PAIN FREE
PROGRAM
Transformasi Konsep Rawatan
Pelanggan Bebas Kesakitan

PAIN FREE PROGRAM

Pain Free Manual

3RD EDITION

Ministry of Health
Malaysia

2023

Pain Free Program: Pain Free Manual 2023 (3rd Edition)

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FOREWORD

Pain whether acute or chronic pain, is a common symptom experienced by patients. Pain may lead to a lot of suffering and affects their recovery from their illness either directly or indirectly. The Ministry of Health (MOH) is aware of the challenges of improving pain management in our healthcare facilities. Hence, in 2008, the MOH initiated the Pain As 5th Vital Sign (P5VS) initiative. This initiative was followed by the Pain Free Hospital concept in 2011. The Pain Free Hospital concept emphasized on holistic pain management by using a multidisciplinary team approach that include Pharmacological (Anaesthesia and Analgesia), Modern Surgical Techniques (Minimally Invasive Surgery and Day Care Surgery), Non-Pharmacological (Physiotherapy, Occupational Therapy, Traditional and Complementary Medicine).

To date, there are 30 hospitals and 1 institution that have been certified with the Pain Free Hospital status. As the Pain Free Program grows, the P5VS initiative has been expanded to the Public Health Program and Oral Health Program. In 2016, Public Health Program started their P5VS as part of their pain management in the Health Clinic and Oral Health begin theirs in 2018. Through this Pain Free Program, close collaboration with Pharmacy Services Program has been established. This remarkable achievement of pain management through the involvement of other Programs proves that the MOH is committed to ensuring the best quality of care is delivered. The publication of this Pain Free Program Manual (Pain as 5th Vital Sign and Pain Free Hospital), 3rd Edition 2023 will become an important reference for our healthcare providers. Commitment and dedication of the healthcare providers are essential in ensuring the success and sustainability of this Pain Free Program. I sincerely hope that MOH will continue to provide the “pain free” experience to our patients through Pain Free Program.

Dato’ Dr Asmayani Khalib
Deputy Director General of Health (Medical)
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January 2023

PREFACE

Pain Free Program (PFP) initiative was launched by Minister of Health in 2008 which is inclusive of Pain as 5th Vital Sign (P5VS) and Pain Free Hospital (PFH). Pain as 5th Vital Sign (P5VS) is implemented for all healthcare facilities. Whereas Pain Free Hospital certification is awarded to hospital with specialists.

Malaysia embarks and acknowledges that Pain Management is a Fundamental of Human Right whereby Malaysia is one of the members in the Declaration of Montreal International Pain Summit (IPS) 2010 of International Association for the Study of Pain (IASP) which took place in Montreal, Canada have given in-depth attention to the relieved pain in the world. This include the right of all people to have access to pain management without discrimination; the right of people in pain to acknowledgment of their pain and to be informed about how it can be assessed and managed; and the right of all people with pain to have access to appropriate assessment and treatment of the pain by an adequately trained health care professional.

Appropriate assessment of Pain as 5th Vital Sign will lead to focus attention of unrelieved pain, triggering appropriate treatment interventions and adjustment. Appropriate treatment also includes access to pain medications including opioids and other essential medications for pain, and best- practice interdisciplinary and integrative nonpharmacological therapies, with access to professionals skilled in the safe and effective use of these medicines and treatments. At the same time, providing educational programs regarding pain assessment and treatment in all of the health care professions will ensure quality of pain management are optimal.

Lastly, I would like to thank my PFP committees in their supports and patience throughout the process of producing this 3rd Edition of Pain Free Hospital Manual.

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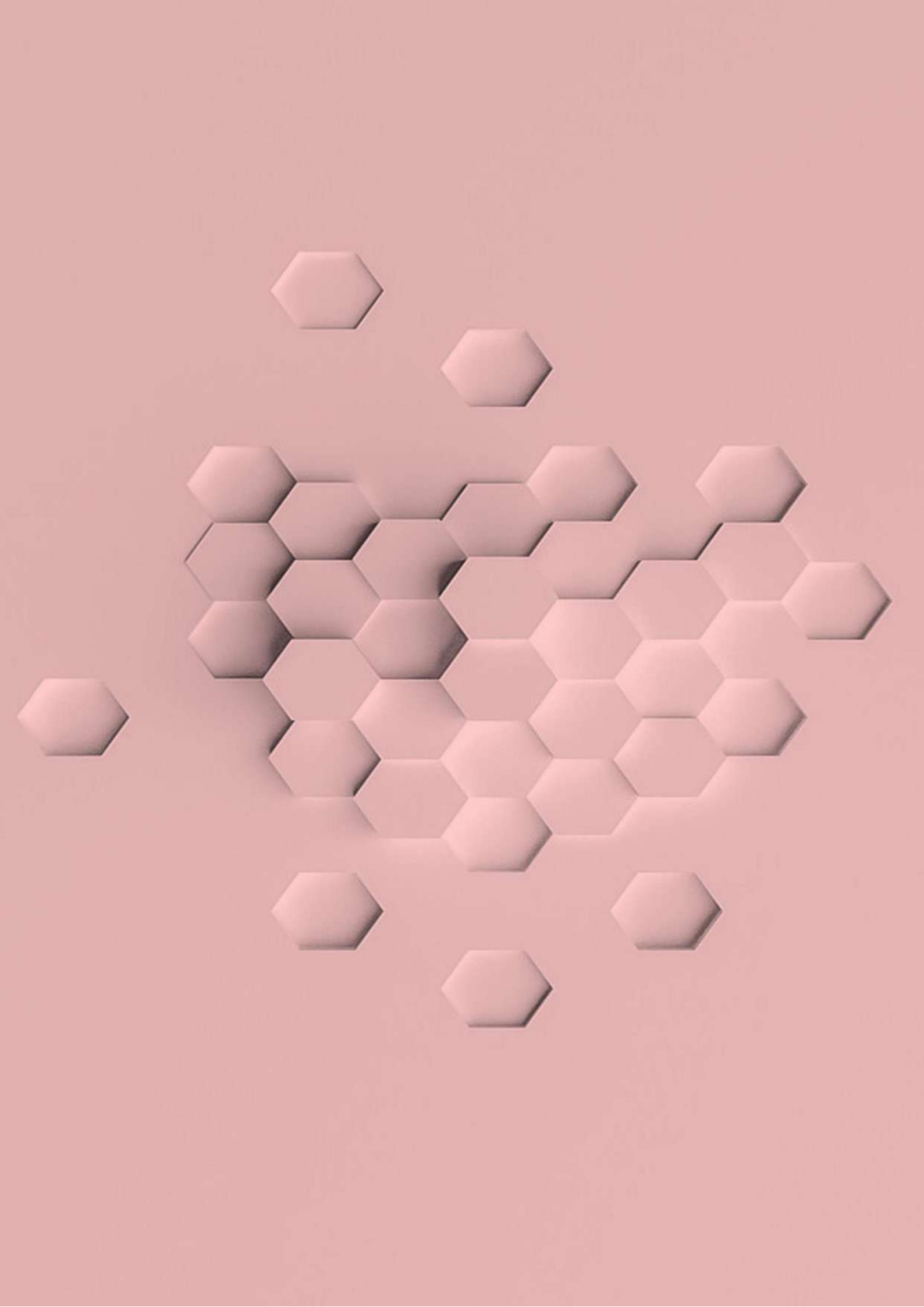

