

ICU Liberation Bundle – Element A

Assess, prevent, and manage pain.

Why assessment, prevention, and management of pain matters

Pain is an unpleasant sensory and emotional experience that is best reported by the person who is experiencing it, although self-reporting can be a challenge in the Critical Care (CC). The inability to communicate verbally does not negate the possibility that a patient is experiencing pain. Studies show that 50-80% of CC patients experience pain, especially procedural pain (Stites 2013).

Assessment

Patients with diminished communication or cognitive capabilities are at risk of experiencing higher levels of pain. A reliable and valid pain assessment is the foundation for effective pain treatment and should utilize the [Behavioral Pain Scale \(BPS\)](#) or the [Critical-Care Pain Observation Tool \(CPOT\)](#)

Intervention and Prevention

The most important step to prevent pain is to recognize how painful CC procedures can be for patients. Turning, wound drain removal, wound care, chest tube removal, and arterial line insertion are among the most painful procedures. Administering analgesia pre-procedure and/or providing nonpharmacologic interventions should be considered for other procedures as well.

Treat pain first, especially with any new or escalating agitation.

Consult with the patient’s caregiver and/or family, if possible, about the patient’s pain history and preferred coping strategies the patient engaged in prior to admission.

Nonpharmacologic Interventions:	Pharmacologic Interventions:
<ul style="list-style-type: none"> • Relaxation and or distraction techniques • Information/education • Massage/touch • Music, pet, and/or breath therapy • Family presence for support and distraction 	<ul style="list-style-type: none"> • IV opioids should be considered as the first-line drug class for nonneuropathic pain. • IV opioids are especially effective when titrated to a goal.

Recommendations

- Review unit level data to determine current state / culture on units.
- Pain prevention, frequent assessment and prompt treatment should be tailored to the patient’s individual needs, in partnership with caregivers and families when appropriate.
- Response to treatment is assessed and documented every four hours, at minimum.

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Additional tools:

- ICU Liberation A-F Bundle Overview Videos – Click on Element A on the left-hand side
 - [ICU Liberation A-F Bundle Overview \(sccm.org\)](https://www.sccm.org)
- CCBC Podcast – [Sedation: The Art, The Science, the Shenanigans. *Critical Care Conversations*](#)

References

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