**REQUESTING Pain Medication**

**In A Hospital**

**Overcoming the obstacles**

**Why Is this Important?**

Ordering pain medications, while in a hospital, can be a confusing process for patients and families. This can lead to frustration, miscommunication and a delay in pain relief. It is a common patient/family complaint, that an effective pain relief expectation was not met. Here are a few solutions to overcoming some of the obstacles associated with pain medication requests while in a hospital.

* The often-used terms "PRN" and "As Needed" are commonly misinterpreted, leading to miscommunication, and delay in care.
* Developing a Pain Plan: What it is and how to use it.
* Solutions: Shift change issues identified, tips, tricks, a suggested supply list, Pain Plan, and Hospital Pain Medication Cheat Sheets.
* Download Hospital Pain Medication Cheat Sheets
* The Pain Scale: Why and how it is used.
* How hospital math affects pain relief

**DEFINITION OF PRN AND AS NEEDED**

When particular pain medications are ordered in a hospital by a licensed healthcare practitioner, as “PRN” or “AS NEEDED”, it means the pain medications ordered, are NOT AUTOMATICALLY given. Meaning, the pain medication will require a “request” for pain medication by the patient.

Pain medications, typically come with parameters for administration.

Examples PRN/AS NEEDED Pain Medication orders:

* XYZ 123mg Medication, by mouth every 6 hours as needed for **mild** pain.
* XYZ 123mg Medication, by mouth every 6 hours as needed for **moderate** pain.
* XYZ 123mg Medication, by mouth every 6 hours as needed for **severe** pain.

(These examples use by mouth. However, injections can be ordered this way as well)

**NOTE NOW**: NOT all pain medications ordered in a hospital are “PRN”, some are ordered on a regular schedule.

**What this Means to a Patient**

Pain medication, most likely will not be administered/given unless asked for by the patient. This is the source of a lot of confusion. A pain medication order has limitations, meaning the patient has a prn “as needed” medicine ordered, but only a certain dose in a certain amount of time. It does **not** mean it will be given automatically or at a specific time. There are exceptions to this, but it is not the rule.

For example, a pain medicine may be ordered “for moderate to severe pain every 6 hours prn/as needed”. This means that the pain medication can be given, but **no sooner** than every 6 hours.

**TIP** It also means that the patient will need to notify the nurse and report the pain/discomfort.

**Important discussion**

If there is pain that is not being relieved, patient/family need to **speak up**. When the patient sees the physician or any other licensed medical practitioner, be encouraged to discuss this issue with them so they can decide the best pain medication regimen.

**Ongoing Discussions**

The patient/family should be having ongoing direct discussions regarding effectiveness with the assigned nurse.

**Achieving adequate pain relief**

may require ongoing discussions with the doctors and nurses until the optimal pain medication regimen is achieved. Therefore, input by the patient/family is a **critical** piece to this process.

**Be Aware**

**Communication in a hospital** **Setting**

**The Challenge**

Because the nurse is the most common person administering pain medication, it is **ideal** that the request be with the nurse **directly**.

Because of the current nature in hospitals, it can be a challenge to get the nurse to enter the room upon request without delay.

This results in patients and families having medical related conversations with people who are not their nurse.

Patients and families report pain, pain medication requests, to almost anyone that enters their hospital room: Housekeepers, Xray techs, lab techs, priests, volunteers… The person reported to could have difficulty finding the nurse, may get busy or just forget.

This does **NOT** ensure that the nurse was notified of the pain medication request. This can result in a breakdown in communication and a delay in pain relief.

**Communication in hospitals**

varies so widely, there is no one foolproof process. However, if you know that the nurse is the one that needs to administer the pain medication, then it may be helpful to know that this is the person to talk to **directly** about your Pain Plan, if at all possible.

**HOSPITAL MATH**

**How it Affects Patients**

Generally, hospital staff are on a 12-hour schedule.

Take 2 hours off, for each shift change

Leaves 10 hours

**TIP**

Use this very important information to determine if the nurse that gave the last pain medication will be the one giving the next “available” pain medication dose.

**Why is this important?**

1-The patient and the current nurse have discussed the “Pain Plan”

2-Ordering pain medication on one shift, and expecting it to automatically “arrive” during the next shift because patient “already requested it” **has high probability of NOT** happening.

**Here’s Why**

The oncoming shift nurse will most likely do an assessment before administering the pain medication. That means they will arrive at the patient’s room at a time that does NOT necessarily line up with the patient’s pain medication request timing.

This is a very common occurrence in hospitals and is one reason why patient expectations for pain relief are not met.

**SOLUTIONS**

**When nurse enters room to give scheduled medications and do an assessment, this is the time to: Discuss Your Pain Plan**

**(See sample Pain Plan)**

1. Develop your pain plan with your current nurse.
2. The Pain Plan is the tool that will help achieve an effective pain regimen.
3. Determine: the baseline level of pain: the number and description.
4. Determine if the current nurse will be the person to administer the next available dose.
5. Each time a pain medication is given: write down

the time given, the next available dose time and if the same nurse will be giving that dose. (There is a Pain Medication Tracking Form in the Excel download)

1. Have the nurse assist you with remembering to write information down.
2. If the next pain medication available dose is on the next shift, repeat pain plan with new shift nurse.
3. Ask the nurse, how to contact directly.
4. Review Pain Plan with oncoming shift nurse.

