

PAIN MANAGEMENT PRACTICES INSTITUTIONAL ASSESSMENT CHECKLIST

Name of institution: _____

Person completing checklist/date: _____

ASSESSMENT QUESTIONS	YES	NO	COMMENTS
Does the hospital have a multidisciplinary pain committee? What disciplines are included and how often do they meet? If no formal pain committee, do any other councils or committees focus on pain?			
Does the hospital have a pain service/team? If so, who coordinates it and who are team members? If no formal pain service or team, is there an individual(s) who evaluates patients' pain other than the primary nurses?			
Does the hospital have a pain resource nurse (PRN) program? Describe the requirements to be a PRN and how PRNs are utilized.			
Does the hospital have a quality improvement process in place for pain management? What aspects and outcomes are monitored?			
Does the hospital have a multidisciplinary high-risk medication safety oversight committee? What disciplines are represented and how often does the committee meet? If no high-risk medication committee, how does the hospital identify and monitor risk/safety issues related to high-risk medications?			
Does the hospital have an opioid safety committee? If not, how is opioid adverse-event risk and prevention identified and addressed?			
Is there multidisciplinary support to improve/change pain management practices? Give examples.			
Does the hospital administration support pain management practice improvements/changes? Give examples.			
Are there major obstacles to improving pain management? Give examples.			
Are decision-making tools such as pain management decision trees, algorithms, or scripting used?			
Is pain management education provided regularly for all disciplines? What is taught, who teaches it, and how often? Is it mandatory?			
Are patients taught about pain management techniques? What is taught, who teaches it, and when?			
Are patients taught about opioid side effects and how these can be minimized and treated? What is taught, who teaches it, and when?			
Are patients given the option of not taking an opioid to avoid opioid side effects?			

PAIN MANAGEMENT PRACTICES INSTITUTIONAL ASSESSMENT CHECKLIST (CONT.)

ASSESSMENT QUESTIONS	YES	NO	COMMENTS
Is the concept of multimodal analgesia understood by most nurses, physicians, and pharmacists? If not, what are the barriers to increasing understanding?			
Do multimodal practices/order sets exist? If not, what are the barriers to implementing them?			
Does the hospital formulary allow orders for a variety of nonopioid options, such as acetaminophen, NSAIDs, local anesthetics, ketamine, clonidine, and muscle relaxants?			
Are nonopioids (see above examples) given before opioids are given, ie, are they used as a foundation of pain management therapy?			
Are nonpharmacological methods such as ice, heat, massage, music, and TV comfort channel used routinely? Which methods are used and who provides them most often?			
Are all patients screened for risk for opioid-induced respiratory depression on admission?			
Are all patients screened for risk for opioid-induced respiratory depression during opioid therapy, such as with changes in patient condition or introduction of iatrogenic risk?			
Is documentation of risk screening and ongoing opioid risk assessment for opioid-induced respiratory depression audited? What tool is used? How is the staff informed of audit findings?			
Is unwanted sedation assessed during opioid administration in the postanesthesia care unit (PACU)? If yes, what scale is used?			
Is unwanted sedation assessed during opioid administration on the clinical units? Is a scale used for sedation assessment? If yes, what scale is used?			
Is pulse oximetry (oxygen saturation monitoring) used? Is it used in continuous or intermittent mode? Is it limited to certain clinical units or patients?			
Is capnography (end-tidal CO ₂ monitoring) used? Is it limited to certain clinical units or patients?			
Is centralized capnography and pulse oximetry utilized whereby all monitoring of these parameters can be seen from the nurse's station? If yes, on which units?			
Does the hospital own an adequate number of pulse oximetry and capnography monitors or have plans to purchase an adequate number?			

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This checklist is made available for information purposes only. It is not intended to be an exhaustive list of appropriate questions for consideration, but a starting point to help you identify potential gaps in your hospital's pain management system.