

# Pain Management Audit Tool to Decrease Opioid Usage

Name of Facility \_\_\_\_\_

Date Reviewed \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Directions**

1. Enter the clinical record identification number or initials for up to 10 residents.
2. Review the clinical record for evidence of each best practice.
3. Enter a "Y" for yes (best practice used), an "N" for no, or "N/A" for not applicable.
4. Tally the Ys. Divide by the total number of applicable records reviewed to determine percent.

|  | Clinical Record Review |   |   |   |   |   |   |   |   |    | Tally |         | % |
|--|------------------------|---|---|---|---|---|---|---|---|----|-------|---------|---|
|  | 1                      | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | # Yes | Total # |   |
| <b>Resident's Clinical Record ID # or Initials</b>   |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>1</b> Was resident screened/interviewed for pain using appropriate, validated tool, either on admission/readmission, with change in condition (e.g. after fall), or at each MDS assessment (at least quarterly)?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>2</b> If pain was indicated during above screening/interview, was a comprehensive pain assessment completed to include evaluation of pain intensity, character, frequency, location, duration, aggravating and alleviating factors, medical history, analgesic history, ADL performance, and psychosocial function? |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>3</b> If pain was present, did resident receive a pain treatment appropriate for their reason, type, and intensity of pain based on clinically accepted guidelines (e.g. WHO Three-Step Analgesia Ladder)?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>4</b> If pain was present, were nonpharmacological interventions attempted (e.g. repositioning, lotions, therapy/restorative, exercises)?   |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>5</b> If pain was unrelieved with nonpharmacological interventions, were orders for pain medication received within 24 hours of identification?   |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>6</b> If orders for pain medication were received, were they appropriate for the type and intensity of pain?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>7</b> If pain was present daily or aggravated by regularly occurring activities (e.g. ADLs, therapy, wound treatment), was resident's pain management regime adjusted to include regularly scheduled analgesics?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>8</b> If pain decreased or resident experienced a change in condition, was physician notified to decrease or change type of analgesia?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>9</b> Is there an individualized care plan in place that includes reasons for pain, a comfort goal level as defined by the resident/representative, nonpharmacological interventions, and pharmacological interventions?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>10</b> When analgesic was administered or non-pharmacological treatment was initiated, was the effectiveness of each intervention and resident comfort level evaluated at appropriate intervals?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>11</b> Was the resident monitored for and did the care plan address interventions regarding actual/potential side effects from analgesics?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>12</b> If pharmacological/non-pharmacological interventions were ineffective, was there communication with the physician for change in treatment?   |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>13</b> Is resident monitored each shift for the presence of pain?   |                        |   |   |   |   |   |   |   |   |    |       |         |   |
| <b>14</b> If resident anticipates being discharged to home with orders to continue analgesia, especially narcotics/opioids, was education provided?  |                        |   |   |   |   |   |   |   |   |    |       |         |   |