Board of Registration in Nursing
Management of Pain

Advisory Ruling Number: 0901

Authority: The Massachusetts Board of Registration in Nursing (Board) is created and authorized by Massachusetts General Laws (M.G.L.) c. 13, §§ 13, 14, 14A, 15 and 15D, and G.L. c. 112, §§ 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. In addition, M.G.L. c.30A, § 8 authorizes the Board to make advisory rulings with respect to the applicability to any person, property or state of facts of any statute or regulation enforced or administered by the Board. Each nurse is required to practice in accordance with accepted standards of practice and is responsible and accountable for his or her nursing judgments, actions, and competency. The Board's regulation at 244 CMR 9.03(6) requires all nurses to comply with any other law and regulation related to licensure and practice.

Date Issued: February 11, 2009

Date Revised: November 10, 2010, December 10, 2014, September 14, 2016, May 10, 2017

Scope of Practice: Licensed Practical Nurse (LPN), Registered Nurse (RN) and Advanced Practice Registered Nurse (APRN).

Purpose: To guide the practice of the LPN, RN and APRN in promoting patient access to appropriate, therapeutic and effective assessment, diagnosis and management of acute and chronic pain; improving communication about benefits and risks of long-term opioid therapy for chronic pain; promote safe, effective multimodal pain management. Evidence-based, patient-centered, collaborative pain assessment and management serves to improve the quality of life for those patients who suffer from non-treatment, under-treatment, over-treatment, or ineffective pain management; effectively reducing associated morbidity and cost.

Advisory:
A nurse licensed by the Board is responsible and accountable for engaging in the practice of nursing in accordance with current, evidence-based, accepted standards of care for therapeutic and effective assessment, diagnosis and management of pain.

Nurses are responsible and accountable for acquiring and maintaining the knowledge, skills and abilities necessary to practice in accordance with accepted standards of care for pain management. Such competencies may be acquired through basic, graduate or continuing education programs, as appropriate to the nurse's scope of practice. These competencies include, but are not limited to, knowledge of current federal and state laws and regulations for the prescription, dispensing, administration and destruction of controlled substances; current evidence-based standards and guidelines developed by nationally-recognized professional organizations in pain assessment, management, and the use of pharmacological and non-pharmacological modalities.

Assessment Prior to Administering Analgesia

In addition to using a valid, reliable pain intensity scale that is appropriate for the individual patient, other assessment factors to consider include, but are not limited to:

- Age,
- Quality of pain,
- Sedation level,
- Respiratory status,
- Functional status,
- Tolerance,
- Drug-drug interactions,
- Reaction/response to prior opioid treatment,
- Physical and psychiatric comorbidities,
- Genitourinary status, and
- Cardiovascular status. [1-5]

Pain Management Plan of Care Development and Implementation

When developing and implementing an individualized, multimodal pain management plan of care, the nurse will:

- consider interdisciplinary consultation and collaboration;
- incorporate evidence-based principles, including a comprehensive, on-going pain assessment to develop an appropriate, patient-centered multimodal pain management plan;
- document symptom control with complete, accurate and legible entries in all appropriate patient records as required by federal and state laws and regulations, and accepted standards of care;
- when appropriate, use controlled substances including opioid analgesics in the management of all pain types;
- distinguish physical dependence from substance use disorder, misuse, tolerance, addiction & non-adherence (tolerance and physical dependence may be consequences of sustained opioid use, not synonymous with addiction: tolerance is a physiologic state resulting from regular use of a drug in which (a) an increased dosage is needed to produce a specific effect, or (b) a reduced effect is observed with a constant dose over time[6]; and physical dependence is a state of adaptation that is manifested by drug class specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist[7]);
- recognize that patients with chemical dependency may require specialized pain management involving controlled substances;
- adhere to system safe-guards that are designed to minimize the potential for abuse and diversion when controlled substances are used;
- recognize and accept patient self-determination and autonomy;
- include culturally sensitive patient, family/significant other, and/or caregiver education including, but not limited to, the effect the patient's medical condition and medication use may have on the patient's ability to safely operate a vehicle in any mode of transportation.

