

UNIVERSITY OF UTAH HOSPITAL AND CLINICS  
INTERDISCIPLINARY PAIN SERVICE

PRIVILEGE DELINEATION FOR:  
NURSE PRACTITIONER (NP) OR  
ADVANCED PRACTICE REGISTERED NURSE (APRN)

Name: \_\_\_\_\_

APRN License #: \_\_\_\_\_

Controlled Substance #: \_\_\_\_\_

DEA #: \_\_\_\_\_

I request clinical privileges at the University of Utah Hospital and Clinics as indicated below for **Advanced Practice Nursing** in care of in-patient and out-patient adult and pediatric patients on the interdisciplinary Pain Services.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL PRIVILEGES**

**Inpatients**

*In consultation with the pain management physician:*

- Provides initial assessment and ongoing evaluation & treatment.
- Develops a pain management plan of care through patient rounds and interactions with the primary service and nursing staff.
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**Outpatients**

*In consultation with the pain management physician:*

- Conducts initial history and physical, ongoing evaluation, assessment, treatment and plan for outpatient clinic patients on the pain service through clinic visits, care conferences, home visits and interactions with the referring or primary provider and home health agencies as necessary.

In collaboration/consultation with the pain management physician:

I. Documents in the patient's chart the subjective and objective findings with the assessment and treatment plan.

II. Cares for routine, complex patients and pediatric patients.

III. Provides 24 hour coverage (as scheduled) of the pain service.

IV. Provides ongoing education for patients/family, physicians and nurses regarding pain management, disease state and medical management.

V. Initiates or discontinues therapy and/or equipment related to the care of patients.

VI. Assesses and addresses patient/family psychosocial needs as needed.

VII. Returns the patient to the referring or primary physician/service when special treatment modalities are no longer required. Further management of analgesics will be made by the referring or primary service.

VIII. Facilitates further referrals and consultations to other physicians or medical services in collaboration with the pain service physician.

IX. May order epidural/intrathecal analgesics and dose epidural/intrathecal catheters with anesthetics and/or opioids.

X. Admits chronic/cancer pain patients to the hospital, write orders to include all medications/treatments/procedures that the patient is currently on.

XI. Prescribes the following medications, treatments, diagnostic tests and services.

A. Patient Controlled Analgesia (PCA), intrathecal, epidural, regional nerve block patients and trigger point injections. Orders oral, parenteral, transdermal, rectal, epidural, intrathecal and regional nerve block medications which are appropriate to the care of patients.

B. Categories of drugs common to the Acute and or Chronic Pain Service are:

(including but not limited to)

1. Controlled Substances - Schedule II-V Opioids

2. Analgesics, muscle relaxants and anti-inflammatory drugs (NSAIDs and steroids)
3. Antidepressants & Anti-convulsants and anxiolytic agents
4. Anti-emetics, laxatives/anti-diarrheal medications, antacids and other GI medications
5. Antihistamines/cough and cold medication
6. Diuretics & Anti-hypertensives (e.g. in palliative care of cancer patients)
7. Antibiotics (e.g. in palliative care of cancer patients and/or treatment of infections related to pain therapy).
8. Local anesthetic (for the treatment of pain i.e. trigger point injections, epidural/intrathecal and regional nerve block catheters)

C. The APRN as part of the interdisciplinary team may order the following treatments or services for patients on the pain services:

(including but not limited to)

1. Wound or Ostomy care
2. Home nursing services
3. Home infusion services
4. Hospice
5. Physical Therapy, Occupational Therapy, Behavioral Medicine/Mental Health Care Providers and Social Work
6. Medical Equipment
7. Oxygen or respiratory therapy and oxygen saturation monitoring
8. Laboratory tests (blood, body fluids)
9. Radiological Tests, Ultrasounds, echocardiography, EKGs, EMG nerve conduction tests
10. Cultures & sensitivities
11. Placement of urinary catheters
12. Placement of venous access lines
13. Monitoring parameters (e.g. vital signs)
14. Admission and Discharge Orders (current medications, diet, activity and other treatments)

- XII. Performs selective invasive procedures for therapeutic and/or diagnostic reasons within the scope of validated competence. (see competency record)