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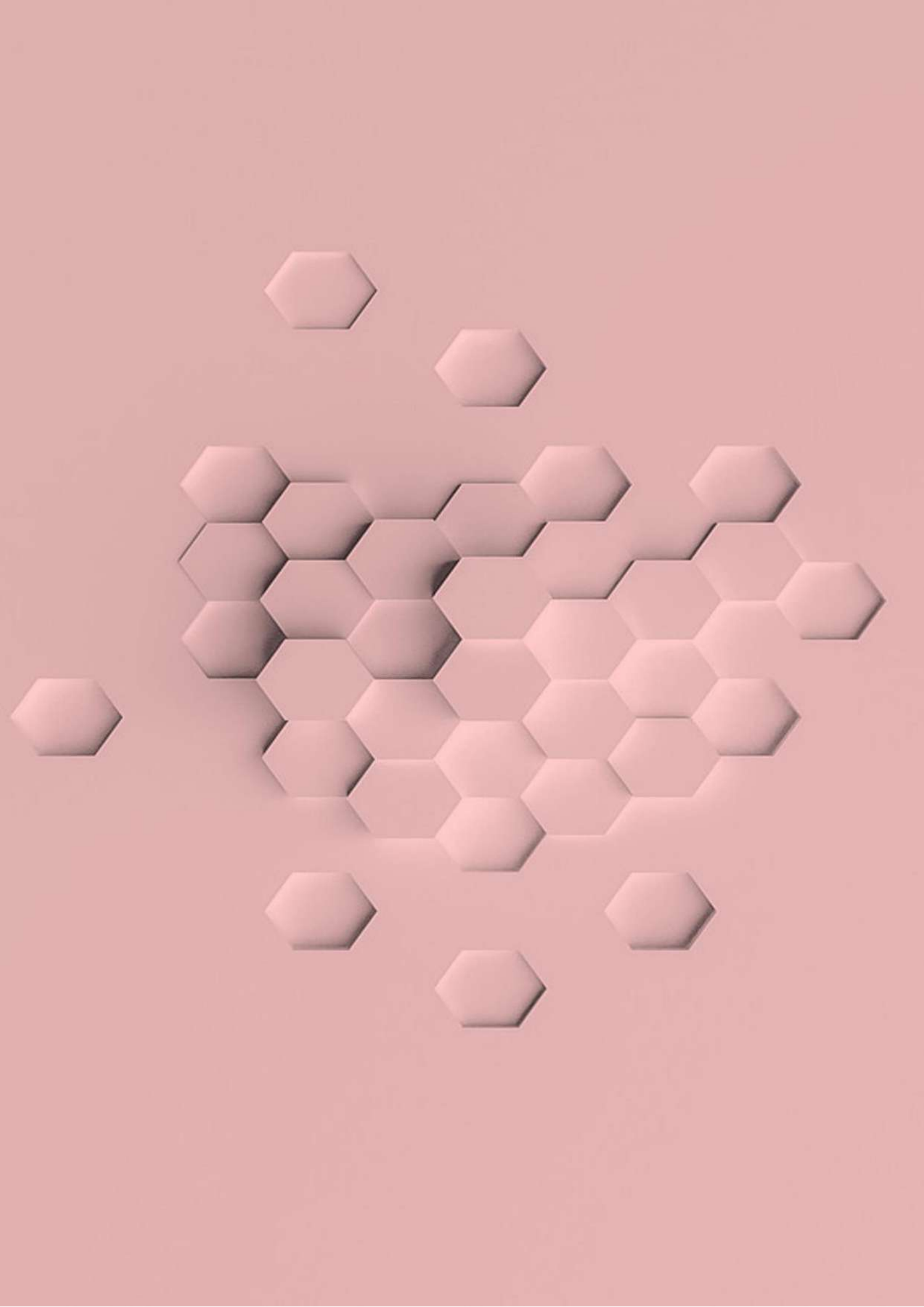


1. INTRODUCTION

1.1 BACKGROUND

Pain is one of the main reasons why patients are admitted to hospital and unrelieved pain is the reason why patients fear going to hospital, especially for surgery or other painful procedures. Pain is generally considered unavoidable. However, with modern drugs and techniques, there are many simple ways of relieving pain. Unfortunately, pain is often not well managed in hospitals. Some of the reasons for poor pain management include:

- Pain relief is not considered a priority in medical practice.
- Medical staff often lacks sufficient knowledge about pain and pain management.
- There are still many barriers to the use of opioid analgesics.

Initiatives to improve pain management have been started in many countries over many years. In Malaysia, Pain as the 5th Vital Sign was implemented in stages in MOH hospitals from 2008, and subsequently implemented in all healthcare facilities. The Declaration of Montreal, made at the International Pain Summit in 2010, states that “Access to Pain Management is a basic human right”. Policies and procedures for pain assessment and management is now a requirement for MSQH and JCI accreditation.

