

Registered Nurses' Association of Ontario
Pain: Prevention, assessment and management
Fourth edition
February 2025

Comparing *Assessment and Management of Pain, Third Edition (2013) Best Practice Guideline* to the current *Pain: Prevention, assessment and management, Fourth edition BPG (2025)*

This document summarizes how the good practice statements, recommendations and indicators in the *Pain: Prevention, assessment and management, Fourth Edition Best Practice Guideline (BPG)* published in 2025 compare to the recommendations and indicators in the *Assessment and Management of Pain BPG*, published in 2013. This document will support the integration of new evidence that align with previously implemented recommendations, as well as track their progress by comparing how new indicators align with previous indicators in the previous edition of the BPG.

The methodology for developing the current 2025 BPG has changed since the previous edition. In accordance with GRADE (Grading of Recommendations, Assessment, Development and Evaluation) methods, the BPG addresses specific research questions posed by the expert panel, as well as additional good practice statements. As a result, not all recommendations were carried forward from the previous edition of the BPG to the 2025 edition.

Tables 1, 2 and 3 summarize how the practice, education, and organization and policy recommendations from the 2013 BPG compared to those in the current BPG. While recommendations from the previous edition BPG are addressed in the 2025 BPG, the recommendations may be phrased differently or appear in a different aspect of the BPG (e.g. implementation tips).

Tables 4, 5 and 6 summarize how structure, process and outcomes indicators from the 2013 BPG compare with those in the 2025 BPG.

As champions of evidence-based practice, best practices must be sustained to achieve optimal and enduring outcomes. With the publication of a new edition of a BPG, implementation teams are strongly encouraged to take proactive steps to support clinical staff and interprofessional teams to integrate the new knowledge and strategies (e.g., tools) into daily practice. This approach emphasizes the importance of sustaining knowledge use as a component of knowledge translation that requires tailored implementation activities, as well as ongoing monitoring and evaluation.

Comparing *Assessment and Management of Pain, Third Edition (2013)* with *Pain: Prevention, assessment and management, Fourth edition BPG (2025)*

Table 1: Practice Recommendations

<p style="text-align: center;">Relevant information in <i>Pain: Prevention, assessment and management, Fourth edition (2025)</i></p>	<p style="text-align: center;">Practice recommendations from <i>Assessment and Management of Pain, Third Edition (2013)</i></p>
<p>Good practice statement 1.0: It is good practice for all health providers to conduct initial and ongoing screening and assessment for pain with people in their care. Pain assessment includes a comprehensive, evidence-based assessment using a person- and family-centred care approach.</p> <p>Implementation tips</p> <ul style="list-style-type: none"> • Table 6: Pain screening and assessment by population and context <p>Appendices</p> <ul style="list-style-type: none"> • Appendix C: Comprehensive pain assessment mnemonic (OPQRSTUV) • Appendix D: Examples of pain screening and assessment tools 	<p>Recommendation 1.1:</p> <p>Screen for the presence, or risk of, any type of pain:</p> <ul style="list-style-type: none"> ■ On admission or visit with a health-care professional; ■ After a change in medical status; and ■ Prior to, during and after a procedure <p>Recommendation 1.2:</p> <p>Perform a comprehensive pain assessment on persons screened having the presence, or risk of, any type of pain using a systematic approach and appropriate, validated tools.</p> <p>Recommendation 1.3:</p> <p>Perform a comprehensive pain assessment on persons unable to self-report using a validated tool.</p>
<p>Good practice statement 1.0: It is good practice for all health providers to conduct initial and ongoing screening and assessment for pain with people in their care. Pain assessment includes a comprehensive, evidence-based assessment using a person- and family-centred care approach.</p>	<p>Recommendation 1.4:</p> <p>Explore the person’s beliefs, knowledge and level of understanding about pain and pain management.</p>
<p>Good practice statement 1.0: It is good practice for all health providers to conduct initial and ongoing screening and assessment for pain with people in their care. Pain assessment includes a comprehensive, evidence-based assessment using a person- and family-centred care approach.</p> <p>Appendices</p> <ul style="list-style-type: none"> • Appendix C: Comprehensive pain assessment mnemonic (OPQRSTUV) 	<p>Recommendation 1.5:</p> <p>Document the person’s pain characteristics.</p>