**APPROVALS**

\_\_\_\_\_  
Supervising/Consulting Physician

Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair

Date \_\_\_\_\_

\_\_\_\_\_  
Interdisciplinary Credentials Committee

Date \_\_\_\_\_

\_\_\_\_\_  
Medical Board

Date \_\_\_\_\_

\_\_\_\_\_  
Hospital Board

Date \_\_\_\_\_

**UNIVERSITY OF UTAH HOSPITAL  
INTERDISCIPLINARY PAIN SERVICE**

**POLICY FOR PERFORMANCE OF  
PROCEDURES**

The Advanced Practice Registered Nurse must demonstrate skill and proficiency in the performance of specialized procedures.

**INDIVIDUAL PROCEDURE RECORD**  
of

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Administration of local anesthetics in regional block catheters

Independent

Supervised

Administration of local anesthetic for test dosing of epidural/intrathecal catheters

Independent

Supervised

Administration of opioid boluses via intrathecal catheters

Independent

Supervised

Performs Trigger Point Injections

Independent

Supervised

Provides expertise in the use of Medtronic Implantable Spinal Cord Stimulation and Drug Infusion Systems including side port access for diagnostic purposes using flouroscopy

Independent

Supervised

UNIVERSITY OF UTAH HOSPITAL AND CLINICS  
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PROTOCOL

Specialty: **Advanced Practice Registered Nurse (APRN), Pain  
Management Center**

Subject: Pain Management

Date Developed: 4/95

Date last Reviewed: 6/98, 5/99, 8/99, 12/00, 11/02, 08/04

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### MONITOR AND EVALUATE

The APRN in collaboration with the pain management physician, is responsible for the assessment, treatment, management and evaluation of pain.

### CONSULTATIONS AND REFERRALS

The pain service coordinates and manages pain for patients receiving:  
(including, but not limited to)

- Patient Controlled Analgesia (PCA)
- Epidural and intrathecal analgesia
- Regional nerve blocks
- Parenteral, transdermal and oral analgesics

The APRN will consult with the pain management physician as needed on the following inpatient pain service patients:

- Complex patients with epidural/intrathecal catheters
- Complex patients in the Intensive Care Units
- Patients with complex pain management needs
- Pediatric patients under the age of 6

New patients will be discussed, as needed, with the consulting pain management physician.

**Referrals to the Acute Pain Service (APS)** are generated by surgeons, anesthesiologists, other physicians, APRNs and PAs for the management of pain from operative or medical procedures, trauma or painful medical conditions. The Acute Pain Service will return the patient to the care of the referring service when the specialized pain treatment modalities are no longer required.

**Referrals to the Pain Management Center (ambulatory clinic)** are generated by multiple health care providers including primary care physicians and specialists for the management of chronic or cancer pain.

The APRN, in consultation with the pain management physician, sees, treats and develops a plan of care. Patients are seen by the interdisciplinary pain management team as needed. All ambulatory patients are discussed by the pain management team during team meetings.

**TREATMENT, MANAGEMENT AND EVALUATION**

For in-patients, care is planned and documented on a daily basis.

For clinic patients, treatment plans are developed and adjusted based on the dynamic needs of the patient.

The APRN, in collaboration with the pain management physician, will assess, monitor, evaluate pain, document and prescribe medical treatments for pain control. The pain management physician is available for phone and bedside consultation 24 hours a day.

Quality of care is monitored using a process oriented continuing quality assurance program. This program is in accordance with JCAHO and CARF standards and involves all members of the pain management team.

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Medical Director, Acute Pain Service

## REFERENCES FOR THE MANAGEMENT OF PAIN

American Pain Society. Principles of Analgesic Use in the Treatment of Acute and Chronic Pain: A Concise guide to Medical Practice (5th edition). 2003. Skokie, IL: American Pain Society.

Loeser, J. D. C. R. Chapman, Butler, S.H., Turk, D. C. Editors. Bonica's The Management of Pain Volume III 2001. Philadelphia, Lippincott, Williams & Wilkins.

M.A. Ashburn & L. J. Rice, The Management of Pain. 1998. New York, Churchill Livingstone.

M. McCaffery and C. Pasero., Pain: Clinical Manual (2<sup>nd</sup> Edition). 1999. St Louis, Mosby