Implementing the concept of Pain Free Program has many benefits and promotes the concept of “patient-centered care” based on effective integration and optimal utilization of existing services.

Specific benefits for the patient:

- More comfortable and shorter hospital stay (or day stay only).
- Less risk of nosocomial infection. Decreased anxiety and stress.

Benefits for the hospital:

- Better customer satisfaction
- Optimal use of Ambulatory Care Centers by promoting the use of day surgery and minimally invasive surgery.

1.2 CONCEPTS

The main components of PFH are shown in the diagram below:

Anesthesia and Analgesia/ Pharmacological:

Promoting the use of regional anesthesia and establishment of protocols and pharmacological approaches for treatment of different types of acute pain which involves pharmacy services.

Modern Surgical Techniques and Day Care Surgery:

Promoting the use of Minimally Invasive Surgery (MIS) and Day Care Surgery (DCS) with excellent pain control.

Non-pharmacological/ Traditional and Complementary medicine (T/CM):

Promoting the incorporation of non-pharmacological techniques including physiotherapy, occupational therapy, T/CM (e.g. massage, acupuncture, deep breathing/relaxation) into pain management for all patients.

Pain Free Program will have the following features:

i. Implementing Pain as 5th Vital Sign:

- Ensure standards for pain assessment
- Recognize and treat pain promptly
- Ensure information about pain relief is available to all patients
- Promise patients' attentive analgesic care
- Policies for use of advanced technologies
- Monitor adherence to standards

ii. Promoting the use of Minimally Invasive Surgery (MIS) – smaller wounds mean less pain.

iii. Encourage day care surgery - provides safe and effective peri operative analgesia as well as post-operative monitoring and follow up of patients after discharge.

iv. Standardized protocols for analgesia for different types of acute pain.

v. Promoting increased use of regional anesthesia for peri-operative pain relief.

vi. Implementation of non-pharmacological techniques and integration with Traditional & Complementary medicine in promoting for pain relief and minimize side-effects of analgesics.

1.3 OBJECTIVES OF PAIN FREE PROGRAMS

i. Pain free surgery

ii. Pain free labour

iii. Pain free procedures

iv. Pain free rehabilitation

v. Pain free discharge

2. POLICY STATEMENT ON PAIN FREE PROGRAM

i. Pain is one of the Vital Signs.

ii. Pain is assessed in all patients.

iii. Standardized pain assessment tools must be applied consistently.

iv. Healthcare providers should listen and respond promptly to patient's report of pain and manage pain appropriately.

v. Healthcare facility staff should be continually educated & aware about pain assessment & management.

3. PATIENT CHARTER (PIAGAM PELANGGAN)

This health care facility will endeavour to provide you with a pain free experience.

We pledge to treat pain from all conditions including pain from acute medical conditions, surgery, trauma, cancer and labour.

Your pain will be given prompt attention and managed within one hour.

All patients with pain will be assessed and treated by trained professionals; for those with acute pain conditions, we aim to achieve a pain score of less than 4.

Pain control will be individually tailored using appropriate medications as well as non-pharmacological methods including traditional and complementary medicine.

Our health care professionals will monitor your pain score and care for your comfort throughout your health care facilities stay.

****

Fasiliti kesihatan ini akan memastikan anda bebas daripada kesakitan.

Kami berjanji akan merawat semua keadaan kesakitan termasuk yang berpunca dari penyakit akut perubatan, pembedahan, trauma, kanser dan sakit bersalin.

Kesakitan anda akan diberi perhatian segera dan dirawat dalam masa satu jam.

Semua pesakit yang mengalami kesakitan akan dinilai dan dirawat oleh kakitangan profesional terlatih; bagi kesakitan akut, matlamat kami adalah untuk mencapai tahap kesakitan kurang daripada 4.

Pengurusan kesakitan akan diberi secara individu dengan menggunakan kaedah pemberian ubat dan bukan ubat, termasuk perubatan tradisional dan komplementari.

Warga profesional kesihatan akan sentiasa memantau tahap kesakitan dan keselesaan anda semasa berada di fasiliti-fasiliti kesihatan

4. CRITERIA FOR PAIN FREE HEALTH CARE FACILITIES (HOSPITAL/CLINIC)

All health care facilities are required to have the following:

Mandatory:

- ✓ A written policy on pain free program in all MOH healthcare facilities (hospitals/health clinics/ dental clinics)
- ✓ Implement Pain as the 5th Vital Sign
- ✓ Practice standardized treatment protocols for management of acute pain
- ✓ Conduct training for all health care staff on knowledge and skills in pain assessment and management
- ✓ Educate patients and get them actively involved in their own pain management
- ✓ Carry out regular audit of pain assessment and management practices and outcomes
- ✓ Use multi-disciplinary team approach in pain management
- ✓ Incorporate non-pharmacological technique into pain management practices

Optional:

- ✓ Have a policy and guidelines on Minimally Invasive Surgery
- ✓ Have a policy and guidelines on Day Care Surgery
- ✓ Incorporate T/CM into pain management practices

CRITERIA CHECKLIST FOR PAIN FREE HEALTHCARE FACILITIES CERTIFICATION

Criteria	Assessment checklist	Comments
Criteria 1: A written policy on pain free program a. Specialist Hospital b. Non-Specialist hospital c. Health Clinic d. Dental Health Clinic	**1.1.** PFP Policy incorporated as one of the health care facility's policies (MANDATORY)	An adapted PFP policy is available Hospitals (Quality Unit)
	1.2. Client Charter on Pain management	Must be displayed in patients' contact areas at ETD, clinics, wards.
	1.3 PFP committee: • members from all disciplines (refer KKM. 600-28/2/10 JLD2(43)) • meetings (twice a year)	Documented evidence in PFP file: • List of PFP committee members • Minutes of meetings • Attendance list
Criteria 2: Implementation of Pain as the 5th Vital Sign (P5VS) a. Specialist Hospital b. Non-Specialist hospital c. Health Clinic d. Dental Health Clinic	**2.1** Pain score charted in the vital signs' observation form (electronic or paper)	Patient pain orientation done. Pain scores must be documented as for all other vital signs and at reassessment. *Site of pain indicated in the observation chart/ body chart/ clinical notes
	2.2 Flow charts for P5VS (Doctors and Paramedics) are available in ETD, wards or clinics.	Flowcharts must be displayed (either on wall or in specified place e.g. pain free folder)
	2.3 Paramedics know about the policy that Pain is the 5th Vital Sign in all clinical areas.	Paramedics should know about the policy statement of Pain Free Hospital. Any Paramedics can be asked about this policy
	2.4 Pain scoring is correctly done. *Assess together with criteria 5.2	Ask patient if staff have asked them about their pain and pain score