<ul style="list-style-type: none"> • Appendix D: Examples of pain screening and assessment tools 	
<p>Good practice statement 2.0: It is good practice to provide an integrative approach to pain prevention, assessment and management. An integrative approach (i.e., non-pharmacological and/or pharmacological strategies) includes individualized, person- and family-centred care.</p> <p>Implementation Tips</p> <ul style="list-style-type: none"> • Tips from the literature and expert panel on using a person- and family centred approach to pain assessment and management (e.g., providing culturally sensitive care, considering equity, diversity and inclusion) <p>Supporting Resources</p> <ul style="list-style-type: none"> • Resource documents on integrative approaches to pain management 	<p>Recommendation 2.1</p> <p>Collaborate with the person to identify their goals for pain management and suitable strategies to ensure a comprehensive approach to the plan of care.</p> <p>Recommendation 2.2:</p> <p>Establish a comprehensive plan of care that incorporates the goals of the person and the interprofessional team and addresses:</p> <ul style="list-style-type: none"> ■ Assessment findings; ■ The person’s beliefs and knowledge and level of understanding; and ■ The person’s attributes and pain characteristics.
<p>Good practice statement 2.0: It is good practice to provide an integrative approach to pain prevention, assessment and management. An integrative approach (i.e., non-pharmacological and/or pharmacological strategies) includes individualized, person- and family-centred care.</p> <p>Out of Scope</p> <ul style="list-style-type: none"> • Specific pharmacological interventions (dosing, prescribing, etc.) are outside of scope for this BPG edition <p>Scoping Review</p> <ul style="list-style-type: none"> • Summary of the extent, range and nature of research on non-pharmacologic approaches to pain management 	<p>Recommendation 3.1</p> <p>Implement the pain management plan using principles that maximize efficacy and minimize the adverse effects of pharmacological interventions including:</p> <ul style="list-style-type: none"> ■ Multimodal analgesic approach; ■ Changing of opioids (dose or routes) when necessary; ■ Prevention, assessment and management of adverse effects during the administration of opioid analgesics; and ■ Prevention, assessment and management of opioid risk. <p>Recommendation 3.2</p> <p>Evaluate any non-pharmacological (physical and psychological) interventions for effectiveness and the potential for interactions with pharmacological interventions.</p>
<p>Good practice statement 2.0: It is good practice to provide an integrative approach to pain prevention, assessment and management. An integrative approach (i.e., non-</p>	<p>Recommendation 3.3:</p> <p>Teach the person, their family and caregivers about the pain management strategies in their plan</p>

<p>pharmacological and/or pharmacological strategies) includes individualized, person- and family-centred care.</p> <p>Implementation Tips</p> <ul style="list-style-type: none"> • Tips from the literature and expert panel on using a person- and family centred approach to pain assessment and management (e.g., providing culturally sensitive care, considering equity, diversity and inclusion) 	<p>of care and address known concerns and misbeliefs.</p>
<p>Good practice statement 1.0: It is good practice for all health providers to conduct initial and ongoing screening and assessment for pain with people in their care. Pain assessment includes a comprehensive, evidence-based assessment using a person- and family-centred care approach.</p> <p>Implementation Tips</p> <ul style="list-style-type: none"> • Table 6: Pain screening and assessment by population and context <p>Appendices</p> <ul style="list-style-type: none"> • Appendix C: Comprehensive pain assessment mnemonic (OPQRSTUV) • Appendix D: Examples of pain screening and assessment tools • The BPG provides quality improvement details and indicators in the evaluation and monitoring chart (Best Practice Guideline Evaluation section). 	<p>Recommendation 4.1:</p> <p>Reassess the person’s response to the pain management interventions consistently using the same re-evaluation tool. The frequency of reassessments will be determined by:</p> <ul style="list-style-type: none"> ■ Presence of pain; ■ Pain intensity; ■ Stability of the person’s medical condition; ■ Type of pain e.g. acute versus persistent; and ■ Practice setting
<p>Good practice statement 1.0: It is good practice for all health providers to conduct initial and ongoing screening and assessment for pain with people in their care. Pain assessment includes a comprehensive, evidence-based assessment using a person- and family-centred care approach.</p> <p>Implementation Tips</p> <ul style="list-style-type: none"> • Considerations under the heading: How is pain to be assessed, measured and communicated? <p>Good practice statement 3.0:</p>	<p>Recommendation 4.2:</p> <p>Communicate and document the person’s responses to the pain management plan.</p>

