

**BOARD OF REGISTERED NURSING**

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CURRICULUM GUIDELINES -- PAIN MANAGEMENT

International pain organizations and national pain experts have cited lack of education about pain and pain management as a major problem for health professionals and the lay public. On April 22, 1994, the California Board of Registered Nursing adopted the attached Pain Management Policy. These curriculum guidelines for pain management content are offered to aid schools of nursing in identifying basic pain management content which may be addressed in a course or integrated throughout the curriculum.

OBJECTIVES:

Upon completion of the program, the student will:

1. Define and describe common terminology and techniques used in the management of acute and chronic pain.
2. Describe the roles of family and culture in the development of attitudes toward pain and pain relief.
3. Identify one's own role beliefs and attitudes regarding pain management.
4. Assess pain and evaluate response to pain management interventions using a standard pain management scale based on patient self-report.
5. Educate patients and families in a culturally sensitive manner regarding appropriate expectations for pain management, including ensuring informed consent.
6. Describe and utilize common, current methods of pain management (pharmacological and nonpharmacological), including intervening to minimize side effects.

CONTENT:

- I. Definitions
 - A. Chronic pain, acute pain, cancer pain
 - B. Tolerance, physical dependence, pseudoaddiction, addiction
 - C. Analgesia, equianalgesia, opioid, adjuvant, non-opioid

- II. Scientific background regarding Pain
 - A. Anatomy and Physiology of Pain
 - B. Pathophysiology of Pain
 - C. Psychology of Pain
 - D. Physiology and Pharmacology of Pain Relief

- III. Cultural context of pain management
 - A. Family/cultural/societal/spiritual influences regarding pain and pain management
 - B. Health care workers' attitudes and behavior
 - C. Inappropriate fears of addiction [patients, family, friends and health care workers (including nurses and physicians)].
 - D. Non-drug pain treatment
 - E. Informed consent, including determining with the patient the level of pain that is satisfactory, above which intervention will be considered.

- IV. Pain Management Principles
 - A. World Health Organization, American Pain Society, Agency for Health Care Policy and Research, Board of Registered Nursing policies.
 - B. The health care worker must accept and respect the patient's report of pain; pain is whatever the patient says it is.
 - C. Use of standard pain scale based on patient self-report.
 - D. The preferred route of analgesic administration is oral.
 - E. Analgesics are the mainstay of pain relief, including non-opioids, opioids, and adjuvants.
 - F. Morphine is considered the opioid of choice.
 - G. There is no dosage ceiling on morphine-like drugs for analgesia use.
 - H. Tolerance and physical dependence are not the same as addiction.
 - I. Nurses are responsible for titrating opioid dose and interval based on pain ratings and sedation levels.
 - J. Use equianalgesic charts when analgesic drugs, doses, or routes are changed.
 - K. Side effects from analgesics (such as constipation) can be monitored and treated.

- V. Nursing Process Regarding Pain Management
 - A. Assessment
 - 1. Use of developmentally appropriate pain rating scale.
 - 2. Obtain history of patient's pain, including interventions that have been of benefit in pain relief.
 - 3. Obtain history of side effects from analgesic use.
 - 4. Cultural implications of pain and analgesic use for the patient and family.

- B. Intervention
 - 1. Informed consent
 - a. Developmentally appropriate education regarding pain management for patient and family.
 - b. Identification of pain intervention goals with patient and family.
 - 2. Pain Alleviation - Analgesics
 - a. Intervention before pain becomes severe.
 - b. Around-the-clock dosing for acute pain.
 - c. Identification and treatment of side effects.
 - d. Achieving pain relief with minimal or no sedation.
 - 3. Pain Alleviation - Nonanalgesic
 - a. Cutaneous stimulation (e.g., massage, vibration, superficial heat or cold, TENS)
 - b. Distraction
 - c. Relaxation
 - d. Imagery
- C. Evaluation
 - 1. Ongoing documentation of patient's pain rating and presence or absence of side effects in relation to pain relief intervention.
 - 2. Ongoing collaboration with health care team (including patient) regarding pain management.