

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**PURPOSE:** To provide interdisciplinary direction to all staff members involved in the care of patients experiencing pain.

1. It is the practice of LLUMC to attempt to provide optimal pain management to all inpatients and outpatients. This is based upon an institutional philosophy that pain management is a legitimate therapeutic goal essential to the participant's physical and emotional well-being. Pain control approaches shall be individualized, collaborative and interdisciplinary in nature and utilize input from all appropriate members of the health care team as well as the patient, family members and/or guardians.
2. Clinical decisions relating to pain management shall be made based upon the following assumptions:
  - 2.1 Optimal pain management is achieved through positive relationships with health care providers who recognize that patients are or may be experiencing pain and work collaboratively to identify the best possible mechanism for accurate pain assessment.
  - 2.2 Pain should be actively assessed using developmentally appropriate tools (reference Patient Care Practices within Clinical Skills related to pain – including, [Pain Assessment and Management \(LLUMC - Adult\)](#), [Pain Management \(Pediatric\)](#), and [Pain Assessment Scales \(Pediatric\)](#)) (also reference additional skills in M-140.B). It is not acceptable to wait for the patient's report of pain. Lack of pain expression does not mean absence of pain.
  - 2.3 The patient/parent/caregiver has the right to be informed of available and appropriate methods of pain relief along with possible positive and negative consequences. The patient's preference in determining the method(s) to be used for pain management should be considered.
  - 2.4 Pain that is established and severe is difficult to control.

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- 2.5 Pain control planning should include consideration of both pharmacologic and non-pharmacologic interventions (reference Clinical Skills. For links to documents, please see attachment M-140.B).
3. When an ordered route for pain medication becomes unavailable, the practitioner should be contacted for alternative orders, which may include subcutaneous administration (reference Clinical Skills [Medication Administration: Continuous Subcutaneous Infusion - Adult](#)).
4. Members of the multidisciplinary team are available to assist with a patient's pain management, as appropriate for that patient. Roles of the team members are addressed in attachment M-140.A.

**APPROVERS:** Hospital Executive Leadership, LLUMC Chief Executive Officer,  
LLUMC Medical Staff President and Chair of MSEC, Senior VP, Patient Care Services



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## SUPPLEMENTAL MATERIAL

<b>CATEGORY:</b>	CLINICAL MANAGEMENT	<b>CODE:</b>	M-140.A
<b>SUBJECT:</b>	ROLES AND RESPONSIBILITIES	<b>EFFECTIVE:</b>	12/2019
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### Multidisciplinary Roles and Responsibility in Pain Management

1. The Medical Staff President: overall coordination and quality of care in pain management of all patients and the ongoing evaluation of hospital pain management practice.
2. Staff/attending physicians, licensed practitioners, registered nurses, and other members of the clinical health care team: must assess pain using evidenced based pain tools/scoring, as well as developing an individualized plan of care and implementation of this plan. The individualized plan of care shall be maintained and updated as needed. Non-pharmacologic measures for pain relief may be provided by any appropriate member of the health care team within scope of practice and training, as well as by family members as appropriate.
3. Physicians and Licensed practitioners (e.g. nurse practitioners and physician assistants subject to physician collaboration/supervision): for ordering pharmacologic agents and certain non-pharmacologic interventions in accordance with individual prescribing privileges and applicable statutory requirements.
4. Pharmacy Service: a resource to the health care team regarding pharmacologic pain management issues.
5. Psychology and Psychiatry Services: resources for client assessment and the provision of psychotherapeutic interventions.
6. Physical Medicine and Rehabilitation, and Rehab Services: resources for physical therapy and interventions (e.g., ultrasound, TENS, trigger point injections, electrodiagnostic testing, etc.) and provide coordination of ancillary services such as physical therapy, occupational therapy, and vocational rehabilitation.
7. The (Chronic) Pain Service: resource for evaluating persons with complex pain problems and provisions of recommendations or treatment plans including pharmacologic agents and epidural injections
8. Anesthesiology/Acute Pain Service: resource for interventional modalities, including Neuraxial administration of analgesic agents, nerve blocks and sympathetic drug instillations.

9. Palliative Medicine: resource for managing persons with complex, serious illness who have pain and other symptoms as well as social, emotional and spiritual suffering.



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SUPPLEMENTAL MATERIAL

<b>CATEGORY:</b>	CLINICAL MANAGEMENT	<b>CODE:</b>	M-140.B
<b>SUBJECT:</b>	LINKS TO CLINICAL SKILLS	<b>EFFECTIVE:</b>	12/2019
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[Comfort Promotion: Non Pharmacological treatment of Pain \(Adult\)](#)

[Pain: Nursing Management \(Oncology, Adult\)](#)

[Medication Administration: Patient-Controlled Analgesia \(PCA\) \(LLUMC - Adult\)](#)

[Comfort Promotion: Deep Breathing \(Pediatric\)](#)

[Pain Management: Nonpharmacologic Aids - Distraction \(Pediatric\)](#)

[Comfort Promotion: guided Imagery \(Pediatric\)](#)

[Comfort Promotion: Progressive Relaxation \(Pediatric\)](#)

[Pain Management: Nonpharmacological Aides-distraction \(Pediatric\)](#)