

Pain Management Part 1 – Assessment Care Guide

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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

SUMMARY

GOALS

- ✓ Complete thorough assessment and document findings
- ✓ Identify specific pain type and clinical diagnosis
- ✓ Complete risk assessment for substance use disorder and/or developing problems related to opioids

ALERTS

- Attitudes about managing pain require socioeconomic, cultural, and religious sensitivity. Therefore, the method in which care is delivered is equally as important as the care itself.
- Rule out RED FLAGS (See page 6)

TYPES OF PAIN

- **Acute:** < 3 months
- **Chronic:** > 3 months
- **Age-related:** degenerative in nature
- **Cancer related:** due to tumor invasion or cancer treatments
- **Nociceptive:** (somatic/visceral) pain due to underlying tissue injury
- **Neuropathic:** (central/peripheral) caused by damage or disease affecting the nervous system
- **Psychosomatic:** psychogenic, linked to psychological causes or triggers
- **Post-Surgical:** acute pain resulting from the trauma of surgery

EVALUATION

HISTORY (See details on page 3-4)

- When did the pain start? Pain characteristics (i.e., location, character, intensity, duration, timing)
- Alleviating and Aggravating Factors and Impact on Activities of Daily Living (ADLs)
- Previous/ongoing treatments (i.e., date of treatments, did they help? If so, how much and for how long?)
- Previous diagnostic testing
- Comorbid medical or mental health conditions; identify pain diagnoses (e.g., osteoarthritis, neuropathy, low back pain)
- Past medical and psychiatric histories; current medications and allergies
- Social history/substance use/abuse and any history of aberrant behaviors (See page 3-4)
- Family history
- If a patient has been incarcerated <12 months, check Controlled Substance Utilization Review and Evaluation System (CURES) - California's prescription monitoring program (<https://oag.ca.gov/cures>) to check a patient's history of controlled medications
- If a patient's chronic pain history predates incarceration, it is essential to obtain prior diagnostic and treatment history from old medical records. The patient will need to sign a CDCR Form 7385, Authorization for Release of Protected Health Information (ROI). (See page 3)
- Functional Assessment: Evaluate the impact of pain on the basic ADLs. (See page 4)

RISK ASSESSMENTS USING SUPPLEMENTAL ASSESSMENT TOOLS (See details on pages 4- 5)

- Understanding a patient's psychosocial risk factors and high risk factors for opioid-related harm are essential in the treatment of chronic pain.
- The initial evaluation should include the documentation of the patient's mental health status and substance use history.
- Risk Assessment using Supplemental Assessment Tools:
 - Patient Health Questionnaire (PHQ-9) (Depression screen) - Attachment A
 - NIDA Quick Screen (Substance Use Disorder Screen) - Attachment B

PHYSICAL EXAM (See details on pages 6 & 11-13)

- Be sure to thoroughly investigate possible underlying causes for pain when developing a differential diagnosis.
- Begin with an inspection of how the patient moves and any associated pain behaviors.

- If joint pain is present, be sure to characterize symmetry, swelling, temperature, pulses, range of motion, limitations, instability, strength, and perform sensory testing.
- If back pain is present, be sure to characterize gait, posture, heel/toe walking, any “root” signs that may correspond to reports of radiating or radicular pain, pulses, range of motion, limitations, instability, strength; perform sensory testing, evaluate reflexes (See pages 12-13).
- If radiating pain is present, be sure to note whether the radiation follows physiologic or known dermatomal patterns.
- **Rule out RED FLAGS:** especially neurologic deficit, sepsis or malignancy (See page 6).
- **Special Conditions:** For helpful tools/tips to assist with specific problems presenting with pain see pages 11-14.

DIAGNOSTIC TESTING (See details on page 7)

- Many pain complaints can be diagnosed and managed without additional testing. When clinically indicated, testing is done to establish a diagnosis, monitor therapy, or rule out specific pathology such as tumor or infection, particularly when doing so would influence clinical decision making. X-Ray, MRI, CT, EKG, Ultrasound, Hematology, EMG/NCS, Urine Drug Testing, Chemistry