

# Surgeons Meeting Joint Commission Requirements on Pain Management

How to Use the Safe and Effective Pain Control *After Surgery* Brochure  
With Your Patients

# Joint Commission Requirements: The Nitty Gritty

- Took effect January 1, 2018
- EP: 7 The hospital reassesses and responds to the patient's pain through the following activities:
  - Evaluation and documentation of response(s) to pain intervention(s)
  - Progress toward pain management goals including functional ability (for example, ability to take a deep breath, turn in bed, and walk with improved pain control)
  - Side effects of treatment
  - Risk factors for adverse events caused by the treatment
- EP 8: The hospital educates the patient and family on discharge plans related to pain management, including the following:
  - Pain management plan of care
  - Side effects of pain management treatment
  - Activities of daily living, including the home environment, that might exacerbate pain or reduce effectiveness of the pain management plan of care, as well as strategies to address these issues
  - Safe use, storage, and disposal of opioids when prescribed

# What Should Surgeons be Discussing With Their Patients About Safe and Effective Pain Control?

## At a minimum...

- Screen for abuse potential
- Use alternatives to opioids whenever possible
- Educate your patients about how to use opioids safely

Your surgical team will work with you to:<sup>1</sup>

- **Screen** for current opioid use and risk for overuse
- **Use alternatives** to opioids whenever possible
- **Educate you** about:
  - Using the lowest dose of opioids for the shortest amount of time
  - Safely getting rid of any unused opioids
  - Knowing the signs of opioid overdose

# What Should Surgeons be Discussing With Their Patients About Safe and Effective Pain Control (cont'd)?

## What are my options for safe and effective pain control?

Your surgical team will talk with you about your pain control options.

Your pain plan will be based on your:

- Operation
- Pain history
- Current medications

A combination of therapies and medications will be used together for better pain control after your surgery.<sup>2</sup>



From the operating room to home—your surgical team cares about your best recovery.

## How do I know what to take to feel better?

When you go home, your pain plan may have you start with a combination of non-medication therapies and non-opioid medications.

For complex procedures you may start on a combination that includes opioids. After several days, you may decrease your opioids and use non-medication therapy and non-opioid medications.

Provide education on non-opioid medications, when appropriate



**9 out of 10 patients report that their pain is either mild or gone four days after surgery.**<sup>3-6\*</sup> Your surgeon may only give you a few days' supply of an opioid. If you have severe or increased pain after 4 days, call your surgical team for help.

\*Results of studies with over 50,000 patients

### Did You Know?

**Ibuprofen (400 mg) provided as much pain relief as oxycodone (5 mg) over 6 hours in patients who had a wisdom tooth taken out or abdominal or pelvic surgery.**<sup>33</sup>

# Pain Management Guide<sup>7-8</sup>

Progress toward pain management goals including functional ability (for example, ability to take a deep breath, turn in bed, and walk with improved pain control)

## How Intense Is My Pain?

- I hardly notice my pain, and it does not interfere with my activities.
- I notice my pain and it distracts me, but I can still do activities (sitting up, walking, standing).

## What Can I Take to Feel Better?

**Non-medication therapies**  
+  
**Non-opioid, oral medications**  
You may take these to control mild to moderate pain when needed

- My pain is hard to ignore and is more noticeable even when I rest.
- My pain interferes with my usual activities.

**Non-medication therapies**  
+  
**Non-opioid medications**  
You may be told to take them regularly throughout the day rather than as needed

- I am focused on my pain, and I am not doing my daily activities.
- I am groaning in pain, and I cannot sleep. I am unable to do anything.
- My pain is as bad as it could be, and nothing else matters.

**Non-medication therapies**  
+  
**Around-the-clock non-opioid medications**  
+  
**Short-acting opioids** (for a few days)  
Call your surgeon if your pain continues

Be sure to tell your care provider about any medication allergies you may have.  
 If you smoke, quit before your surgery. Download the Quit Smoking before Your Surgery brochure at [facs.org/quitsmoking](https://facs.org/quitsmoking).

## After Surgery Pain Control

### Non-Medication Therapies

Non-Medication Therapies Example: Ice	Your Time—How Long 20 minutes each	When to Use Example: 4 times a day, 7 am, 11 am, 3 pm, 7 pm

### Pain Medication Plan

Medications Example: Naproxen/Aleve®	Your Dose—How Much Example: 500 mg	When to Take—List Times Example: 8 am and 8 pm