Advanced Practice Registered Nurse (APRN) with Prescriptive Authority

The APRN with prescriptive authority, pursuant to M.G.L. Chapter 94C, § 18(e), must, in addition to acquiring and maintaining the knowledge, skills and abilities necessary to practice in accordance with accepted standards of care for pain management, must attest to completing appropriate education in the following concepts prior to initial Board authorization to practice in the advanced role, and subsequently, during each renewal period:

1. effective pain management;
2. the risks of abuse and addiction associated with opioid medication;
3. identification of patients at risk for substance use disorders;
4. counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications;
5. appropriate prescription quantities for prescription medications that have an increased risk of abuse; and
6. opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments.[8]

Pain management plans must consider multimodal interventions promoting evidence-based, patient-centered, safe, effective pharmacologic interventions, nonpharmacological interventions, and specialty consultation.

Prior to prescribing a pharmacologic agent, the APRN, in addition to using a valid, reliable pain intensity scale that is appropriate for the individual patient, will consider assessment factors that include, but are not limited to:

- Duration of pain (acute vs. chronic),
- Quality and type of pain (nociceptive, inflammatory, neuropathic),
- Age;
- Pain history;
- Previous use and response to multimodal management;
- Comorbidities; and
- Risk for excessive sedation and respiratory depression.[1-5]

The APRN with prescriptive authority, pursuant to M.G.L. Chapter 94C, § 24A, is required to check MassPAT each time a Schedule II-III opioid is prescribed, when prescribing a benzodiazepine, or when prescribing a Department of Public Health designated Schedule IV-VI for the first time.[9] [10]

Nurse in a Management Role

To promote safe, responsible multimodal pain management, the nurse in the management role will:

- Provide ongoing pain staff education with up-to-date, evidence-based information related to the principles of pain management;
- Ensure policies and procedures, and documentation systems include information to guide sound decisions regarding multimodal approaches;

- Require the use of objective as well as subjective assessment measures in patient-centered pain rating scales, documenting the need for and effect of multimodal approaches;
- Provide for safe and secure handling of all medications; and
- Foster a work environment that empowers nurses to question unsafe or inappropriate prescriber orders.

References:

[1]Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1 accessed 12/16/16

[2]Pasero C, et al. American Society for Pain Management Nursing Position Statement: Prescribing and Administering Opioid Doses Based Solely on Pain Intensity. Pain Manag Nurs. 2016 Jun;17(3):170-80.

[3]The American Pain Society and the American Academy of Pain Medicine systematic review of the evidence on chronic opioid therapy for chronic noncancer pain and recommendations found at: Chou, Roger et al. Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain. The Journal of Pain, Volume 10, Issue 2, 113 - 130.e22; February, 2009.

[4]American Nurses Association and American Society for Pain Management Nursing [ANA/ASPMN]. (2016). Pain Management Nursing: Scope and Standards of Practice (2nd Ed.). Silver Spring, MD.

[5]Herndon CM, Arnstein P, Darnall B, Hartrick C, Hecht K, Lyons M, Maleki J, ... Sehgal N. (eds.) (2016) Principles of Analgesic Use (7th Ed.) American Pain Society Press. Chicago, IL 60631.

[6] Adopted by the Federation of State Medical Boards of the United States from the Definitions Related to the Use of Opioids for the Treatment of Pain: A Consensus Document of the American Academy of Pain Medicine, the American Pain Society and the American Society of Addiction Medicine (2001). Available at http://www.naabt.org/documents/APS_consensus_document.pdf

[7] Adopted by the Federation of State Medical Boards of the United States from the Definitions Related to the Use of Opioids for the Treatment of Pain: A Consensus Document of the American Academy of Pain Medicine, the American Pain Society and the American Society of Addiction Medicine (2001). Available at http://www.naabt.org/documents/APS_consensus_document.pdf

[8] M.G.L. Chapter 94C, § 18(e) https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94c/Section18

[9] M.G.L. Chapter 94C, § 24A
https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C/Section24A

[10] The Massachusetts Prescription Awareness Tool (MassPAT) web site
http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/pmp/