Criteria	Assessment checklist	Comments
Criteria 3: Standardized treatment protocols for management of acute pain	**3.1** Acute Pain Management Protocols is available	Protocols must be available in Acute Pain Management folder. Acute Pain Management Handbook should be available for easy reference in all clinical areas
Criteria 3.1 and 3.2: a. Specialist Hospital b. Non-Specialist hospital c. Health Clinic d. Dental Health Clinic	**3.2** Analgesic ladder for acute pain management is available in all ETD/wards/clinics for HCW reference (T&CM clinic not applicable)	Analgesic ladder should be easily accessible in all ETD/wards and clinics HCW reference (e.g. as poster on the wall or in drug charts or elsewhere, e.g. in folder / pain free corner)
Criteria 3.3: a. Specialist Hospital	**3.3** Regional Analgesia is used as post-op pain management.	Data and records on RA implementation should be available and verified. (Minimum data required up to two (2) months before audit day – refer Pain Free Manual)
Criteria 4: Train healthcare staff on knowledge and skills in pain assessment and management a. Specialist Hospital b. Non-specialist Hospital c. Health Clinic d. Dental Health Clinic	**4.1** Regular P5VS training for • Specialist • Medical officer • House officer • nurses • AMO • Allied health staffs. • T&CM practitioner • Pharmacists	Data and records on trainings conducted for each category of staff should be available. (CME, CNE, TOT, Seminars and workshops) Target: • ≥ 60% of all staff should be trained within past 3 years • Training valid for 3 years • Data by category should be made available • Monitoring done by hospital Pain Free committee • Data will be kept in Quality Unit
	4.2 Regular Acute Pain Management courses for nurses, AMO and doctors.	Data and records on the Acute Pain Management courses conducted and number of doctors, AMO, nurses and allied health personnel trained in Acute Pain should be available • For new application: Data of training at least 1 - 3 years after formation of PFH committee at the hospital

Criteria	Assessment checklist	Comments
Criteria 5: Patient education and involvement in their pain management a. Specialist Hospital b. Non- specialist Hospitals c. Health Clinic d. Dental Health Clinic	**5.1** Patient information sheets/posters/ videos or other educational materials	Should be available at all patient's contact areas (e.g., ETD, clinics, wards, murals, etc.).
	5.2 Patient feedback on pain score, treatment and options	Any patient or care giver can be asked if they have been educated about pain and pain management techniques.
Criteria 6: Regular audits on pain assessment and management a. Specialist Hospital b. Non- specialist Hospital c. Health Clinic	**6.1** Survey and audit data on doctors, nurses, AMO, allied health, pharmacist and patient (Refer appendix 1, appendix 2 & appendix 5)	Data collected and analyzed on yearly basis and records of all audit(s) are available, including results and follow-up actions. Survey performance: • Patients survey performance (≥80%) • Staff survey AMO, allied health, pharmacist (≥80%) • Doctors' audit (≥80%) • NNA (≥90%)
	6.2 Review of pain management by doctors	Doctors' clinical practice • Knowledge • Technique of assessment • Documentation • Management
	6.3 Knowledge assessment for pharmacist in pain management	
Criteria 7: Policy and guidelines on Minimally invasive surgery a. Specialist Hospital only	**7.1** MOH (or Hospital adapted) policy on MIS	Should be available in hospital policy and surgical-based disciplines departments policy
	7.2 Training, credentialing and privileging (C&P) of surgeons in MIS	Evidence: File C&P for MIS with list of surgeons privileged with MIS procedures
	7.3 Data on MIS	Data and records on MIS procedures for different discipline are available
Criteria 8: Policy and guidelines on Day Care Surgery Specialist Hospital only	**8.1** MOH policy on Day Care Surgery available	Should be available in surgical-based departments. (Mandatory) • Operation Theater • Anesthesia Clinic Surgical Base Department, Wards& clinic

<table>
<tr><th>Criteria</th><th>Assessment checklist</th><th>Comments</th></tr>
<tr><td rowspan="2"></td><td>8.2 Day Care Surgery data of cases under Anesthesia</td><td>Data of cases should be available (hospital wide target ≥ 20%).
Minimal requirement:<table><tr><th>%</th><th>Score</th></tr><tr><td>0</td><td>0</td></tr><tr><td>≤5</td><td>0.5</td></tr><tr><td>≤10</td><td>1</td></tr><tr><td>≤15</td><td>1.5</td></tr><tr><td><20</td><td>2</td></tr><tr><td>≥ 20</td><td>3</td></tr></table></td></tr>
<tr><td>8.3 Day Care Surgery data collection</td><td>Should be available in Day Care monthly data collection</td></tr>
<tr><td rowspan="2">Criteria 9:
Multidisciplinary team approach in pain management
a. Specialist Hospital
b. Non- specialist hospital
c. Health Clinic
d. Dental clinic</td><td rowspan="2">9.1 Evidence indicating multidisciplinary management of patient:
• Pre-operative/ non-surgical/ medical patients
• Post-operative patients</td><td>Patients' records managed by APS team, physiotherapists, pharmacists, other disciplines by referral</td></tr>
<tr><td>Data and records of Multidisciplinary ward rounds or case discussions.</td></tr>
<tr><td>Criteria 10:
Incorporate non-pharmacological and T/CM into pain management practices
a. Specialist Hospital
b. Hospital without specialist
c. Health Clinic</td><td>10.1 List of types of non-pharmacological methods and or application of T/CM methods in pain management.</td><td>Information and evidence of types of non-pharmacological techniques used.
• Data and records of cases (e.g. massage, acupuncture, needling therapy)
• Written evidence in nursing report/ any clinical documentation
• Physiotherapist, Occupational Therapist report
• T&CM referral and report</td></tr>
<tr><td rowspan="2">Criteria 11:
Involvement of State Health Department
• Quality Unit
• Bhg Amalan
• KA
• Dental</td><td>11.1 A written policy on pain free program</td><td>An adapted PFP policy is available at State Health Department (Quality Unit)</td></tr>
<tr><td>11.2 PFP committee:
members from all disciplines (refer KKM.600-28/2/10JLD2(43) meetings twice a year)</td><td>Documented evidence in PFP file:
• List of PFP committee members
• Minutes of meetings
• Attendance list</td></tr>
</table>