Pain management  
plan of care

## Side effects of treatment

### Non-Opioid, Oral Medications

	Medication	Common Side Effects*
Mild-to-Moderate Pain	<b>Acetaminophen (Tylenol<sup>®14</sup>):</b> Decreases pain and fever	Nausea, vomiting, headache, and insomnia  Liver damage may occur at high doses (greater than 4,000 mg in 24 hours) <sup>14-15</sup>
	<b>Non-steroidal anti-inflammatory drugs (NSAIDs):</b> Decrease swelling and fever <ul style="list-style-type: none"> <li>Aspirin</li> <li>Ibuprofen (Advil<sup>®16</sup>, Motrin<sup>®17</sup>)</li> <li>Naproxen (Aleve<sup>®18</sup>)</li> <li>Celecoxib (Celebrex<sup>®19</sup>)</li> </ul>	Upset stomach  <b>Serious risks:</b> Stomach bleeding or ulcers, heart attack, and stroke  Celecoxib has a lower risk of stomach bleeding and/or ulcer formation over the short term <sup>19</sup>
	<b>Nerve pain medications:</b> Reduce pain from sensitive nerves <ul style="list-style-type: none"> <li>Gabapentin (Neurontin<sup>®20</sup>)</li> <li>Pregabalin (Lyrica<sup>®21</sup>)</li> </ul>	Dizziness, drowsiness, suicidal thoughts, swelling in the hands and feet, weight gain, and blurred vision  Risks increase if you have kidney, liver, or heart disease; or have suicidal thoughts

### Opioids

	Medication	Common Side Effects
Severe Pain	<b>Opioids:</b> <ul style="list-style-type: none"> <li>Tramadol (Ultram<sup>®22</sup>)</li> <li>Codeine with acetaminophen (Tylenol #3 or #4)</li> <li>Hydrocodone (Norco<sup>®23</sup>, Vicodin<sup>®24</sup>, Lorcet<sup>®</sup>)</li> <li>Morphine</li> <li>Hydromorphone (Dilaudid<sup>®25</sup>)</li> <li>Oxycodone (OxyContin<sup>®26</sup>)</li> <li>Oxycodone with acetaminophen (Percocet<sup>®27</sup>, Endocet<sup>®</sup>)</li> </ul>	Dizziness, nausea (very common), headache, drowsiness, vomiting, dry mouth, itching, respiratory depression (very slow breathing), and constipation  Stool softeners are always co-prescribed to prevent severe constipation  <b>Serious risks:</b> Prescription opioid risks include misuse, abuse, addiction, overdose (taking too much of the medication), and death from respiratory depression. Your risk of opioid abuse increases the longer you take the medication. <sup>28-30</sup>

\*Side effects reported in 3% or more of the patients in the study sample



## Safe use of opioids when prescribed

# How can I safely use opioids to manage my severe pain?

### Your Surgeon May:

- ✓ **Check** if you are at a higher risk for opioid misuse. Here are some questions your surgeon may ask:<sup>31</sup>
  - Do you or a family member have a history of substance abuse or overdose?
  - Are you currently taking an opioid medication?
  - Do you have depression, anxiety, attention deficit disorder, obsessive compulsive disorder, bipolar disorder, or schizophrenia?
- ✓ **Check** a required database to see your previous opioid prescription use.
- ✓ **Review** your health and other medications.

### You Will:

- ✓ **Take the lowest dose possible**, for the shortest amount of time. For surgical patients with severe pain, **addiction is rare when opioids are used for 5 days or less.**<sup>2,32</sup>
- ✓ **Never take more medication than prescribed. Do not crush pills**, which can speed the rate your body absorbs the opioid and cause an overdose.
- ✓ **Unless told by your provider, never take opioids with** antihistamines or sleep aids, sedatives or tranquilizers, anti-anxiety medications, muscle relaxers, or another opioid. Combining these medications with opioids increases your risks of side effects.
- ✓ **Never mix alcohol with NSAIDs or opioids.**
- ✓ **Call 911 for an opioid overdose.** Common signs of opioid overdose are small pupils, trouble breathing, and unconsciousness. **You can die from an opioid overdose.**

## Safe storage and disposal of opioids

### How do I store and get rid of my leftover opioids?

For the safe storage of opioids:

- Keep out of reach of children and pets
- Hide or lock up medication
- Keep your medication in its original container so you do not take it by mistake
- Keep track of the location and number of pills in the bottle

**Dispose of your opioids as soon as they are no longer needed** at a drug take-back program or safe drop site. Find a site at [apps.deadiversion.usdoj.gov/pubdispsearch](https://apps.deadiversion.usdoj.gov/pubdispsearch). If there is no disposal site near you, mix unused medication with coffee grounds or kitty litter in a plastic bag, and then throw it in the trash.<sup>36</sup>



**Do not share opioids. 50% of people who abuse opioids get them from a friend or relative.<sup>37-38</sup>**

The hospital provides information to staff and LIPs on available services for consultation and referral of patients with complex pain management needs.

- Many small practice groups or community hospitals may not have access to specialized services. As a first step in helping practitioners access needed patient resources, the brochure encourages practitioners and patients to utilize SAMHSA's offerings.

## Should I worry about becoming addicted to opioids?

Anyone who takes prescription opioids can become addicted. However, **addiction is rare when opioids are used for 5 days or less.**<sup>32</sup>

Opioids block pain and give a feeling of euphoria (feel high).<sup>39</sup> Taking prescription drugs to get high is sometimes called **prescription drug abuse**. The most serious form of abuse is addiction.<sup>39</sup> **Addiction** involves seeking out the drug despite negative effects on your health, family, and work.

