

Oregon State Board of Nursing  
**Position Statement for Pain Management**

Inadequate pain relief is a serious public health problem in the United States. Factors that can contribute to the frequency of inadequately managed pain include: a lack of knowledge of medical standards; the perception that prescribing adequate amounts of controlled substances will result in scrutiny by regulatory agencies; a misunderstanding of addiction and dependence; and, unfamiliarity with regulatory processes. All health care providers who treat patients in pain (regardless of whether the pain is acute or chronic, or a result of terminal illness or non-life-threatening injury or disease) should become knowledgeable about effective methods of pain treatment.

The mission of the Oregon State Board of Nursing (OSBN) is to safeguard the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education, and continuing safe practice. With this in mind, a balanced approach to pain management is required; one that addresses the potential for abuse without keeping patients from getting the care they need and deserve. Therefore, the OSBN adopts this statement to help assure health care providers, patients and their families that it is the policy of this Board to support, encourage, and expect competent comprehensive care for the treatment of pain.

Pain is a nursing diagnosis and as such, nurses have primary responsibility for its assessment and management. The nurse is often the healthcare professional most involved in on-going pain assessment, implementing the prescribed pain management plan, evaluating the person's response to such interventions and adjusting medication levels based on the person's response. Pain is multifactorial and therefore the management of pain may include the use of both pharmacologic and non-pharmacologic modalities. A person's self-report of pain is the optimal standard upon which all pain management interventions are based.

The management of pain must be a priority for nurses and all others who provide care to persons in pain. This statement is intended to:

1. Balance the need for adequate pain management with the OSBN's mission to protect against the inappropriate administration and prescription of pain medication (opioid diversion and abuse).
2. Promote the optimal level of nursing practice in pain management;
3. Establish a framework leading to sound clinical judgment in managing acute, chronic, and end-of-life pain, and;
4. Reassure nurses that by following these guidelines, they should not fear disciplinary action from the OSBN for appropriately administering medication to control pain for a legitimate medical purpose and in the usual course of professional practice.

### **SECTION 1. NURSING PRINCIPLES OF PAIN MANAGEMENT**

- All persons who are experiencing pain have the right to have their pain relieved to the greatest extent possible.
- A person's self-report of pain is the optimal standard upon which all pain management interventions are based.
- A comprehensive nursing assessment includes the subjective description of pain, objective data, and the identified need for psychosocial/spiritual support.
- Fear of addiction to opioids and other pain medications should not be a barrier to pain management. Nurses recognize and apply the following concepts in the provision of care:
  - Tolerance and physical dependence are consequences of sustained use of opioid analgesics and are not synonymous with addiction.
  - Pseudoaddiction is a pattern of drug-seeking behavior by persons with pain who are fearful of receiving inadequate pain management. These behaviors may be mistaken for addiction.
- Continuity of care within and across health care settings is essential to effective pain management.
- Persons with a history of substance abuse have the right to adequate pain relief, even if opioids must be used. Such persons may require specialized care, treatment and a referral to an appropriate healthcare professional.
- An interdisciplinary approach to pain management is optimal.
- Pain management continues even if the person becomes unresponsive.

## **SECTION 2: NURSING GUIDELINES OF PAIN MANAGEMENT**

Nurses are responsible for maintaining the knowledge and skills necessary to coordinate optimal pain management.

The nursing functions of appropriate pain management include:

- Ensuring the person or their legal representative actively participates in the treatment plan and understands the options available for pain relief and potential side effects.
- Educating persons and their families in a culturally competent manner regarding pain management.
- Using a standardized scale, to periodically assess and document a person's pain in accordance with institutional policies and procedures.
- Developing and implementing a plan of care that prevents and alleviates pain as much as possible.
- Administering medications and treatment as prescribed, using knowledge to maintain both safety and pain relief.
- Initiating non-pharmacological nursing interventions as indicated.
- Serving as an advocate to assure effective pain management.
- Communicating side effects or any reports of unrelieved pain to the prescriber and to appropriate team members.
- Documenting pain assessment, intervention, evaluation and ongoing changes to the plan of care in a clear and concise manner.

## **SECTION 3: LEGAL AUTHORITY (with reference to RNs & LPNs)**

Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the person's needs. The nurse has the authority to adjust medication levels within the dosage and frequency ranges stipulated by the prescriber and according to the institutions established procedures. When pain is not controlled under the currently prescribed treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting the communication.

## **SECTION 4: ADVANCED PRACTICE NURSES**

Advanced practice nurses who are authorized by law to prescribe or dispense drugs, including controlled substances, should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction. Prescribing or dispensing controlled substances, including opioid analgesics, to treat pain is considered a legitimate medical purpose if based upon sound clinical grounds.

There are many effective treatments for pain; opioid analgesics play an important role, especially when pain is moderate to severe. For many patients, opioid analgesics—when used as recommended by established pain management guidelines are the most effective way to treat their pain, and are often the only treatment option that provides significant relief.

The following principles, that are reflected in OSBN rules, are not intended to define complete or best practice, but rather to communicate what the Oregon State Board of Nursing considers to be within the boundaries of professional practice.

