• Inpatient Acute Service
  • Post-op pain (including pre-op opioid use)
  • Acute on chronic pain
    • Abdominal pain
    • Back pain
  • Cancer pain
  • Substance abuse with acute pain (in-patient addiction consult service available)
• Inpatient Chronic Service (managed by Fellow)
  • Stanford Comprehensive Interdisciplinary Program (SCIPP)
    • Pre-approval needed, seen by interdisciplinary outpatient team prior to being admitted
  • Pre-scheduled admits for ketamine, lidocaine, DHE infusions for various pain pathologies
• Interventional Pain Procedures
  • Usually done at ASC and are outpatient, rarely get admitted
STANFORD PAIN DIVISION TEAM

- Attending Physicians
  - 1 week rotations – Monday through Sunday
- Fellows
  - 2 week rotations – Monday through Sunday
- Residents
  - 1 month rotations
- Advanced Practice Provider (APP)
- Medical Student/Interns (intermittently, 1-2 week rotation)
- PACU resident and Regional team
Work closely with surgery, medicine & oncology to:

- Improve functional status
- Improve pain
- Decrease length of stay

By providing:

- Pain management regimens
  - For inpatient
  - For discharge
- Management of epidurals and peripheral nerve catheters
- Therapeutic communication
- Interventions for the inpatient acute population (not admitted from clinic)
  - Trigger point injections, scar injections, blood patch
STANFORD PAIN DIVISION
WORK FLOW

• Start in F3 (F322 Conference room) at 0700
  • Divide the patient list with APP(s) and residents
  • Receive sign out from night float
  • Pre round on assigned patients
• Meet at 9:00 outside of C-3 to start rounds with attending
  • Times/location will vary
  • 1100ish finish rounds, split new consults with all team members, work on notes, get lunch, bolus catheters, etc.

• Afternoon Rounds—1500ish
  • List rounds
  • Present new consults, brief updates on morning patients
  • Teaching
• 1800 sign out to chronic pain resident
On Units
- Be polite/professional with other teams, the nurses, the CNAs
  - Do not leave a mess
  - Tell RN when epidural/catheter is discontinued
- Evaluate patients
- Regular re-evaluation of patients
- Work closely with APPs, Fellows and Residents
- Communicate with primary teams
- Maximize patient recovery
  - Discharge comes first
STANFORD PAIN DIVISION ROUNDS

- Patient ID
- Primary diagnosis
- Additional medical diagnosis
- Referring physician
- POD #, procedure
- Site of epidural or nerve catheter, infusion/bolus
- Pain medications ➔ 24 hour totals
- Interval history
- Plan
- Update summary
STANFORD PAIN DIVISION CONSULTS

- Patient ID
- Referring physician
- What is the clinical question?
- Diagnosis
  - Interval history
- Evaluate the patient
- Plan
- Add to list and create summary line
STANFORD PAIN DIVISION
ADMINISTRATIVE ISSUES

• Initial consult and daily progress notes send to attending to cosign – if not able to, resident or APP can help take over note and send to attending

• Daily communication with primary teams
  • Pain medication plan
  • When to pull epidurals or nerve catheters (though some of this is protocolized)

• Maintain Pain Service Patient list, update summary lines, this is especially important for night float resident
STANFORD PAIN DIVISION
LIST MANAGEMENT

• To make your pain list:
• Click on “Edit list”, “Create my list”, name it, pick properties, “add to pain service list” is a mandatory property, accept
• Systems list, scroll to Pain Service and open, drag “Acute Pain” to your newly named list then drag Chronic Pain to you list (Not “Pain acute”)
To put patients on the list:

- Rounding tab, Care teams, Treatment team, type “TT Acute Pain”, enter, change to “consulting service”, accept

- Anesthesia may pick “yes” to pain consult, pt will appear on list, this pt may fall off the list if they go home the same day

- Anesthesia may pick “yes” to pain consult, pt will go thru PACU and PACU resident will add TT Acute Pain

To get off list:

- On your list you must add column “Add to Pain Service List”
- Left click “yes” under this column, then click “No” accept
- You also have to right click on pt’s name and end “TT Acute Pain”
DOCUMENTS INCLUDED IN EMAIL

Floor Management Guide – goes over doeses, anticoagulation, infusions, when to pull, day to day nuts and bolts of management

PACU Guide – what patients start out with after the operating room, just as a reference guide

Acute Pain Syllabus – reference guide to read and review topics

Pain Nimbus Guide – user’s manual for the infusion pumps