



# e-Network Forum

## CALIFORNIA BLOOD BANK SOCIETY

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### ***Do JCAHO requirements for pain management apply to patients undergoing autologous donation or therapeutic phlebotomy in a hospital donor center?***

A member (who is a compliance officer at a hospital blood bank/transfusion service) indicates that her donor services provide ambulatory patient care within a JCAHO accredited institution, and that the institution now needs to comply with a new JCAHO requirement regarding pain management. This requirement is in the JCAHO Comprehensive Accreditation Manual for Ambulatory Care on pain management which talks about pain management in ALL patients, but may apply to hospital donor centers that are 'doing' ambulatory care activity such as drawing autologous blood from patients or therapeutic phlebotomy (or apheresis) for patients. The specific standards that seem to apply are JCAHO Standards PE 1.4, TX 5.4 and PF 3.4:

**JCAHO Standard PE.1.4 Pain is assessed** in all patients. According to the JCAHO, the intent of PE.1.4 is as follows: In the initial assessment, the organization identifies patients with pain. When pain is identified, the patient can be treated within the organization or referred for treatment. The scope of treatment is based on the care setting and services provided. A more comprehensive assessment is performed when warranted by the patient's condition. This assessment and a measure of pain intensity and quality (e.g., pain character, frequency, location, duration), appropriate to the patient's age, are recorded in a way that facilitates regular reassessment and follow up according to criteria developed by the organization.

**JCAHO Standard TX.5.4 The patient is monitored** during the **post procedure** period. According to the JCAHO, the intent of TX.5.4 is as follows: The patient is monitored continuously throughout the post procedure period. The following items are monitored:

- a. Physiological and mental status;
- b. Status of or findings related to pathological conditions, such as drainage from incisions;
- c. Intravenous fluids and drugs administered, including blood and blood components;
- d. Impairments and functional status;
- e. Pain intensity and quality (for example, pain character, frequency, location, duration) and responses to treatments; and
- f. Unusual events or postoperative complications and their management.

**JCAHO Standard PF.3.4 Patients are educated** about pain and managing pain as part of treatment, as appropriate. According to the JCAHO, the intent of PF.3.4 is as follows: When appropriate, patients and families are instructed about understanding pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management, when identified as part of treatment.

**The member wants to know what other institutions are doing (if anything) to comply with the above JCAHO pain management requirements.** The member needs guidelines as the scope of a pain management protocol for her institution's blood donor services. She was told that assessment of pain is the fifth vital sign. ***Does this mean that donor centers must now assess for pain during the donor interview along with other vital signs, and continue to assess until post donation in case the donor complains of possible hematoma?***

This issue first was announced May 19, but as of June 3 **there have been no responses.** Surely **someone** has a comment.



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Please submit comments to the [e-Network Forum](#).

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CBBS e-Network Forum Editor & Moderator

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**Addenda:**

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