5. PAIN FREE PROGRAM (PFP) COMMITTEE MEMBERS

5.1 HOSPITAL WITH SPECIALIST

POSITION	
Advisor	Hospital Director
Chairman	Hospital Deputy Director *(as appointed by the Hospital) Director)
Deputy Chairman 1	Anaesthesiologist / Surgeon
Deputy Chairman 2	Surgeon / Any other specialties
Secretary / Secretariat	Quality Unit Officer
Members	Anaesthesiologist
	All Surgical Disciplines
	O&G Specialist
	Paediatrician
	Physicians
	Emergency Physicians
	Specialists from other disciplines
	Matron/Hospital Supervisor
	Sisters/AMO from selected disciplines
	APS Sister or staff nurses
	Pharmacist
	T/CM practitioner (where available)
	Physiotherapist
	Occupational Therapist
	Rehabilitation Physician
	Dental Officers
	OPD Medical Officer (if applicable)
	Education Officer

5.2 NON-SPECIALIST HOSPITAL

POSITION	
Chairman	Hospital Director
Deputy Chairman	Medical Officer
Secretary / Secretariat	Quality Unit Officer
Members	Medical Officer
	Matron / Hospital supervisor
	Sisters
	Nurses
	Assistant Medical Officer
	Pharmacist
	Physiotherapist
	Occupational Therapist
	OPD Medical Officer (if applicable)
	Health Education Officer

5.3 PUBLIC HEALTH FACILITY

POSITION	
Chairman	District Health Officer
Deputy Chairman	Family Medicine Specialist
Members	Medical Officer
	Matron
	Sister
	Nurses
	Assistant Medical Officer
	Pharmacist
	Physiotherapist
	Occupational Therapist
	Health Education Officer

5.4 DENTAL HEALTH FACILITY

POSITION	
Chairman	Dental District Officer
Deputy Chairman	Dental Specialist
Members	Dental Officer
	Matron
	Sister
	Dental Nurse
	Dental Assistant
	Pharmacist

6. DUTIES AND RESPOSIBILITES OF PFP COMMITTEE

6.1 General duties:

i. Coordinate and conduct Training for Pain as 5th Vital Sign for HCWs.

ii. Monitoring of implementation of P5VS in wards.

iii. Monitoring of Day Care Surgery: numbers and quality (phone call to patient at home)

iv. Monitoring of MIS:

- Number of surgeons trained
- Number of procedures performed per year
- Valid Credentialing & Privileging

v. Overseeing the formation of Multidisciplinary teams to do clinical round or multidisciplinary discussion on selected patient.

vi. Monitoring of non-pharmacological techniques and T/CM (when applicable) for pain management.

vii. Monitoring the use of regional analgesia for post-operative pain management.

viii. Conducting training workshops on pain management.

ix. Patient's educations activities – information sheets, public talks and exhibition, videos, social media, etc.

x. To ensure adequate resources in Pain Free Programme activities

6.2 The duties and responsibility of specific units:

6.2.1 Primary Unit

General Duties

i. To be a member of multidisciplinary team.

ii. To contribute & facilitate in all activities related to the implementation of the Pain Free Health care facilities concept.

iii. To promote other non-pharmacological techniques of pain management.

iv. To help in developing awareness, training and education of HCWs in managing acute pain.

v. To ensure adherence to the standard protocols and monitoring in pain management.

vi. To participate in patient education regarding pain management.

vii. To ensure continuous evaluation and audit of pain management activities in their respective facilities.

viii. To assist, facilitate or conduct clinical research / clinical audit activities in pain management.

ix. To improve the management of non-surgical acute pain

x. To ensure data collection, data monitoring, data analysis and data dissemination of Pain Free Programme activities

xi. To execute the Pain Free Programme in Healthcare facilities.

Additional for Surgical Based Disciplines

i. To identify patients for Day Care surgery

ii. To ensure adherence to the guidelines & protocols for Day Care surgery.

iii. To provide training for minimally invasive surgery.

iv. To explain to patients about Day Care surgery & minimally invasive surgery

v. To perform continuous evaluation and audit of day care surgery & minimally invasive surgery

vi. To assist, facilitate or conduct clinical research / clinical audit activities on minimally invasive surgery

vii. To develop awareness, train and educate HCWs in minimally invasive surgery

viii. To promote day care surgery and MIS

ix. To ensure assessment and management of post-op pain including day care surgery.

x. To ensure validity of C&P

6.2.2 Acute Pain Services Team (APS)

i. To be a member of multidisciplinary team.

ii. To conduct a proper recruitment, assessment and follow-up for APS patients by providing adequate resources (e.g. staff, facility, equipment, etc.) in managing pain.

iii. To liaise with other clinical departments in order to provide an individualized, multidisciplinary approach to pain management.

iv. To provide awareness, training and education for HCWs in managing acute pain.

v. To implement standardized protocols in various techniques of pain management.

vi. To implement standard APS monitoring for patients (refer attachment/appendix)

vii. To perform continuous evaluation and audit of pain management.

viii. To encourage clinical research in acute pain management services.

