Frequently Asked Questions Regarding Pain Management
(Note: Also refer to FAQ Regarding Range Orders)

Introduction: The Arizona State Board of Nursing has received questions regarding the scope of practice of the RN and LPN pertaining to pain management. Pain management will be based on criteria such as the nurse’s assessment, patient’s self-report, previous response to medication, patient’s description of the type of pain, time of pain, location of pain and other factors. The Arizona State Board of Nursing has approved the Scope of Practice Committee’s synopsis of questions and answers to provide to the nurses and the public. It is the intent of the Board of Nursing that these answers will serve to promote safe nursing practice in effective pain management.

1. What is the definition of pain management?
   Pain management is defined as the ongoing pain assessment, development, implementation and evaluation of a therapeutic pain management plan, as evidenced by adequate symptom management and/or notification to prescriber of inadequate pain relief/side effects. (Pasero, 1999)

2. Is it within the scope of practice for a Registered Nurse or Licensed Practical Nurse to administer a placebo medication for pain management (except in clinical trials for which the patient has provided consent)?
   Placebos should only be given when ordered by a health care provider as part of an approved research study where patients are aware and have given written consent that they may be receiving a placebo. If a health care provider orders a placebo for management of pain for a patient not in a research study, the nurse should advocate on behalf of their patient and consider a consultation with others within the agency if the health care provider is unwilling to change the order.

3. Is it within the scope of practice for the RN/LPN to accept pain management orders written by health care providers such as Nurse Practitioners, Certified Nurse Anesthetists, and Physician Assistants?
   Yes, the RN/LPN may implement pain management orders given by:
   a) A Nurse Practitioner with prescribing and dispensing privileges
   b) A Certified Registered Nurse Anesthetist (CRNA) with prescribing privileges
   c) A Physician’s Assistant
   The RN/LPN may not accept pain management orders given by a Clinical Nurse Specialist. The Nurse Practice Act does not currently allow prescribing and dispensing privileges by a Clinical Nurse Specialist.

4. How should the nurse respond in choosing a pain medication for administration if the health care provider writes multiple analgesic orders and does not give specific parameters for when to administer each specific medication?
   If multiple analgesic orders are written, the health care provider should include in the order when each analgesic should be administered and not to exceed dosage per number
of hours. E.g. Tylenol #2, 1-2 tablets PO every 4 hours for mild pain. Percocet, 1-2 tablets PO every 6 hours for moderate pain. Additional clarification should be obtained from the agency’s policy or clarified by the health care provider prescribing the medication.

5. **What is the nurse’s role in equianalgesic conversions?**
   Equianalgesic dose is defined as the dose of one analgesic drug that is equivalent in pain relieving potential to another analgesic drug. To ensure effective pain management, it is essential for nurses to be skilled in interpreting an equianalgesic table, calculating equianalgesic dosing, and advocating for safe doses of analgesics. While nurses are not independently responsible for choosing the medication, they are responsible for recognizing and giving the proper dose.

**References**

- Living Initiatives for End-of-Life Care. Joint Policy Statement Kansas Board of Healing Arts, Board of Nursing and Board of Pharmacy. Life Project Foundation, 1901 University, Wichita, KS
- Oncology Nursing Society Position on Cancer Pain Management. ONS Board of Directors, approved April 1998/November 2000
- California Board of Registered Nurses. Frequently Asked Questions Regarding Pain Management