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CPG SERIES

CLINICAL PRACTICE GUIDELINE

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PAIN MANAGEMENT

in the Post-Acute and Long-Term Care Setting

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PREFACE

AMDA–The Society for Post-Acute and Long-Term Care Medicine is the national professional association representing medical directors, physicians, nurse practitioners, physician assistants, and others practicing in the post-acute and long-term care (PALTC) continuum. For over 20 years, AMDA has developed clinical practice guidelines (CPGs) to help improve the quality of care in these settings. This Pain Management CPG is one of a series of such guidelines.

These original guidelines are developed by interprofessional workgroups that consist of medical practitioners and others involved in patient care in PALTC facilities. These workgroups obtain information through a thorough literature search and also apply their practice experience to develop a usable guideline tailored to the PALTC setting.

AMDA CPGs are meant to

- Help facilities develop their policies and procedures to guide staff and practitioners, and
- Help the staff and practitioners manage patients with the condition or symptoms covered by a CPG.

In addition to universally applicable information, AMDA CPGs also emphasize specific concerns and common issues in the PALTC setting. While they are comprehensive, these CPGs are not intended to offer an exhaustive review of the topic of interest. They provide many references and resources for those who are interested in more in-depth exploration of the topic.

Clinical Practice Guidelines and the Care Delivery Process

All AMDA CPGs—including this one—follow the care delivery process (CDP), which is the foundation for providing individualized, high-quality care for all patients, symptoms, and situations. The guidelines emphasize the functions and tasks related to recognizing, assessing, treating, and monitoring the medical condition or situation of interest. Figure 1[1] identifies this process and explains its importance in managing all but the simplest situations.

Figure 1. Clinical Problem Solving and Decision Making Process Steps and Objectives

Process Step / Objectives *	Key Tasks **
Recognition / Assessment *Gather essential information about the individual*	– Identify and collect information that is needed to identify an individual's conditions that enables proper definition of their conditions, strengths, needs, risks, problems, and prognosis – Obtain a personal and medical history – Perform a physical assessment
Problem definition *Define the individual's problems, risks, and issues*	– Identify any current consequences and complications of the individual's situation, underlying condition and illnesses, etc. – Clearly state the individual's issues and physical, functional, and psychosocial strengths, problems, needs, deficits, and concerns – Define significant risk factors
Diagnosis / Cause-and-effect analysis *Identify physical, functional, and psychosocial causes of risks, problems, and other issues, and relate to one another and to their consequences*	– Identify causes of, and factors contributing to, the individual's current dysfunctions, disabilities, impairments, and risks – Identify pertinent evaluations and diagnostic tests – Identify how existing symptoms, signs, diagnoses, test results, dysfunctions, impairments, disabilities, and other findings relate to one another – Identify how addressing those causes is likely to affect consequences
Identifying goals and objectives of care *Clarify purpose of providing care and of specific interventions, and the criteria that will be used to determine whether the objectives are being met*	– Clarify prognosis – Define overall goals for the individual – Identify criteria for meeting goals
Selecting interventions / planning care *Identify and implement interventions and treatments to address the individual's physical, functional, and psychosocial needs, concerns, problems, and risks*	– Identify specific symptomatic and cause-specific interventions (physical, functional, and psychosocial) – Identify how current and proposed treatments and services are expected to address causes, consequences, and risk factors, and help attain overall goals for the individual – Define anticipated benefits and risks of various interventions – Clarify how specific treatments and services will be evaluated for their effectiveness and possible adverse consequences
Monitoring of progress *Review individual's progress towards goals and modify approaches as needed*	– Identify the individual's response to interventions and treatments – Identify factors that are affecting progress towards achieving goals – Define or refine the prognosis – Define or refine when to stop or modify interventions – Review effectiveness and adverse consequences related to treatments – Adjust interventions as needed – Identify when care objectives have been achieved sufficiently to allow for discharge, transfer, or change in level of care

* Refers to key steps in the care delivery process, related to clinical problem solving and decision making
** Refers to key tasks at each step in the care delivery process

Although preferred treatments may vary and change over time, decision-making principles and processes are enduring and universal. Faithful adherence to the CDP's clinical reasoning and problem-solving steps by all interprofessional team (IPT) members improves the consistency of care and helps to optimize results, minimize the risks and complications of medications and treatments, and facilitate regulatory compliance.

Audience

This guideline is intended for members of the IPT in PALTC settings. To be consistent with the terminology now used by CMS, the Health Resources and Services Administration (HRSA), National Academy of Medicine (NAM), and other agencies, AMDA CPGs have adopted the term *interprofessional* in place of *interdisciplinary*.

As stated by the World Health Organization, "Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings."[2] IPT members typically include the medical director, attending physicians and advanced practice clinicians (referred to in the CPGs as "medical practitioners"), director of nursing, nursing staff, consultant pharmacist, and other professionals such as therapists, social workers, dietitians, and nursing assistants who care for patients.

For example, a variety of health care professionals working in the PALTC setting, including nursing assistants, licensed nurses, dietitians, and social workers, may make and document observations (e.g., that a patient does not sleep at night, has become more withdrawn, or has a change in usual eating patterns). However, only some of these disciplines may be qualified to determine the significance of those observations (e.g., the cause of sleeplessness or of a change in eating patterns). In contrast, practitioners may not be present to observe patients in detail or deliver treatments but are responsible for analyzing the significance and causes of symptoms. Therefore, effective CPG implementation requires understanding the specific functions and tasks—not just the roles—of various IPT members.

