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**Pain Management Policy**

**[Date of Issue]**

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| Policy Lead: | [Policy Lead] |
| Version No. | 1 |
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# Introduction

Pain in advanced disease can be a result of the disease itself, its treatments of other co-morbid conditions, and may be nociceptive, neuropathic or a mixture of both. Furthermore, psychological distress can impact upon patient’s pain perception, tolerance and response to analgesia. The administration of Medicines is a regulated activity under the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

# Policy Statement

[Company Name] are committed to ensuring that all patients are provided with sufficient pain relief, while aiming for the absolute minimum of side effect(s) and/or consequences. This policy provides a guide to all staff involved in the pain management process of [Company Name]’s clients.

# Scope

[Company Name] aims to support and promote clients to self-medicate and independently manage their own medication. Dosette boxes maybe used where appropriate to aid independence and avoid unnecessary intervention. Support maybe gained from the client’s pharmacy. Staff should report any concerns regarding a client’s ability to self-medicate to the prescribing multidisciplinary team. The level of support must be established and documented by the prescriber:

* General support or assistance – the client takes responsibility for self-medicating with minimal assistance from staff
* Administration – Staff take responsibility for selecting, preparing and giving medication to the client
* Administration by special techniques

Staff should only administer medication in accordance with [Company Name]’s competence and training policies.

This policy and the procedures apply to all healthcare professionals involved in the prescription, administration and management of pain management procedures.

[Clinical Lead Name] is responsible for guiding and supporting all staff when dealing with pain management.

# Procedures

Pain management is a complex process that often requires a multi professional and multi modal approach to improve pain outcomes. As the terminal disease may not be the only cause of pain, underlying and/or chronic conditions contributing to pain should also be considered and, if possible, reversed. Non-opioid and non-pharmacological approaches should also be considered in combination with opioids, as appropriate.

Healthcare professionals must involve the service user and/or those important to them in any decisions surrounding pain management, and, where possible, follow their preferences for the type of treatment and route of administration.

The potential benefits and risks of any proposed treatment should also be discussed with the service user (including family/relatives) and medications should only be prescribed when appropriate for the patient’s clinical condition. Pain medicine that is used as required or continuously for symptom control must be administered in line with the service user’s symptoms and according to their care plan.

As per the principles of pain management, medications should be matched to the severity of the service user’s pain. Where the service user is unable to effectively explain that they are in pain, a validated behavioural pain assessment tool must be used to inform their pain management plan.

Where medications are considered and prescribed outside of their licensing, ‘off label’, the justification must be clearly documented in the service user’s records and the prescribing healthcare professional holds overall responsibility for the decision.

**Route of administration**

The route of administration for any medication will be dependent upon the drug and both the service user’s preferences and capabilities. There are several routes that can be used to administer painkillers, including:

* oral (tablets, dispersible tablets or syrups)
* sublingual (dissolve under the tongue)
* buccal (dissolve on the inside of the cheek)
* transdermal patch (slow release)
* subcutaneous injection (under the skin),
* syringe pumps (also known as syringe drivers) for continual infusion of medication.

**Opioid pain relief**

Any current opioid medications should be continued using the service user’s preferred route of administration for as long as is manageable and according to their care plan and Medication Administration Record (MAR).

**Non-opioid pain relief**

In addition to, or instead of opioids, non-opioid medications can be considered for managing a service user’s pain. Staff at [Company Name] should administer medication that is in the service user’s dosette box to control symptoms and/or on an adhoc basis. All medication should be on the MAR.

**Breakthrough pain**

Occasionally a service user’s pain may increase even where it is already being managed with painkillers, e.g., from movement, sneezing or coughing. Staff should understand the concept of breakthrough pain and anticipate that breakthrough pain relief may be needed occasionally. In this case, staff should contact senior managers and/or the service user’s main prescriber to ensure adequate and safe doses of pain medication can be delivered.

**Management of side effects**

Staff and service users should be fully informed of any potential side effects from prescribed medications, particularly from strong opioids and should be treated as follows:

* **Constipation**
	+ consider prescribing laxative treatments for all patients on strong opioids
* **Nausea**
	+ prescribe anti-emetic treatments, as appropriate
* **Drowsiness**
	+ consider dose reduction if pain is controlled or switching opioids if the pain is not controlled.

# Record Keeping

When staff at [Company Name] administer any pain medication, they should record the following:

* The name of the medicine administered
* The date and time the medicine was administered
* Whether the medicine was effective or not.

If healthcare professionals outside of [Company Name] prescribe pain medication at the service user’s home, this should also be recorded in the same way, but include the name and profession of the healthcare professional.

# Storage of Medicines

Before [Company Name] or service user’s and/or their families consider storing medicine in the service user’s home, a risk assessment should be carried out. The risk assessment should be recorded.

# Monitoring

Compliance with this policy will be monitored through routine auditing as well as any patient, visitor and staff feedback.

# Related Policies

* Consent Policy
* Independence with Care Policy
* Medicines Management Policy
* Person-Centred Policy
* Safeguarding Policy

# Legislation and Guidance

**Relevant Legislation**

* Health and Social Care Act 2012

**Guidance**

* NICE guideline [NG31]: Care of dying adults in the last days of life, 2015
* NICE guideline [NG163]: COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community 2020
* NICE guideline [NG46]: Controlled drugs: safe use and management
* Care Quality Commission: <https://www.cqc.org.uk/guidance-providers/adult-social-care/end-life-care-planning-medicines-optimisation>

# Summary of Review

|  |  |
| --- | --- |
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