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Procedural Pain Management: Clinical Practice Recommendations

Issue Addressed

Procedures are common in healthcare along the life span and can have the potential to cause pain. Nurses' have an ethical responsibility involving the care of people with pain. It is recommended that nurses, prescribers, and healthcare organizations offer integrative interventions (pharmacologic and non-pharmacologic) for managing pain during procedures.

Background of Issue

Healthcare procedures are a common means of obtaining diagnostic information and providing care along the life span. As with any event that causes actual or potential tissue damage, procedures have the potential to cause pain. Potentially painful procedures can range from those that are minimally invasive, such as venipunctures or uncomplicated dressing changes, to more invasive procedures, including complex wound care, burn care, lumbar punctures, fracture reductions, or biopsies. Pain may also result from positioning required during procedures. These procedures can occur in a variety of settings, from the hospital or same day surgery center to an ambulatory clinic, physician/dentist office, or home environment. Regardless of the procedure or setting, if pain is not anticipated, minimized, and treated appropriately, patients may experience harmful effects. Unintended consequences may include pain levels that are experienced as more intense during subsequent procedures and may lead to the development of chronic pain. **Position**

Statement

21 ASPMN holds the position that all patients undergoing painful procedures have the right
22 to safe and effective pain management throughout the phases of care, and that the
23 interprofessional healthcare team ensures such ethical obligation is fulfilled within a framework
24 of the patient's or their designee's goals and preferences. Along with this right, patients or their
25 representative have the responsibility to report accurate health information and participate with
26 the procedural treatment plan. As the pain experience is personal and influenced by
27 biopsychosocial factors, risk-minimizing and evidenced-based, multimodal approaches should be
28 utilized to provide optimal outcomes. Risk assessment must be completed and mitigation
29 strategies implemented prior to procedural sedation and administration of medications that have
30 additive and/or synergistic effects. Because the pain experience and medication effects may
31 extend beyond the time of the procedure , on-going reassessment, treatment, and risk mitigation
32 strategies may be warranted. Further, ASPMN holds the position that healthcare organizations
33 have the responsibility to develop policies and procedures on managing procedural pain which
34 include patient selection criteria, pain assessment and monitoring, patient education and
35 anticipatory guidance, and role delineation for healthcare team members providing procedural
36 sedation. Finally, ASPMN believes that nurses and other members of the healthcare team
37 involved in the care of patients undergoing painful procedures have a professional, ethical, and
38 legal obligation to acquire and maintain the knowledge and skills to provide procedural related
39 pain effectively and safely.

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84 ASPMN Mission Statement: The American Society for Pain Management Nursing®'s mission is

85 to advance and promote optimal nursing care for people affected by pain by promoting best

86 nursing practices. This is accomplished through education, standards, advocacy and research.