



Assessment and Management of Acute Pain in Adult Medical Inpatients: A Systematic Review

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that a pain rating scale was used¹⁵ The VA and Institute for Healthcare Improvement initiated a collaborative project that used learning sessions, monthly team conference calls, and monitoring of results and sharing of improvement methods via Internet to promote routine assessment of pain and related goals. The learning sessions emphasized reliable and standardized measurement, strategies for interval sampling, and strategies for plotting and analyzing data. From May 2000 to January 2001, when the VA-IHI Joint Collaborative was conducted; moderate or severe pain on study units dropped from 24% to 17%; pain assessment increased from 75% to 85%; pain care plans for patients with at least mild pain increased from 58% to 78%; and number of patients provided with pain educational materials increased from 35% to 62%.^{13, 14} By 2003, chart audit indicated that approximately 98% of veterans receiving care at a VHA facility had a documented pain score within the past 12 months.¹⁶

In July, 2002, VA/DoD developed a Clinical Practice Guideline for the management of acute post-operative pain. The basis for many of the recommendations was expert consensus rather than empirical evidence. To assess intensity, the VA/DOD CPG recommended use of a visual 1-10 numeric rating scale in the context of a complete pain history. Most of the guideline consists of site-specific recommendations for pharmacologic and nonpharmacologic therapy.

In 2003, VHA DIRECTIVE 2003-021 solidified previous accomplishments, leading to creation of a national pain management infrastructure. It requires implementation of “Pain as the 5th Vital Sign” in all clinical settings; establishment of pain management protocols in all clinical settings; and, for each patient, comprehensive pain assessment and development of a pain treatment plan.. It also encourages use of the pain reminders and dialogs sponsored by the VHA National Pain Management Strategy Coordinating Committee.

In 2004, the VHA National Pain Management Strategy Coordinating Committee issued a consensus statement on Assessing Pain in the Patient with Impaired Communication (available from http://www1.va.gov/Pain_Management/page.cfm?pg=41.)

METHODS

Topic Development

This project was nominated by Robert Kerns, Ph.D, VA National Coordinator for Pain Management, with input from a technical expert panel. Dr. Kerns proposed that we integrate the existing literature on the delivery of effective pain care in the acute inpatient medical ward. The results will be used to inform the VA’s National Pain Management Strategy.

Key questions were discussed and finalized during a conference call that included the Steering Committee of the Evidence Synthesis Project and the Portland VAMC project site director. The questions apply only to the target population of inpatients on medical

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