F697 Pain Management

F697 of the CMS State Operations Manual Appendix PP provides guidance to surveyors for long-term care (LTC) facilities regarding pain management plans. Residents are at high risk of pain that may affect function, impair mobility, impair mood, or disturb sleep, and diminish quality of life. It is important that a resident's reports of pain, or nonverbal signs suggesting pain be evaluated. The resident's needs and goals as well as the etiology, type, and severity of pain are relevant to developing a plan for pain management.

What's Required

CMS

§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

Intent

Based on the comprehensive assessment of a resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices, related to pain management.

Examples

Examples of possible indicators of pain include, but are not limited to, the following:

- Negative verbalizations and vocalizations (e.g., groaning, crying/whimpering, or screaming)
- Facial expressions (e.g., grimacing, frowning, fright, or clenching of the jaw)
- Changes in gait (e.g., limping), skin color, vital signs (e.g., increased heart rate, respirations and/or blood pressure), perspiration
- Behavior such as resisting care, distressed pacing, irritability, depressed mood, or decreased participation in usual physical and/or social activities
- Loss of function or inability to perform Activities of Daily Living (ADLs) (e.g., rubbing a specific location of the body, or guarding a limb or other body parts)
- Difficulty eating or loss of appetite
- Difficulty sleeping (insomnia)

CMS Guidance for Opioid Use

Prescribing practitioners may find that opioid medications are the most appropriate treatment for acute pain as well as chronic pain in some residents.

However, because of increasing opioid addiction, abuse, and overdoses, prescribers should use caution when prescribing opioids, and consider using alternative pain management approaches, when appropriate.

When opioids are used, the **lowest possible effective dosage should be prescribed for the shortest amount of time possible** after considering all medical needs and the resident should be monitored for effectiveness and any adverse effects.

Long-acting opioids may provide more consistent pain relief with less breakthrough pain.

However, if using opioids in residents with dementia, immediate release forms of opioids are generally preferred over long-acting forms to reduce overdose risk, unless clinically indicated.

Due to the risk of fatal respiratory depression, combining opioids and benzodiazepines should be avoided unless clinically indicated for an individual resident.

Risks related to combining these medications are even greater for adults aged 65 and older and include falls and hip fractures, cognitive impairment/confusion, daytime fatigue, and delirium.

If concurrent use of opioids and benzodiazepines is clinically indicated for an individual resident, the resident should be closely monitored for adverse consequences.

Medication regimens for residents receiving end of life, palliative, or hospice care may include opioids alone or combining opioids and benzodiazepines; their use must be consistent with accepted standards of practice for this specialty of care.

When would a surveyor investigate pain management?

Using the Pain Recognition and Management Critical Element (CE) Pathway, along with the above interpretive guidelines, when determining if the facility provides pain management that meets professional standards of practice and that is in accordance with the resident's comprehensive care plan, goals for care, and preferences.

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Steps to Facility Compliance

- Recognize when the resident is experiencing pain and identify circumstances when pain can be anticipated.
- Develop and implement both non-pharmacological and pharmacological interventions/approaches to pain management.
- Evaluate the existing pain and the cause(s).
- Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences.
- Other staff, e.g., dietary, activities, therapy, housekeeping, who have direct contact with the resident may also report changes in resident behavior or resident complaints of pain.
- Document and utilize assessment tools, found here: Pain Assessment Information | GeriatricPain.org - The University of Iowa.

How PharMerica Can Help

- Assist the IDT team in developing a pain management regimen that is specific to each resident who has pain or who has the potential for pain, such as during a treatment.
- Perform medication regimen reviews that consider and provide input for the potential benefits, risks and adverse conse-quences of medications, PRN utilization, and monitoring of medications.
- Attend care plan meetings, collaborate with providers, and participate in collaborative discussion with facility care team.