



Collaborative Regional Benchmarking Group Pain Management in Critical Care



Aim: To provide guidance on nursing care for the assessment and management of pain in Critical Care patients

Scope: All adult patients in Critical Care

ASSESS FOR PAIN

- 2-4hrly at a minimum
- Self reporting is gold standard
- Critical Care Pain Observation Tool (CCPOT) for those unable to self report (see reverse)

Pain in Critical Care Patients

- Critical care patients routinely experience pain at rest and during care
- Procedural pain
- Identified as a source of great stress
- Pain must be routinely monitored

Agitation may be a sign of pain. Always treat pain first.

STANDARD CARE

1	Give pre-emptive analgesia prior to commencing potentially painful procedures
2	IV opioids are the first line choice for non-neuropathic pain
3	Non-opioid analgesics or regional anaesthetic techniques administered where possible to reduce opioid use
4	If patient cannot self-report pain, use CCPOT to assess for pain and titrate analgesia to score.
5	Reassess pain score 10-30 minutes after giving/titrating analgesia

Potential Causes of Pain

- Gastric distention
- Positioning
- Urinary retention
- Surgical site
- Endotracheal or Tracheostomy tube
- Invasive lines/devices

Pain Scoring tools

Self reporting

- Verbal Rating Scale (VRS)
None/Mild/Moderate/Severe
- Numerical Rating Score (NRS) 0 - 10

Unable to self report

- Critical Care Pain Observation Tool (CCPOT) – 0 to 8

Use the most relevant tool BUT be consistent

Please see your units full guidelines for more information

(V2 2023)

CCPOT

A pain score for patients unable to respond. This allows all ICU patients to receive regular pain assessment.

	INDICATOR	DESCRIPTION	SCORE	
1	FACIAL EXPRESSION	• NO MUSCULAR TENSION	Relaxed, neutral.	0
		• PRESENCE OF FROWNING, BROW LOWERING, ORBIT TIGHTENING	Tense	1
		• ALL OF THE ABOVE FACIAL MOVEMENT WITH EYELID TIGHTENING	Grimace	2
2	BODY MOVEMENT	• NO MOVEMENT	Absence	0
		• SLOW CAUTIOUS MOVEMENT, RUBBING PAIN SITE, ATTENTION SEEKING	Protection	1
		• PULLING TUBES, MOVING LIMBS, THRASHING, UNCOOPERATIVE.	Restlessness	2
3	UPPER LIMB TENSION	• NO RESISTANCE TO PASSIVE MOVEMENTS	Relaxed	0
		• RESISTANCE TO PASSIVE MOVEMENTS	Tense	1
		• STRONG RESISTANCE TO PASSIVE MOVEMENTS	Rigid	2
4 ¹	COMPLIANCE WITH VENTILATOR (INTUBATED)	• ALARMS NOT ACTIVATED, EASILY VENTILATED	Tolerating	0
		• ALARMS STOP SPONTANEOUSLY	Coughing	1
		• ALARMS ACTIVATED FREQUENTLY, BLOCKING VENTILATION	Fighting	2
4 ²	VOCALISATION (NOT INTUBATED)	• TALKING NORMALLY, OR QUIET	Normal	0
		• SIGHING OR MOANING	Moaning	1
		• SOBING, VERBALLY AGITATED	Sobbing	2

1 + 2 + 3 + 4¹ OR 4² = CCPOT score

CCPOT SCORE	0	1-2	3-5	6-8
DESCRIPTOR	NO PAIN	MILD	MODERATE	SEVERE