**FORM ALERT**

The **Pain Plan Cheat Sheets, along with the Pain Medication Tracking Form** are available for free download in an Excel file called “Health History Record” located on the website under patient education. It may also be requested by email

[thepatientuniversity@gmail.com](mailto:thepatientuniversity@gmail.com)

*\*The form “format” has been altered here for ease of reading.The Actual forms are in a line format*

**FORM**

**Hospital Pain Medication Reminder Cheat Sheet**

* Pain Level Number and Description
* Write Down: Name of med, time given, time next dose available, pain level number and description
* Note if same nurse will give next dose
* Last Bowel Movement date
* Review effectiveness of pain regimen

**FORM**

**Pain Plan Comprehensive Cheat Sheet: Hospital**

• My Pain level is (provide description and number)

• What time is my next available dose of this pain medication?

• What time is my next available dose of this pain medication?

• How far in advanced, should I request my pain medicine

• What is best way to get a hold of you

• Ask nurse giving this dose, if they will be same nurse for next available dose

• New Shift nurse: review pain plan

• Make sure to tell nurse last bowel movement. You may need a laxative or stool softener. Pain medications are constipating!

• NOTE: Repeat pain plan with new shift nurse

• Ask doctor what pain meds are ordered

• Discuss with doctor the need for scheduled pain med if having chronic pain.

• Doctor Ask: what happens if pain medication is not effective?

• Best time to discuss Pain Plan when nurse comes in room

• Avoid ordering pain medication between shifts

• Avoid ordering pain medication one hour at each shift change

• "prn" also known as "as needed" are terms for pain medication that patient will need to request when having pain. Not automatically given

**Supply list**:

Pain Med Hosp Cheat Sheet Form, Pain Medication Tracking Form, stenographer’s pad, pens, clock, phone charger, carry all satchel for staying organized.

Naturally, we recommend The Patient University’s Binder for all your forms. Available on the website.

**Be alert**

Discuss any issues regarding adequate pain relief with doctor and nurses.

* Cushing medicine: if you need to have your medicines crushed, ask the nurse or you can request a liquid form. It is helpful to indicate if you want apple sauce to mix. Not all medications are available in liquid form, some medications cannot be crushed.

**Pain Medication and the Pain Scale**

**GOAL OF USING THE PAIN SCALE**

The person administering pain medication will ask on a scale of 1-10 what pain level the patient is experiencing. (This scale is for patients that are able to answer)

**Used to Determine**

* the severity of pain so that the most appropriate medication can be administered.
* Evaluate if the pain medication administered is providing effectiveness pain relief.

Ideally, the person administering the pain medication will first ask what level of pain the patient is having. After it is administered, they should be following up with the patient to see how effective the medication it was.

**TIP**: Pain is subjective, so when describing pain, it is useful to include your definition of “mild, moderate, severe, worst ever had, along with the number.

**The Actual Pain Scale Used**

The “offical” pain scale, commonly used in hospitals is called the Wong-Baker FACES® Pain Scale. Specifically used for patients that are able to answer questions.

In ICU, for example, a pain scale appropriate for unconscious patients is commonly used.

You may be familiar with this scale. It is the scale of 1-10 for rating pain.

0-No Hurt 2- Hurts a little bit 4-Hurts a little more 6-Hurts even more 8-Hurts a whole lot 10-Hurts worst. **Note** that there are graphic depictions of faces along with this scale.

**Expect**

a variation of this scale in a hospital

* Reference: Bibliography Citation: Wong-Baker FACES Foundation (2020). Wong-Baker FACES® Pain Rating Scale. Retrieved [Date] with permission from [http://www.WongBakerFACES.org](http://www.wongbakerfaces.org/). Originally published in *Whaley & Wong’s Nursing Care of Infants and Children*. © Elsevier Inc.

Welcome to the Wong-Baker FACES® Foundationhttps://wongbakerfaces.org/

“This tool was originally created with children for children to help them communicate about their pain.  
Now the scale is used around the world with people ages 3 and older, facilitating communication  
and improving assessment so pain management can be addressed.”

**The Goal For Organizing Your Medication List**

**PATIENT SAFETY!**

**TIPS & Solutions**

* Have someone who is your patient advocate/family/friends, in the hospital room with you when possible.
* Use tip sheets to prompt medication questions and log your Pain Plan
* **Fill out and update: Form (Download Excel file):** *My Medication List*

**Services Offered**: We can organize your medication list if you need help-just call us for your free consultation.

* Know your resources. In a hospital, it can be challenging to keep track. Your nurse is first person to directly discuss issue with. Work with the nurse to make your plan-work together.
* Speak up for any special considerations. For example, some people can’t tolerate large pills and prefer a liquid. Some people have an ostomy, a particular type, and must avoid enteric coated pills. Not all medications are crushable, to if needed, discuss with nurse and doctor.

**PATIENT SAFETY**

**Bringing Pill Organizer to the Hospital**

If you bring a pill organizer to the hospital without a medication list or anything to identify the medication, this can be tricky. It should be mentioned here, that when you are admitted to a hospital, you should **not** be actually taking your own medications from home unless specifically directed to do so. There are many reasons, but an obvious one is that the people treating you in a hospital will be unaware of what you are taking, which isn’t a good idea. To keep medications safe, have someone you trust to take the medications home for you so that they don’t get lost.

**The Services Offered at The Patient University**

* **Lectures on patient safety subjects**
* **Free 1-hour phone consultations to discuss concerns and questions. This is an informal discussion to explore how we can be a good fit for you.**
* **Organizing at home medical records into one binder for easy access.**
* **We sell products that will assist in getting your records, medication lists and cheat sheets organized so you have them handy for use.**
* **Premium Services: Include predetermined number of direct assistance phone calls, a Patient Care Binder complete with all forms already printed, and a handy carrying satchel.**
* **Private wound and ostomy consultations**
* **Glide-N-HÕzen Compression Slip- On- Aid is also available for sale. Greatly reduces friction while putting on compression stockings. SEE Videos**

**Thank you for reading this blog.**

**We welcome your comments and feedback!**