Chronic Pain Management Guidelines

Introduction
The International Association for the Study of Pain defines pain as an “unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.” Pain is a multifactorial process that has both objective and subjective components. Additionally, the Institute of Medicine estimates that 100 million Americans suffer from chronic pain.

Chronic pain is complex and can manifest in many ways. Pain is a continuum; inappropriately treated acute pain can transition to chronic pain. Chronic pain may result from injury, nerve damage, or various disease states, or it can be idiopathic. Additionally, chronic pain may have a psychological component leading to anxiety, depression, or somatization disorders. Chronic pain is differentiated from acute pain by its persistence, physiological maintenance mechanisms, and its potential impact on an individual’s functioning and quality of life. Inadequate treatment of pain, either under treatment or over treatment, can lead to negative health effects, a decreased quality of life, or adverse events. Finally, the goal of chronic pain management is to use a patient-centered approach to treat the patient’s pain and improve the patient’s well-being, functionality, and quality of life.

Purpose
The purpose of these guidelines is to promote safe and effective chronic pain management. The Standards for Nurse Anesthesia Practice are the foundation for chronic pain management practice. The Chronic Pain Management Guidelines are intended to promote high-quality care and do not assure specific outcomes. These guidelines were developed using an evidence-based literature review process, AANA pain management scope of practice membership survey, ongoing consultation with the AANA Practice Committee and the Pain Management Work Team, which is composed of Certified Registered Nurse Anesthetist (CRNA) pain management experts, and an open comment survey of a sample of AANA members.

CRNA Scope of Practice
CRNAs practice in accordance with their professional scope of practice, federal and state law, and facility policy to provide chronic pain management services.

As advanced practice registered nurses, CRNAs are uniquely skilled to deliver pain treatment in a compassionate and holistic manner. By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. As part of their educational preparation, CRNAs are required to learn and demonstrate competence in the management of pain, a critical component in the delivery of anesthesia care. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) standards require that nurse anesthesia programs provide content in anatomy, physiology, pathophysiology, pharmacology, and pain management, and require that nurse anesthesia students obtain clinical experiences in regional anesthetic techniques (i.e., spinal, epidural, and peripheral).

As the understanding of the patient’s pain experience, its corresponding transmission processes, and pain treatment modalities have evolved, the role of healthcare professionals in treating pain has seen a similar evolution. As new knowledge is discovered and new treatment modalities and technologies emerge, these advancements will logically translate into clinical practice with the goal of improving patient outcomes.
CRNA Chronic Pain Management Practice Models
The guidelines below outline the broad process for the management of chronic pain. Chronic pain management services are provided by CRNAs in a variety of practice models based on patient, provider, and facility needs. CRNAs may be members of a multidisciplinary pain management team, receive referrals from other clinicians, or serve as the sole providers of chronic pain management services. CRNAs provide patient-centered chronic pain treatments, working toward the common goal of decreasing the patient’s pain and improving the patient’s quality of life and functionality.

When working in collaboration with a patient’s primary care provider or other referring clinician, CRNAs may share certain responsibilities of chronic pain management. The CRNA reviews and may add relevant findings to information provided by a referring clinician (e.g., history and physical, diagnostic results, etc.) in order to safely administer chronic pain management services. CRNAs are responsible and accountable for judgments made and actions taken in their professional practice.10

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1. Patient Evaluation
   a. Patient History and Physical
      Complete a patient health history and physical examination, which should include, but not be limited to: a review of allergies and health, surgical, medication, and social history; and a focused pain evaluation addressing pain symptoms, identification of pain risk factors, and current and previous pain treatments.11-18 If available at time of referral, the CRNA should review the results of previous diagnostic testing, psychological evaluation, and diagnosis.

   b. Diagnosis
      Both non-interventional and interventional diagnostic procedures may be employed as part of the assessment and evaluation of the patient’s pain. These procedures may include, but are not limited to, laboratory testing, diagnostic imaging, electrodiagnostic studies, and focused regional injections as indicated.19-26

2. Management
   a. Plan of Care
      Formulate a patient-specific treatment plan based on a dynamic, comprehensive assessment and evaluation.27,28 The plan should integrate baseline functional capacity and set realistic functional goals, including measurable targets for pain management.29 A plan to implement alternative modalities should be considered and developed, as appropriate, if the original goals and targets are not met.

   b. Education
      Patient and family education should be made available regarding etiology of pain, treatment plan and goals, potential alternative therapy, and consequences for non-adherence to the treatment plan.30-33 Discuss possible side effects and complications of the treatment regimen with the patient and family. In addition, provide instruction on the plan to address these side effects and respond to complications, should they occur.30,32,33 All discussions with the patient’s family or other caretakers should be conducted in compliance with state and federal healthcare privacy laws.

