**Pain Management**

**Competency**

General Information

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Skilled nursing facilities strive to create an environment in which every resident’s pain is identified, assessed and appropriately treated at the earliest point possible, side effects are identified and managed effectively, and residents are actively involved in their plan of care to achieve the best possible outcome.

Pain constitutes a constant challenge for skilled nursing professionals. Persistent or frequent pain can have a dramatic impact on the resident’s quality of life. The Center for Medicare and Medicaid Services (CMS) continues to monitor providers compliance with pain management regulations. The guidance identifies pain management principles, the need for ongoing professional education in all components of pain management and the important role of pharmacological treatment in conjunction with identified, resident centered non-pharmacological interventions to manage resident pain consistent with resident input.

Organizations need to consider opioid use, particularly as more individuals come into skilled nursing facilities for short term stays, post-surgical, and potential addiction or misuse of prescription opioids. In addition, organizations providing hospice, palliative or end of life care need to address appropriate pain management processes in accordance to regulations and standards of practice.

**F697 Pain Management**

“The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences.

**INTENT §483.25(k)**

Based on the comprehensive assessment of a resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident’s choices, related to pain management.”1

**Recognition and Management of Pain**

“In order to help a resident, attain or maintain his or her highest practicable level of well-being and to prevent or manage pain, the facility, to the extent possible:

* Recognizes when the resident is experiencing pain and identifies circumstances when pain can be anticipated;
* Evaluates the existing pain and the cause(s), and
* Manages or prevents pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident’s goals and preferences.”1

**Overview**

“Strategies for Pain Management Strategies for the prevention and management of pain may include but are not limited to the following:

* Assessing the potential for pain, recognizing the onset, presence and duration of pain, and assessing the characteristics of the pain;
* Addressing/treating the underlying causes of the pain, to the extent possible;
* Developing and implementing both non-pharmacological and pharmacological interventions/approaches to pain management, depending on factors such as whether the pain is episodic, continuous, or both;
* Identifying and using specific strategies for preventing or minimizing different levels or sources of pain or pain-related symptoms based on the resident-specific assessment, preferences and choices, a pertinent clinical rationale, and the resident’s goals and; using pain medications judiciously to balance the resident’s desired level of pain relief with the avoidance of unacceptable adverse consequences;
* Monitoring appropriately for effectiveness and/or adverse consequences (e.g., constipation, sedation) including defining how and when to monitor the resident’s symptoms and degree of pain relief; and
* Modifying the approaches, as necessary.

Use of Opioids for Pain Management—Prescribing practitioners may find that opioid medications are the most appropriate treatment for acute pain as well as chronic pain in Nursing home residents are at high risk for having pain that may affect function, impair mobility, impair mood, or disturb sleep, and diminish quality of life. It is important, pain, and assessing the characteristics of the pain; Addressing/treating the underlying causes of the pain, to the extent possible; Developing and implementing both non-pharmacological and pharmacological interventions/approaches to pain management, depending on factors such as whether the pain is episodic, continuous, or both; consequences; some residents. However, because of increasing opioid addiction, abuse, and overdoses, prescribers should use caution when prescribing opioids, and consider using alternative pain management approaches, when appropriate.

When opioids are used, the lowest possible effective dosage should be prescribed for the shortest amount of time possible after considering all medical needs and the resident should be monitored for effectiveness and any adverse effects. Long-acting opioids may provide more consistent pain relief with less breakthrough pain. However, if using opioids in residents with dementia, immediate release forms of opioids are generally preferred over long-acting forms to reduce overdose risk, unless clinically indicated.

Due to the risk of fatal respiratory depression, combining opioids and benzodiazepines should be avoided unless clinically indicated for an individual resident. Risks related to combining these medications are even greater for adults aged 65 and older and include falls and hip fractures, cognitive impairment/confusion, daytime fatigue, and delirium. If concurrent use of opioids and benzodiazepines is clinically indicated for an individual resident, the resident should be closely monitored for adverse consequences.

Medication regimens for residents receiving end of life, palliative, or hospice care may include opioids alone or combining opioids and benzodiazepines; their use must be consistent with accepted standards of practice for this specialty of care.”1

Ensuring a solid process, consistent with best practices and regulatory guidance will be key to providing quality of care to the residents. This process includes:

1. Comprehensive Assessment Process
2. Management of pain using an individualized approach
3. Non-pharmacological Interventions
4. Medication Management
5. Monitoring, Reassessment and Care Plan Revisions

**Suggestions for Resources/Data to Support the Competency**

A resource for expectations for providers on regarding Pain include the CMS State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities.

Suggested competencies for staff will include:

* Licensed Nurse(s):
	+ Assessment Process
	+ Person-Centered Care Plan for Pain
	+ Implementation
	+ Demonstration/Evaluation
	+ Documentation
* CNA’s:
	+ Implementation of person-Centered care plan for non-pharmacologic interventions
	+ Communication
	+ Observation and reporting of verbal and non-verbal signs of pain
	+ Identification and reporting of changes in resident
* Interdepartmental Employees
	+ Those with resident contact: Observing and reporting of verbal and non-verbal signs of pain
	+ Based on facility policy and procedure

**F-Tag Reference General Information**

Examples of (Federal) F tags that could be cited during a survey inspection that are related to pain management consider:

F550 Dignity

F552 Right to be informed and make treatment decisions

F578 Right to accept/refuse treatment, formulate advance directives

F580 Notification of change

F558 Accommodation of needs, preferences

F636 Comprehensive Assessment

F637 Significant Change in Condition Assessment

F641 Accuracy of Assessments

F655 Baseline Care Plan

F657 Comprehensive Care Plans

F658 Professional Standards

F659 Be provided by qualified persons

F675 Quality of Life

F684 Quality of Care

F686 Pressure ulcer

F692 Nutrition/Hydration

F697 Pain Management

F710 Physician Supervision

F755 Pharmacy Services

F725 Sufficient Nursing Staff

F726 Competent Nursing Staff

F757 Unnecessary Medications

F759 Medication Errors

F880 Infection Control

F841 Medical Director

F842 Resident Records

F849 Hospice Services

F867 QAPI/QAA Improvement Activities

F868 QAA Committee

F940 Training

F940 Training Requirements – Communication

In addition to the pain item sections of the MDS, many sections such as sleep cycle, change in mood, decline in function, instability of condition, weight loss, and skin conditions can be potential indicators of pain. Any of these findings may indicate the need for additional and more thorough evaluation.

**Link to Critical Element Pathway**

Use the Pain Recognition and Management Critical Element (CE) Pathway (CMS-20076), along with the above interpretive guidelines when determining if the facility provides pain management that meets professional standards of practice; and that is in accordance with the resident’s comprehensive care plan, goals for care and preferences.

**References and Resources**

* 1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy 6/29/22: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* LTC Survey Pathways (Download) Critical Element Pathways, Pain Recognition and Management Critical Element Pathway, CMS-20076, 5/2017: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>
* Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>