6.2.3 Obstetric Analgesia Team:

i. To be a member of the multidisciplinary team.

ii. To provide safe and effective labour analgesia using simple technique including non-pharmacology approaches (e.g. physiotherapy, TENS, massage, T/CM).

iii. To coordinate the team of healthcare providers who are involved in providing peri-partum analgesia.

iv. To provide 24-hour obstetric analgesia service whenever possible.

v. To promote teamwork between the anesthesiology and obstetric teams.

vi. To improve post-partum analgesia in the ward.

vii. To participate in patient's education on peri-partum pain relief.

viii. To provide continuous medical education on the principles and practice of obstetric analgesia.

ix. To conduct audit of obstetric analgesia services.

x. To encourage clinical research in obstetric analgesia services.

xi. To contribute & facilitate in all activities related to the implementation of Pain Free Health care facilities concept.

6.2.4 Pharmacists

i. To be a member of the multidisciplinary team.

ii. To identify new case and accept referrals requiring pain medication therapy management.

iii. To obtain medication history and perform medication reconciliation

iv. To assess patients' knowledge and understanding on pain medication

v. To identify pharmaceutical care issues involving drug-related problems such as inadequate and inappropriate drug regimen, possible drug - drug and drug - food interactions, adverse drug reactions and possible side effects

vi. To perform individualized counselling with regard to the pain medications.

vii. To monitor patient's response towards the pain therapy

viii. To ensure continuity of care by using proper documentation for patient referral to other facility.

ix. To document and report any adverse drug reactions identified to related authority.

x. To provide continuous medical education to create awareness and educate both public and other health care providers.

xi. To provide continuous pharmacy education to ensure better provision of pharmaceutical care in pain management.

xii. To perform regular drug utilization review towards promoting optimization of pain medication resources.

6.2.5 Physiotherapist

Physiotherapist play an important role in the management of **ACUTE** and **CHRONIC** Pain. Besides pain management, physiotherapist will plan and promote preventive strategies to avoid complications in functional activities.

i. Physiotherapy management in **acute pain**

Objectives:

- To reduce pain
- To promote relaxation
- To enhance functional ability
- To reduce length of stay
- To minimize progression to chronic pain

Tasks:

- Timely response to acute pain referral within first 48 hours
- To provide a thorough assessment and planned physiotherapy intervention based on physiotherapist's impression
- To facilitate breathing retraining techniques
- To deliver immediate acute pain management: POLICE / PRICE approach
- To deliver evidence-based pain modalities such as conventional electrotherapy or High-End Technology Equipment
- To deliver evidence-based manual therapy such as mobilization or manipulation
- To correct posture
- To empower patient practicing correct ergonomic in functional activity
- To deliver home exercise program & patient education

ii. Physiotherapy management in **chronic pain**

Objectives:

- To empower coping mechanism
- To empower functional mobility
- To enhance relaxation
- To reduce pain
- To inhibit prolong immobility
- To prevent recurrence

Tasks:

- To provide a thorough assessment and planned physiotherapy intervention based on physiotherapist's impression
- To empower breathing control techniques
- To participate and enhance CBT program
- To deliver evidence-based manual therapy such as mobilization or manipulation
- To correct posture
- To empower patient practicing correct ergonomic in functional activity
- To deliver home exercise program & patient education

iii. To collaborate with multidisciplinary teams in pain management

iv. To empower the practice of ERAS (Enhanced Recovery After Surgery) for all surgical cases

v. To deliver effective and efficient patient and caregiver education

- Nature and mechanism of pain
- Patient's current condition and ability in physical function
- Coping mechanisms during flare up
- Exercise programs (according to frequency, intensity, time & type (FITT)/pacing technique in ward/home (HEP- Home exercise programme)
- Activity modification & limitations

vi. To perform audit on pain management in inpatient and outpatient services

vii. To encourage clinical research in pain management.

6.2.6 Occupational Therapist

i. Member of multidisciplinary team pain free program

ii. To perform a comprehensive assessment and use non-pharmacological approach to treat acute and chronic pain pertaining to psychosocial and environmental factors that contribute to pain and the impact of pain on occupation of daily life.

iii. The core intervention is activity management to resolve an imbalance of under activity or over activity, which includes:
- activity analysis
- skill development and activity adaptation
- problem-solving
- prioritizing, planning and pacing of activities.

iv. To use ergonomics, communication skills training, coping skills training, relaxation training, stress management and environmental modification.

v. To enable individuals to achieve satisfying occupational balance to support recovery, health, wellbeing and social participation.

vi. To perform audit and to encourage clinical research on rehabilitation for pain conditions.

vii. To provide continuous training to ensure best of care.

6.2.7 Traditional & Complementary Medicine Team

i. To be a member of multidisciplinary pain management team.

ii. To follow clinical rounds and case discussion where relevant

iii. To administer appropriate treatment when indicated.

iv. To encourage clinical research in role of T&CM services in pain management where relevant.

7. TRAINING & EDUCATION

7.1 TRAINING OF HCWs

i. At least 60% of health care facilities staff must have attended the training of Pain as the 5th Vital Sign.

ii. A regular training program must be in place for HCWs via physical or virtual.

iii. All HCWs should be trained in Pain as the 5th Vital Sign.

iv. A refresher course on pain management is required every 3 years.

v. Protocols and guideline on management of pain should be available for reference in all clinical areas (hardcopy / softcopy).

7.2 PATIENT EDUCATION

i. All patient should be educated on pain and its management in all clinical areas.

ii. Pamphlets, posters or other form of information on pain management should be made available to patients.