You may also develop **tolerance**, meaning that over time you might need higher doses to relieve your pain. This puts you at higher risk for an **overdose.**<sup>40</sup>

You can also develop **physical dependence**, meaning you have withdrawal symptoms when the medication is stopped suddenly.<sup>40</sup> **Withdrawal symptoms** can include insomnia, anxiety, racing heartbeat, and headaches. Withdrawal symptoms can be managed with medication and by gradually decreasing (tapering) your opioid dose.

For questions and resources to help you or a loved one cope with a substance abuse disorder, visit the Substance Abuse and Mental Health Services Administration web site at [samhsa.gov](http://samhsa.gov) or call the 24-hour hotline at 1-800-662-HELP (4357).

# Evaluation and documentation of response(s) to pain intervention(s)

## 2 AT HOME—FIRST 4 DAYS

What operation did you have? \_\_\_\_\_

How long were you in the hospital?  Less than 24 hours  1 to 3 days  4 to 5 days  More than 5 days

How much did pain interfere or prevent you from performing the following during your first 4 days at home?



	0	1	2	3	4	5	6	7	8	9	10
Doing activities in bed (sitting up, turning, repositioning)											
Doing activities out of bed (walking, sitting in a chair, standing at a sink)											
Falling asleep											
Staying asleep											



## 2 AT HOME—FIRST 4 DAYS (continued)

How much distress and bother did you have at home?



	0	1	2	3	4
Nausea					
Constipation					
Drowsiness					
Itching					
Vomiting					
Dizziness					
Depression					

What did you use to manage your pain? Please check all that apply:

- Non-medication therapies
- Acetaminophen (Tylenol<sup>®</sup>)
- NSAIDs (anti-inflammatory)
  - Aspirin
  - Ibuprofen (Advil<sup>®</sup>, Motrin<sup>®</sup>)
  - Naproxen (Aleve<sup>®</sup>)
  - Celecoxib (Celebrex<sup>®</sup>)
- Nerve pain medications
  - Gabapentin (Neurontin<sup>®</sup>)
  - Pregabalin (Lyrica<sup>®</sup>)
- Opioids
  - Tramadol (Ultram<sup>®</sup>)
  - Codeine with acetaminophen (Tylenol #3 or #4)
  - Hydrocodone (Norco<sup>®</sup>, Vicodin<sup>®</sup>, Lorcet<sup>®</sup>)
  - Hydromorphone (Dilaudid<sup>®</sup>)
  - Oxycodone (OxyContin<sup>®</sup>)
  - Oxycodone with acetaminophen (Percocet<sup>®</sup>, Endocet<sup>®</sup>)
- Other (please describe): \_\_\_\_\_

Evaluation and documentation of response(s) to pain intervention(s) (cont'd)

3 PRESCRIBED OPIOIDS

Were you given a prescription for opioids? .....  Yes  No  
If yes, did you fill the prescription? .....  Yes  No  
If yes, did you need more pills during your first 4 days at home? .....  Yes  No  
When you stopped feeling pain, did you safely dispose of your opioids? .....  Yes  No

Did you take opioids while at home? .....  Yes  No  
If yes, please answer the following questions:  
How many opioid pills were you prescribed? \_\_\_\_\_  
How many days were you told to take opioids (e.g., 5 days, 7 days, 1 month)? \_\_\_\_\_  
How many pills did you have left? \_\_\_\_\_

Patients may also submit their evaluations anonymously online: <https://redcap.healthInk.org/surveys/?s=PYT3EDJK79>

This decision aid is one more tool for surgeons and surgical teams to use when educating their patients on the management of postoperative pain.

**Safe and Effective Pain Control After Surgery**  [facs.org/safepaincontrol](https://facs.org/safepaincontrol)

**What is safe and effective pain control?**  
Safe pain control is the use of medication and other therapies to control pain with the least amount of side effects.

Your surgical team will work with you to:

- **Screen** for current opioid use and risk for overdose
- **Educate you** about:
  - Using the lowest dose of opioids for the shortest amount of time
  - Safely getting rid of any unused opioids
  - Knowing the signs of opioid overdose
- **Use alternatives** to opioids whenever possible

**What is the goal of pain control?**  
The goal of pain control is to:

- Minimize pain
- Keep you moving
- Help you heal

All members of your surgical team (including nurses and pharmacists) are committed to stopping opioid abuse and long-term use following surgery.

**What are my options for safe and effective pain control?**  
Your surgical team will talk with you about your pain control options.

Your pain plan will be based on your:

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From the operating room to home—your surgical team cares about your best recovery.

**SURGICAL PATIENT EDUCATION PROGRAM**  
Program for the Best Recovery

**AMERICAN COLLEGE OF SURGEONS**  
DIVISION OF EDUCATION  
#MakeItRightAfterSurgery

**AMERICAN SOCIETY OF ANESTHESIOLOGISTS**  
#SafePainControl