<p>It is good practice for health service organizations and health systems to implement an interprofessional practice approach to pain prevention, assessment and management.</p> <p>Recommendation 1.0: The expert panel suggests that health service organizations provide access to a specialized interprofessional pain care team for the prevention, assessment and management of pain for people experiencing acute or chronic pain.</p>	
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Table 2: Education Recommendations

<p>Relevant information in <i>Pain: Prevention, assessment and management, Fourth edition (2025)</i></p>	<p>Education recommendations from <i>Assessment and Management of Pain, Third Edition (2013)</i></p>
<p>Good practice statement 4.0: It is good practice for academic institutions to provide comprehensive education for students entering health professions on pain prevention, assessment and management.</p>	<p>Recommendation 5.1: Educational institutions should incorporate this guideline, <i>Assessment and Management of Pain</i> (3rd ed.), into basic and interprofessional curricula for registered nurses, registered practical nurses and doctor of medicine programs to promote evidence-based practice.</p>
<p>Recommendation 2.0: The expert panel suggests that academic institutions implement interactive education for all students entering health professions on pain prevention, assessment and management.</p> <p>Implementation Tips</p> <ul style="list-style-type: none"> • Considerations from the expert panel regarding pain education and implementation into practice <p>Recommendation 3.0: The expert panel suggests that health service organizations implement opportunities for interactive education for all health providers on pain prevention, assessment and management.</p> <p>Implementation Tips</p> <ul style="list-style-type: none"> • Considerations from the expert panel regarding pain education and implementation into practice <p>Supporting Resources</p>	<p>Recommendation 5.2: Incorporate content on knowledge translation strategies into education programs for health-care providers to move evidence related to the assessment and management of pain into practice.</p>

<ul style="list-style-type: none"> Professional development resources and courses to advance pain education among health providers <p><i>Appendix</i></p> <ul style="list-style-type: none"> Appendix G: Description of the <i>Leading Change Toolkit</i> including the Social Movement Action framework and the Knowledge to Action framework 	
<p>Good practice statement 4.0: It is good practice for academic institutions to provide comprehensive education for students entering health professions on pain prevention, assessment and management.</p>	<p>Recommendation 5.3: Promote interprofessional education and collaboration related to the assessment and management of pain in academic institutions.</p>
<p>Good practice statement 5.0: It is good practice for health service organizations to provide interprofessional and discipline-specific education for all health providers on comprehensive pain prevention, assessment and management.</p> <p>Recommendation 3.0: The expert panel suggests that health service organizations implement opportunities for interactive education for all health providers on pain prevention, assessment and management.</p>	<p>Recommendation 5.4: Health-care professionals should participate in continuing education opportunities to enhance specific knowledge and skills to competently assess and manage pain, based on this guideline, <i>Assessment and Management of Pain</i> (3rd ed.).</p>

Table 3: Organization and Policy Recommendations

<p>Relevant information in <i>Pain: Prevention, assessment and management, Fourth edition (2025)</i></p>	<p>Organization and policy recommendations from <i>Assessment and Management of Pain, Third Edition (2013)</i></p>
<p>Good practice statement 5.0: It is good practice for health service organizations to provide interprofessional and discipline-specific education for all health providers on comprehensive pain prevention, assessment and management.</p> <p>Good practice statement 3.0: It is good practice for health service organizations and health systems to implement an interprofessional practice approach to pain prevention, assessment and management.</p>	<p>Recommendation 6.1: Establish pain assessment and management as a strategic clinical priority.</p>
<p>Good practice statement 3.0: It is good practice for health service organizations and health systems to implement an</p>	<p>Recommendation 6.2:</p>