8. IMPLEMENTATION

8.1 SUGGESTED PAIN FREE PROGRAM CERTIFICATION GANTT CHART

Health Facility Task	Year: ……..													
Month	Months before	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Within 3 months
Request For Certification	⟷													
Study The Pain Free Standards	⟷													
Education & Support from National Pain Free Hospital (TOT)		⟷												
Awareness Program for staff (TOT)		⟷	⟷	⟷	⟷									
Understand, Interpret and Prepare		⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷				
Implementation Plan				⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷
Application and Gap Analysis								⟷	⟷	⟷				
Overcome shortfalls										⟷				
Pre Audit Document Submission to National Committee											⟷			
Audit for Certification												⟷	⟷	
Received Preliminary report& respond (if needed)														⟷
Received Preliminary report& respond (if required)														⟷

8.2 SUGGESTED IMPLEMENTATION TIMELINE

Implementation Task	2nd month		3rd month		4th month		5th month		6th month		7th month		8th month	
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Training on Pain as 5th Vital Sign														
Charting Pain Score and Assessment														
Implementing Pain Management guideline														
Multidisciplinary round/discussion														
Hospital Committee Meeting														
Audit: Implementation of P5VS –Cross Audit (inter-department)														
Patient's satisfaction Audit														
Pain as 5th Vital Sign Audit for staff														

9. MULTIDISCIPLINARY APPROACH:

i. The health care facilities shall organize a schedule for multidisciplinary pain management ward rounds or discussions on selected cases.

ii. Attendance records for multidisciplinary ward rounds or case discussions should be available.

iii. All multidisciplinary case should be discussed, managed and documented.

10. PAIN FREE CERTIFICATION

10.1 CERTIFICATION AUTHORITY:

The Pain free certification authority utilizes 2 tier systems as follows:

1. National Level

The National Pain Free Programme is under the purview of the Ministry of Health (Medical Program) and in collaboration with the Public Health Programme, Oral Health Programme and the Pharmaceutical Services Programme.

2. National Technical Committee

The National Technical Committee is responsible for the certification of healthcare facilities under MOH, Malaysia.

i. Formation of audit team for pain-free certification;
ii. Analyze and approve the report of the Audit team
iii. Submit recommendations on certification to the Deputy Director General of Health (Medical Program) and the Director of Medical Development Division and acknowledged by the DG
iv. Review criteria, standards and procedures from time to time
v. submit proposals for changes to Deputy Director General of Health (Medical Program) and the Director of Medical Development Division.

The National Technical Committee is chaired by an anesthesiologist and its members comprises of representatives from the all-relevant disciplines. Each appointment will be valid for a period of three years.

The Clinical Audit Unit, of the Medical Development Division is appointed as the Secretariat.

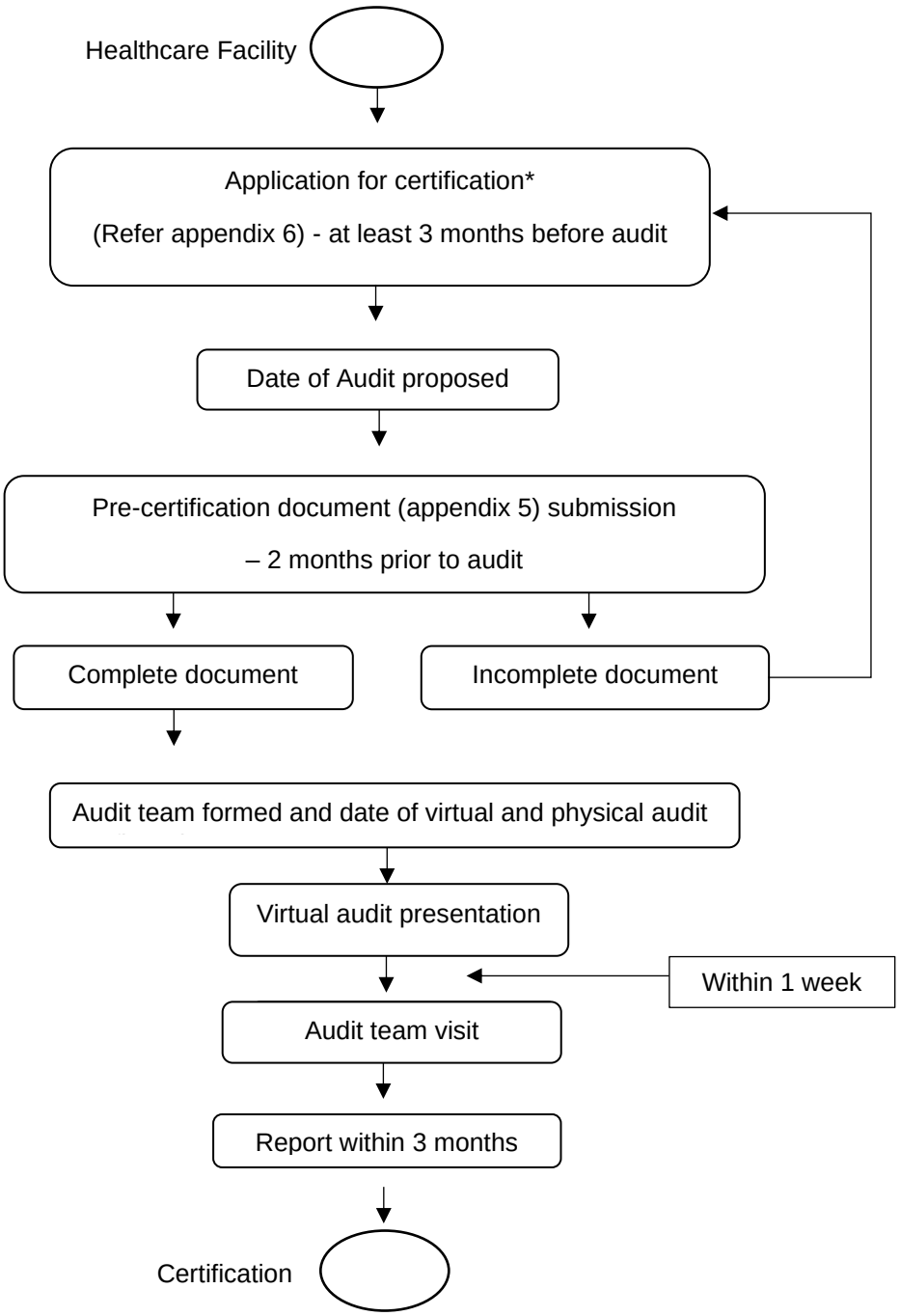
The National Technical Committee shall at all times, to avoid biasness, abide by the Rules of Natural Justice which amongst others include:

i. Rules against bias

ii. Rules for the fair hearing

iii. Reasoned decisions

10.2 PROCESS FLOW CHART (Figure 1)



10.3 PFH CERTIFICATION PROCESS

1. Process for Certification

The method and procedures of certification process are as follows:

i. Application for certification:

The Healthcare facilities intending to go for Pain free programme certification should apply at least 3 months in advance to the National Committee (refer appendix 6) and inform State Health Department.