Assumptions

PALTC facilities care for a variety of individuals, including younger adults with chronic diseases and disabilities, short-stay patients needing post-acute care, and very old and frail individuals with many chronic medical and psychiatric conditions. Practice guidelines for the PALTC setting should be consistent with the fundamental goals of desirable practice in this setting. Patient-centered care means establishing individualized goals of care for each patient.

For example, when patients in the PALTC setting are at or near the end of life, care goals will shift from curative care, functional improvement, or physical stability to end-of-life palliation. A workup may not be indicated if

- The patient has a terminal or end-stage condition,
- The workup findings would not change the management course,
- The burden of the workup is greater than the potential benefit, or
- The patient or his or her legally authorized representative has declined treatment.

AMDA CPGs address such transitions and suggest appropriate modifications of the patient's care plan.

Organization of These Guidelines

Each guideline includes a narrative portion that covers the definition of the condition being addressed, as well as the following:

- **Recognition and Assessment** refers to identifying the presence of a condition, situation, or risk, and collecting the details needed for cause identification, interpretation, and subsequent management.
- **Diagnosis and Interpretation** refers to the process of defining causes and consequences of a symptom or problem and identifying the meaning and implications of the information gathered during the assessment.
- **Treatment and Management** addresses the selection and provision of appropriate interventions for the identified condition or situation.
- **Monitoring** addresses reviewing the course of a condition or situation as a basis for deciding to continue, change, or discontinue interventions.

Each guideline includes many recommendations for practice. Often, the CPG summarizes the information and recommendations from various references and resources that have used a grading system such as the GRADE Working Group system[3] a framework for rating the quality of evidence and the strength of recommendations. The reader can refer to the references within this CPG to learn more about the evidence basis for recommendations.

Other Terminology

In addition to people who live in PALTC facilities (residents), many individuals enter these facilities for short-term care (e.g., after hospitalization for surgery or a stroke). AMDA CPGs use the term *patient* because they are addressing individuals within the context of treating a medical condition, even though they take a much broader approach than treating medical issues alone.

When referring to pharmaceutical products, AMDA CPGs avoid the use of brand names and refer to classes of drugs whenever possible.

References

1. Centers for Medicare & Medicaid Services. Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual. Version 1.17.1. October 2019. p. 608. **https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf**

2. World Health Organization. 2010. Framework for Action on Interprofessional Education & Collaborative Practice. Reference No. WHO/HRH/HPN/10.3. **https://www.who.int/hrh/resources/framework_action/en/**

3. Atkins D, Best D, Briss PA, et al; GRADE Working Group. Grading quality of evidence and strength of recommendations. BMJ. 2004 Jun 19; 328(7454): 1490. doi: 10.1136/bmj.328.7454.1490

HOW TO USE THE AMDA PAIN MANAGEMENT CPG

Pain is common in patients in the post-acute and long-term care (PALTC) setting. It often coexists with other issues such as psychiatric symptoms, falls, and anorexia or weight loss. Multiple symptoms may have common causes and a single symptom may have multiple causes. The best results are obtained by managing all such issues in the context of the entire patient picture.

Thus, this Pain Management CPG is not only about pain treatment but also about addressing the many questions and issues that influence—and are influenced by—pain management (e.g., patients with limited cognition and verbal communication, survey-related issues, opioid diversion, substance use disorders).

How to Use This CPG

A CPG can serve several purposes. It can

- Directly guide clinical practice and individual patient care;
- Help to establish or modify existing policies, procedures, and practices related to a topic; and
- Help to answer specific questions and apply general advice to specific situations.

All interprofessional team (IPT) members can use this Pain Management CPG to help find the information they need, as shown in the **Table**.

Table. How Interprofessional Team Members Can Use the Pain Management CPG

Issue	How to Use the CPG
Our facility wants to understand why we should have a uniform, systematic approach to pain management.	■ Review the Introduction section of the CPG, p. 1-9, and discuss with your staff and practitioners. ■ Get an overview of the entire CPG by reviewing the Table of Contents and skimming the sections briefly to understand the approach.
Our patients could benefit from a more organized, consistent approach to pain management. *Our staff and practitioners could benefit from guidance on how to manage pain in various situations, including selecting specific medications and nonpharmacological interventions.*	■ Review the Table of Contents and built-in Q&As, and review and follow Steps 1 through 9. ■ Review these recommended practices and evidence-based approaches against your existing systems to see if your facility is doing the best you can. ■ Use this information to develop, revise, and implement policies and procedures, including expectations for clinical practices. ■ Share the information and expectations with your IPT, including medical practitioners.
We have questions about specific aspects of pain management – for example: ■ *How to decide when and whether to modify a patient's pain management regimen* ■ *How to make adjustments between standing and PRN doses of analgesics*	■ The CPG is set up in Q&A style, so it can be referenced by questions as well as by steps. ■ Review the questions in the Table of Contents. ■ When you identify the question you wish to have answered, jump to the section of the CPG that addresses it. *(Note: The answers to each Question include all of the content up until the next Question; e.g., everything between Question 1 and Question 2 covers Question 1.)*
Our patients could benefit from optimal prescribing and use of opioids to manage pain.	■ Review the related content starting with Step 8, Question 17, to guide everyday practice. Review this content with your staff and practitioners.

TABLE CONTINUED

Table. (cont.) How Interprofessional Team Members Can Use the Pain Management CPG

Issue	How to Use the CPG
We want more information about a topic covered in this CPG.	■ The CPG refers the user to readily accessible online sources of additional discussion and information (e.g., pain documentation tools). ■ The electronic version facilitates online searching ■ The CPG includes more than 140 references, many of which contain much more detail about specific topics such as assessing pain in older adults and managing postoperative or neuropathic pain.

In summary, using this Pain Management CPG effectively can help both individual clinicians and entire facilities to improve their practices and outcomes.