

- 6) Onset of pain
 - 7) Duration of pain
 - 8) Behavior changes
 - 9) What has provided relief previously
 - 10) What has increased pain previously
- C) Offer non-pharmaceutical interventions, including but not limited to:
- 1) Repositioning
 - 2) Adjusting clothing / linens
 - 3) Activity / diversion
 - 4) Counseling support
 - 5) Document Resident response(s) and intervention(s) effect
- D) Offer pharmaceutical interventions as ordered
- 1) Begin with lowest medication dose
 - 2) Give medication within physician orders, as needed, to achieve pain relief
 - 3) Document medications given, effectiveness, and Resident response
 - 4) Monitor for side effects
 - a) Respiratory distress
 - b) Sedation
 - c) GI disturbance
 - d) Gait disturbance
 - e) Constipation
 - f) Rash
- E) Charge nurse will refer all assessments with outcomes indicating presence of Resident pain to facility Pain Management team, and initial report of interventions / effectiveness
- F) Charge nurse to update Physician / Family / Responsible Party as needed regarding Residents' pain management status
- G) Pain Management team functions will include:
- 1) Evaluate status of current interventions and effects
 - 2) Establish interdisciplinary interventions, as appropriate
 - 3) Assess for Hospice admission criteria, as appropriate