

216-RICR-20-15-2

## TITLE 216 - DEPARTMENT OF HEALTH

### CHAPTER 20 – COMMUNITY HEALTH

#### SUBCHAPTER 15 – INFORMATION FOR HEALTH CARE PROFESSIONALS

##### PART 2 – Pain Assessment

### 2.1 Authority

These regulations are promulgated under the authority contained in R.I. Gen. Laws § 5-37.6-5(a) and are established for the purpose of adopting requirements relating to the assessment of pain by health care facilities and health care providers in Rhode Island.

### 2.2 Definitions

A. Wherever used in this Part, the following terms shall be construed as follows:

1. “The Act” means [R.I. Gen. Laws Chapter 5-37.6](#).
2. "Assessment of pain" means the act of assessing an unpleasant sensation occurring in varying degrees of severity as a consequence of injury, disease, or emotional disorder.
3. “Department” means the Rhode Island Department of Health.
4. “Director” means the Director of the Rhode Island Department of Health.
5. “Faces rating scale” means a pain intensity tool that contains graphical representations of faces in various stages of pain intensity, with a happy face representing no pain and a tearful face representing the worst possible pain.
6. "Health care facility", pursuant to [R.I. Gen. Laws Chapter 23-17](#), means any institutional health service provider, facility or institution, place, building, agency, or portion thereof, whether a partnership or corporation, whether public or private, whether organized for profit or not, used, operated, or engaged in providing health care services, including but not limited to hospitals; nursing facilities; home nursing care provider (which shall include skilled nursing services and may also include activities allowed as a home care provider, or as a nursing service agency); home

care provider (which may include services such as personal care or homemaker services or as a nursing service agency); nursing service agency; rehabilitation centers; kidney disease treatment centers; health maintenance organizations; free-standing emergency care facilities, and facilities providing surgical treatment to patients not requiring hospitalization (surgi-centers); hospice care, and physician ambulatory surgery centers/podiatry ambulatory surgery centers. The term "health care facility" also includes organized ambulatory care facilities which are not part of a hospital but which are organized and operated to provide health care services to outpatients such as central services facilities serving more than one health care facility or health care provider, treatment centers, diagnostic centers, rehabilitation centers, outpatient clinics, infirmaries and health centers, school-based health centers and neighborhood health centers; providing, however, that the term "health care facility" shall not apply to organized ambulatory care facilities owned and operated by professional service corporations as defined in [R.I. Gen. Laws Chapter 7-5.1](#) (the "Professional Service Corporation Law"), or to a private practitioner's (physician, dentist, or other health care provider) office or group of the practitioners' offices (whether owned and/or operated by an individual practitioner, alone or as a member of a partnership, professional service corporation, organization, or association). Individual categories of health care facilities shall be defined in rules and regulations promulgated by the licensing agency with the advice of the Health Services Council. Rules and regulations concerning hospice care shall be promulgated with regard to the "Standards of Practice for Hospice Programs", promulgated by the National Hospice and Palliative Care Organization. Any provider of hospice care who provides such hospice care without charge shall be exempt from the licensing provisions of [R.I. Gen. Laws Chapter 23-17](#), but shall meet the "Standards of Practice for Hospice Programs." Facilities licensed by the Department of Behavioral Health, Developmental Disabilities and Hospitals, and the Department of Human Services, and clinical laboratories licensed in accordance with R.I. Gen. Laws Chapter 23-16.2, as well as Christian Science institutions (also known as Christian Science Nursing Facilities) listed and certified by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. shall not be considered health care facilities for purposes of [R.I. Gen. Laws Chapter 23-17](#).

7. "Health care provider" means any person licensed by this state to provide or lawfully providing health care services, including, but not limited to, a physician, dentist, optometrist, nurse, podiatrist, physical therapist, nurse practitioner or physician assistant.

8. "Numeric rating scale" means a pain intensity tool that quantifies a patient's subjective pain for the health care provider. It may be visually or verbally administered and usually contains numbers 0--5 or 0--10 along a horizontal or vertical line, with 0 meaning "no pain" and 5 or 10 representing the worst pain imaginable.
9. "Pain" means an unpleasant sensation that can range from mild, localized discomfort to agony. Pain has both physical and emotional components. The physical part of pain results from nerve stimulation. Pain may be contained to a discrete area, as in an injury, or it can be more diffuse, as in disorders like fibromyalgia. Pain is mediated by specific nerve fibers that carry the pain impulses to the brain where their conscious appreciation may be modified by many factors.
10. "Pain" means a usually localized physical suffering associated with bodily disorder (as a disease or an injury); also a basic bodily sensation induced by a noxious stimulus, characterized by physical discomfort (as pricking, throbbing, or aching) and typically leading to evasive action; pain also may include mental or emotional distress or suffering.
11. "Pain intensity tool" means a tool for the evaluation of a patient's subjective pain which is a component of pain assessment. Common pain intensity tools include: faces rating scales, visual analog scales, descriptive verbal response to pain, behavior observation scale, and numeric rating scales.
12. "Person" means any individual, trust or estate, partnership, limited liability corporation, corporation (including associations, joint stock companies, and insurance companies), state, or political subdivision or instrumentality of a state.
13. "Regular basis" means a procedure done on a customary, usual, normal, orderly, even, or symmetrical schedule.
14. "Visual analog scale" means a horizontal or vertical representation of pain, with "no pain" anchored at one end of the scale and "worst possible pain" anchored at the other end. The patient is asked to mark where the pain intensity falls along the continuum.

### **2.3 General Requirements: Pain Assessment**

- A. Health care facilities and health care providers, as defined in this Part, shall conduct an assessment of pain experienced by a patient on a regular basis,

according to a written protocol established by the health care facility or health care provider, respectively.

- B. Pain shall be assessed in all inpatients upon admission, using a combination of patient's self-report, a health care provider's assessment, and/or a pain intensity tool. Pain assessment shall provide for an evaluation of, and/or further testing to collect additional information to determine any underlying causes or reasons for, the identified presence and severity of pain. As appropriate, assessments shall utilize a pain intensity tool and address the location, duration, onset, and characteristics of pain, the patient's goals, and alleviation of causative factors. Physical examination shall be conducted as indicated.
- C. Pain shall be assessed in all outpatients upon intake or initial evaluation using a combination of patient's self-report, a health care provider's assessment, and/or a pain intensity tool. Pain assessment shall provide for an evaluation of, and/or further testing to collect additional information to determine any underlying causes or reasons for, the identified presence and severity of pain. As appropriate, assessments shall utilize a pain intensity tool and address the location, duration, onset, and characteristics of pain, the patient's goals, and alleviation of causative factors. Physical examination shall be conducted as indicated.
- D. Outpatients presenting for diagnostic tests only (e.g., laboratory studies, radiological examinations) shall be exempted from the pain assessment requirements of this Part.
- E. On a regular basis, all patients shall be re-assessed for pain according to a written protocol established by the health care facility or health care provider.
- F. All pain assessments and re-assessments shall be documented in the patient's clinical record.
- G. More than one pain intensity tool may be used by the health care facility or health care provider. Provided, however, the same pain intensity tool shall be utilized consistently in assessing the same patient and provided the tool is, and continues to be, appropriate for the patient.
- H. At least annually, health care facilities shall ensure competency in pain assessment among appropriate clinicians as designated by the health care facility.

## **2.4 Penalties**

Penalties are pursuant to [R.I. Gen. Laws § 5-37.6-7](#).

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