PAIN REASSESSMENT FOLLOWING ANALGESIC ADMINISTRATION
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**Background/Significance:** Current Joint Commission and CMS standards identify an essential component of hospital care is the recognition that patients have the right to appropriate assessment and management of pain. Patients can expect that their healthcare providers screen patients for pain during their initial assessment and when clinically required, during ongoing, periodic re-assessments. Expectations are that nurses are reassessing a patient’s pain within one hour of an analgesic intervention and documenting their reassessment findings. Nurses are challenged with how to meet this expectation within their normal daily workflow.

**Purpose of the Study/Project:** The purpose of the project was to improve the percentage of pain reassessment documentation following analgesic administration.

**Framework/Model:** The Plan Do Study Act methodology was used as a framework for this process improvement project. This model assisted in the development of a measureable aim statement, strategies to improve the overall documentation, and evaluation of implemented changes.

**Sample Population/Setting:** Wheaton Franciscan St. Francis Hospital Registered Nurses working on inpatient units who administered analgesics for pain management.

**Method Design/Procedure:** A newly formed Pain Resource Team was developed to coordinate and implement the project. Initially an audit was completed to measure compliance with documentation of pain reassessment within one hour following administration of an analgesic for pain management. The team studied the results and identified strategies to improve the process. Full leadership support was evident in the implementation of this project. The team was comprised of Registered Nurses from all inpatient units. Team members were educated regarding the rationale for pain reassessment and the audit process. Each team member audited thirty occurrences of analgesic administration per month on their home units. This data was compiled and graphs were developed for reporting purposes. Our aim was to reach 90% compliance. Numerous strategies were implemented to improve compliance with pain reassessment. Ongoing audits were completed and analyzed to measure the effectiveness of the strategies.

**Results/Outcomes:** Preliminary findings of the implementation of strategies to improve nursing compliance with documentation of pain reassessment within an hour after analgesic administration demonstrated an overall increase towards the goal of 90%.

**Conclusions/Implications:** The education and strategies provided to improve nursing documentation of pain reassessment within one hour following analgesic administration improved over the course of this project. Continued awareness of this process will be necessary to achieve the 90% compliance rate.