<p>interprofessional practice approach to pain prevention, assessment and management.</p> <p>Recommendation 1.0: The expert panel suggests that health service organizations provide access to a specialized interprofessional pain care team for the prevention, assessment and management of pain for people experiencing acute or chronic pain.</p> <p><i>Appendix</i></p> <ul style="list-style-type: none"> • Appendix G: Description of the <i>Leading Change Toolkit</i> including the Social Movement Action framework and the Knowledge to Action framework 	<p>Establish a model of care to support interprofessional collaboration for the effective assessment and management of pain.</p>
<p>Good practice statement 3.0: It is good practice for health service organizations and health systems to implement an interprofessional practice approach to pain prevention, assessment and management.</p> <p><i>Implementation Strategies</i></p> <ul style="list-style-type: none"> • Summary of the <i>Leading Change Toolkit</i> to implement recommendations into practice <p><i>Appendix</i></p> <ul style="list-style-type: none"> • Appendix G: Description of the <i>Leading Change Toolkit</i> including the Social Movement Action framework and the Knowledge to Action framework 	<p>Recommendation 6.3:</p> <p>Use the knowledge translation process and multifaceted strategies within organizations to assist health-care providers to use the best evidence on assessing and managing pain in practice.</p>
<p><i>Implementation Strategies</i></p> <ul style="list-style-type: none"> • Summary of the <i>Leading Change Toolkit</i> to implement recommendations into practice <p><i>Appendix</i></p> <ul style="list-style-type: none"> • Appendix G: Description of the <i>Leading Change Toolkit</i> including the Social Movement Action (SMA) framework and the Knowledge-to-Action (KTA) framework 	<p>Recommendation 6.4:</p> <p>Use a systematic organization-wide approach to implement Assessment and Management of Pain (3rd ed.) best practice guideline and provide resources and organizational and administrative supports to facilitate uptake.</p>

Table 4: Structure Indicators

<p>Indicators in <i>Pain: Prevention, assessment and management, Fourth edition (2025)</i></p>	<p>Indicators from <i>Assessment and Management of Pain, Third Edition (2013)</i></p>
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Aligned with Good Practice Statement 5.0: Percentage of health providers who received education on comprehensive pain prevention, assessment and management	Percentage of healthcare providers attending sessions on best practices in assessing and managing pain
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Table 5: Process Indicators

Indicators in <i>Pain: Prevention, assessment and management, Fourth edition (2025)</i>	Indicators from <i>Assessment and Management of Pain, Third Edition (2013)</i>
Aligned with Good Practice Statement 1.0: Percentage of encounters where persons received documented screening for the presence of pain	Percentage of persons with documented screening for pain on admission or upon initiation of care
Aligned with Good Practice Statement 1.0: Percentage of persons who received a documented comprehensive assessment for pain	Percentage of persons who were assessed and treated for pain Percentage of persons who screened positive for pain with documented comprehensive pain assessment using a standardized tool with established validity.
Aligned with Good Practice Statement 2.0: Percentage of persons with a plan of care developed through a person- and-family centred integrative approach to pain management	Percentage of persons who screened positive for pain with a documented care plan for acute or persistent pain management.
Aligned with Recommendation 1.0: Percentage of persons who received care from a specialized interprofessional pain care team	People suffering complex pain are referred to resources and services in the organization or community as necessary. Evidence education and dissemination of information and resources on self-managing pain is available to people with pain or risk of, any type of pain and their family. Percentage of persons with complex pain for referral and seen by pain management services.

Table 6: Outcome Indicators

Indicators in <i>Pain: Prevention, assessment and management, Fourth edition (2025)</i>	Indicators from <i>Assessment and Management of Pain, Third Edition (2013)</i>
Percentage of persons who had documentation that their pain intensity was severe	Percentage of clients who reported their pain intensity. Improvement in quality of life or satisfaction. Person/family satisfaction
Percentage of persons with pain, who achieved desired pain management goals	Percentage of persons adhering to the pain management plan.
Percentage of persons with pain, who maintained desired pain management goals	Percentage of persons adhering to the pain management plan.

<p>Percentage of persons with worsened pain</p>	<p>Percentage of clients who reported their pain intensity.</p> <p>Improvement in quality of life or satisfaction.</p> <p>Person/family satisfaction</p>
<p>Percentage of persons who had documentation that they experienced effective pain relief</p>	<p>Percentage of persons who reported how well their pain was controlled.</p> <p>Improvement in quality of life or satisfaction.</p> <p>Person/family satisfaction.</p>
<p>Percentage of persons with chronic pain who had documentation that pain affected their activities of daily living (ADLs)</p>	<p>Percentage of persons who reported how well their pain was controlled.</p> <p>Improvement in quality of life or satisfaction.</p> <p>Person/family satisfaction.</p>