   c. Informed Consent and Treatment Agreement
      Obtain and document informed consent. The informed consent process should include a
discussion of the individualized treatment plan, planned procedures, alternatives methods of
treatment, and risks and benefits of the plan. For additional guidance regarding informed
consent, review the AANA’s Informed Consent in Anesthesia.\textsuperscript{34}

CRNAs should be aware of potential drug-seeking behavior. CRNAs should enter into a pain
management treatment agreement with the patient, when appropriate. The pain management
treatment agreement establishes an understanding of the elements of the treatment plan and
outlines patient and provider responsibilities, expectations for compliance, and response to
emergency issues.\textsuperscript{18,19,27-29,35-37}

d. **Non-Pharmacologic Management**
   Non-pharmacologic treatment modalities may decrease pain and, when appropriate, should be
considered as part of the plan of care. These treatments may include, but are not limited to,
hypnosis, acupuncture, massage, meditation, reflexology, relaxation techniques, biofeedback,
counseling, physical therapy, occupational therapy, or therapeutic manipulation.\textsuperscript{6,15,18,38-51}
CRNAs should exercise an interdisciplinary approach to patient care and consult with or refer
patients to other clinicians, as appropriate.\textsuperscript{3,18,19,30}

e. **Pharmacologic Management**
   Pharmacologic interventions may be managed by the CRNA, the patient’s primary care provider,
or referring clinician. CRNA prescriptive authority varies depending on state law.
Pharmacologic treatment of chronic pain may include, but is not limited to, topically applied
medications, local anesthetics, steroidal and non-steroidal anti-inflammatory agents,
anticonvulsants, antidepressants, sedatives, muscle relaxants, non-opioid analgesics,
antispasmodics, opioids, and new agents as released.\textsuperscript{12,15,28,52,53} Pharmacologic treatment should
be tailored to the patient’s level of pain, functionality, and response.\textsuperscript{12,18,19} Medications should be
titrated incrementally to achieve an adequate level of analgesia.\textsuperscript{18,28,54} Tapering or discontinuing
medications should be considered if the patient’s pain is not adequately controlled when taking
appropriate doses or if there is no functional improvement on medication therapy.

f. **Interventional Therapeutic Techniques**
   Interventional techniques may be indicated in the management of chronic pain in conjunction
with or following non-pharmacologic and/or pharmacologic treatment modalities. These
techniques may include, but are not limited to: trigger point injection, peripheral nerve block,
sympathetic nerve block, medial or lateral branch block, joint injection (e.g., facet, sacroiliac),
intrathecal injection, epidural steroid injection, nerve ablation techniques, and evaluation and
management of implantable systems.\textsuperscript{3,15,19,20,55-58}

g. **Ongoing Assessment and Evaluation**
   Monitor, measure, and evaluate the patient’s pain, functionality, and response to the treatment
plan and adjust the treatment plan accordingly.\textsuperscript{17,27,37}

h. **Safety**
   Patient and healthcare provider safety are paramount. CRNAs integrate safety into the delivery
der of care and adhere to standards, guidelines, applicable laws, and facility policies. Chronic pain
management practice incorporates appropriate patient monitoring,\textsuperscript{7} procedure time-out,\textsuperscript{59}
universal infection control precautions, safe injection practices, and radiation safety. For additional guidance, review the AANA’s Standards for Nurse Anesthesia Practice, Patient-Centered Perianesthesia Communication, Practice Considerations, Infection Control Guide for Certified Registered Nurse Anesthetists, and Safe Injection Guidelines for Needle and Syringe Use.

3. Imaging Technology
Ultrasound, fluoroscopy, CT guidance, or emerging imaging technology may be used, as appropriate, to enhance patient safety and accuracy of invasive diagnostic and therapeutic procedures.

4. Documentation
Document pertinent information on the patient’s medical record in an accurate, complete, legible, and timely manner. The patient’s record may include: the results of the patient assessment and evaluation; diagnosis with supporting documentation (e.g., diagnostic testing, laboratory results, etc.); the patient-specific treatment plan, goals, and objectives; documentation of informed consent; documentation of the procedure; and images of needle placement, if imaging technology was used.

5. Communication
The CRNA and the patient’s treatment team, primary care provider, or referring clinician should have ongoing communication regarding the patient’s status, treatment plan, treatment compliance, and prognosis to coordinate the plan for ongoing chronic pain management.

6. Continuous Quality Improvement
CRNAs demonstrate continued competency for treatment management, procedures performed, and technology employed. CRNAs engage in continuous quality improvement through the use of performance metrics and monitoring of performance outcomes. For additional guidance, review the AANA’s Scope of Nurse Anesthesia Practice, Guidelines for Core Clinical Privileges for Certified Registered Nurse Anesthetists, and Continued Competency.

References