### **Principles**

#### **1. Assessment of the Patient**

A complete health history and physical examination must be conducted and documented in the health record.

#### **2. Treatment Plan**

The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and indicate if any further diagnostic evaluation or other treatments are planned. After treatment begins, the drug therapy plan should be adjusted to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

**3. Informed Consent**

The advanced practice nurse should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patients surrogate or guardian if the patient is incompetent or a minor.

**4. Agreement for Treatment of High-Risk Patients**

If the patient is determined to be at high risk for medication abuse or to have a history of substance abuse, or at the discretion of the prescriber, the advance practice nurse will obtain a written agreement from the patient outlining patient responsibilities, including:

- Submitting to screening of urine/serum medication levels when requested;
- Limiting prescription refills only to a specified number and frequency;
- Requesting or receiving prescription orders from only one health care provider;
- Using only one pharmacy for filling prescriptions; and
- Acknowledging reasons for which drug therapy maybe discontinued (i.e. violation of agreement).

**5. Periodic Review**

At reasonable intervals based on the individual circumstances of the patient, the course of treatment and any new information about the etiology of the pain should be evaluated. The advance practice nurse involved with the management of pain should evaluate progress toward meeting treatment goals in light of improvement in the patients' pain intensity and improved physical or psychosocial function i.e., ability to work, use of health care resources, activities of daily living, quality of life. If treatment goals are not being achieved despite medication adjustments, the health care provider's should reevaluate and alter the treatment plan.

**6. Consultation**

The advanced practice nurse should be willing to refer the patient for additional evaluation and treatment as necessary in order to achieve treatment goals.

**7. Medical Records**

The advanced practice nurse should keep accurate and complete records to include:

- The medical history and physical examination including:
  - a. The nature and intensity of the pain, including treatment for any underlying or coexisting conditions; and,
  - b. Presence of one or more recognized medical indications for the use of a controlled substance.
- Diagnostic, therapeutic, and laboratory results.
- Evaluations and consultations.
- Treatment goals.
- Discussion of risks and benefits, including treatment contract, if one has been established.
- Treatments.
- Medications including date, type, dosage, and quantity prescribed.
- Instructions and agreements.
- Periodic reviews.

**FINAL NOTE**

The OSBN hopes the adoption and dissemination of this policy will play an important role in modifying nurses knowledge, beliefs and practices concerning the management of pain.

## Oregon State Board of Nursing Policy Statement

### DEFINITIONS

For the purposes of this statement, the following terms are defined:

1. **“Addiction”** means a combination of cognitive, physiological and behavioral symptoms (such as compulsive craving and compulsive use of a controlled substance) in which the individual continues the use of a substance despite harm or adverse consequences. Neither physical dependence nor tolerance alone, as defined below, constitutes addiction.
2. **“Pain”** means an unpleasant sensory and emotional experience related to adverse nociceptive or neuropathic stimuli.
  - a. **“Acute pain”** is brief and responds to timely intervention, or subsides as healing takes place.
  - b. **“Chronic pain”** is ongoing or frequently recurring, and may become unresponsive to intervention over time.
  - c. **“Intractable pain”** means a pain state in which the cause cannot be removed or otherwise treated, and no relief or cure has been found after reasonable efforts.
3. **“Physical Dependence”** means the physiologic adaptation to the presence of a controlled substance, characterized by withdrawal when its use is stopped abruptly.
4. **“Pseudoaddiction”** is a pattern of drug-seeking behavior of persons with pain who are receiving inadequate pain management and may be mistaken for addiction.
5. **“Substance abuse”** means a pattern of substance use leading to clinically significant impairment or distress as manifested by one or more of the following within a 12-month period:
  - a. Recurrent substance use resulting in failure to fulfill obligations at work, school or home;
  - b. Recurrent substance use when such use is physically hazardous;
  - c. Recurrent substance-related legal problems; or,
  - d. Continued substance use despite recurrent consequences socially or interpersonally.
6. **“Tolerance”** means the physiologic adaptation to a controlled substance over time, resulting in the need to increase the dose to achieve the same effect, or in a reduction of response with repeated administration.

### REFERENCES AND RESOURCES

A Joint Statement from 21 Health Organizations and the Drug Enforcement Administration, “Promoting Pain Relief and Preventing Abuse of Pain Medications: A Critical Balancing Act,” October 2001.

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Federation of State Medical Boards of the United States, Inc., “Model Policy for the Use of Controlled Substances for the Treatment of Pain,” May 2004.

Kansas State Boards of Healing Arts, Nursing and Pharmacy, “Joint Policy Statement on the Use of Controlled Substances for the Treatment of Pain,” 2002.

Kansas State Board of Nursing, “Guideline for Pain Management,” July 2001.

North Carolina State Boards of Nursing, Medical Examiners and Pharmacy, “Joint Statement on Pain Management in End of Life Care,” September 1999.

Oregon State Board of Nursing, Oregon Nurse Practice Act, Division 050, April 15, 2004, and Division 046, June 14, 2001.

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