The National Committee will propose and inform the Healthcare facilities on the date of audit as well as liaise with the State Health Department.

ii. Pre-certification documents submission:

The healthcare facility needs to submit the pre-certification documents i.e. *Laporan Tahunan Perlaksanaan* (Refer to appendix 5) to the Secretariat 2 months prior to audit.

iii. Selection of Audit Team:

Upon approval of application, the National Technical Committee will appoint an Audit Team.

iv. The Audit Process:

Audit process consists of 2 parts:

- Virtual presentation by the facility with Q & A session by audit team
- Audit team visit within a week of the virtual presentation.

During the visit, the Team validates the facility's documentation by interviewing staff, patients and others associated with service delivery and management and inspects the physical resources.

The Team's chairperson provides an oral exit report to the facility's management and staff that covers the Team's views about the strengths and weaknesses of the services delivery, areas that need attention and distinctive activities to be encouraged. Input from the discussion is integrated into the detailed draft report of the Audit Team's findings.

v. The Certification Draft Report:

The secretariat is responsible for compiling a final draft report from every member of the team. The draft report is submitted to Audit team for comments. The Audit team will deliberate on the comment and appeals by the facility.

vi. Decision of Certification:

The Chief Auditor will present the final report to the National Technical Committee.

The National Technical Committee will deliberate, approve the report and make recommendations for certification to the Deputy Director General of Health (Medical Program) and the Director of Medical Development Division

vii. Appeal:

If the facility fails, the facility may appeal to the National Technical Committee for review.

viii. Pre-requisite of Application of Certification

The healthcare facilities should conduct internal audits at least once a year as follows:

- Implementation of P5VS (Appendix 1&2) – doctors, nurses and AMO
- Patient satisfaction Audit (Appendix 3)
- P5VS Staff Audit (Appendix 4)

The audit result should be available in the Quality Unit of the healthcare facilities.

The audit result should be submitted to the National Secretariat every year by the 31st January of the following year.

10.4 CERTIFICATION:

A facility will be awarded with either any of the following:

- Pass (≥ 80%) Certification validity period of 4 (FOUR) years
- Conditional Pass (70%-79) Certification validity period of 2 (TWO) years. Targeted audit within 2 years to acquire a Pass certification.
- Fail (<70%). i) May appeal for conditional pass ii) submit new application for audit

10.4 MONITORING:

During the period of certification, the State Health Department is responsible for monitoring the standards of the acquired certification.

10.6 THE CONDUCT OF A CERTIFICATION VISIT:

This guideline sets out the procedures for conducting a certification visit Audit. The procedures are divided into three parts:

Pre-audit

- As mentioned above in pre requisite
- Facility is advised to setup a task force for certification consisting of liaison officers and customize the tentative schedule for the audit
- Director of the healthcare facility and the Pain Free Committee should be involved
- The healthcare facility will prepare a “home/document room” for the Audit team
- The healthcare facilities should provide food, accommodation and transportation for the Audit team during physical visit
- The healthcare facilities should communicate with the National Secretariat to ensure a smooth flow of the audit.
- The healthcare facilities prepare the virtual presentation as per format provided by the National Secretariat
- State Health Department should prepare for the 11th criteria

During Audit

i) Virtual presentation

- The softcopy of the presentation should be submitted to the National Secretariat on the morning of the virtual presentation
- All members of the Pain Free Programme Committee of the healthcare facility must attend the virtual presentation (min 75% attendance is compulsory)
- State Health Department should present on measures taken for Pain Free Programme at the state level and specifically for the healthcare facility that is going for audit
- Healthcare facility should ensure good audiovisual quality throughout presentation
- The Advisor / the Chairman of the healthcare facility should present on the overview of the healthcare facility
- The Deputy Chairman of the healthcare facility should present on the 10 criteria of the Pain Free Programme
- Presentation should not exceed 2 hours in total.

State Health Department	**15-30 mins**
Chairman/ Advisor	**15-30 mins**
Deputy Chairman	**Max 1 hour**
Q&A by auditors	

ii) Audit Visit

- Audit visit will be held within 1 week post virtual presentation
- The Liaison Officer should brief the Auditors on the tentative schedule (refer Appendix 7) and guide the Auditors to the respective areas for auditing and provide with a floor plan of the healthcare facility
- The healthcare facility being audited should ensure all documents are made available for the Auditors in the “home/document room”.
- Discussion among auditors on the audit findings and marks
- Exit Conference (audit findings, recommendations and preliminary results will be presented to the healthcare facility by the Chief Auditor)
- The state Health Department representative as well as the Director of the healthcare facility should attend the Exit Conference

Post Audit

- The Chief Auditor should prepare and present the report to the National Technical Committee for verification
- Report and result should be completed within 3 months of the audit
- The healthcare facility will be notified via a formal letter

Tasks and Responsibilities of the Audit Team

i) The Chief Auditor

- The Chief Auditor is expected to lead the audit and serves as the team’s spokesperson.
- The Chief Auditor should prepare the report and present to the National Technical Committee.

ii) The Audit Team Secretary

- The National Secretariat acts as the Audit Team Secretary and assist in preparation of the final Audit report.

iii) Auditors

- Auditors assist the chief Auditor and secretariat in collecting data. Auditors contribute in deliberating and producing the final report.

Decorum and Conduct of Audit team

i. The purpose of the certification team is to:

- Determine if the facility is in compliance to the standards.
- Validate the database and to fill out missing information
- Assist facilities to improve standards.

ii. The audit team should maintain professionalism throughout the audit period.

iii. The audit team must validate the data and records based on criteria checklist.

iv. All information gained during the visit is **CONFIDENTIAL**.

Writing The Audit & Certification Report

i. The report should consist the audit findings, recommendations, strengths and weaknesses of the healthcare facility (refer appendix 5)

ii. The committee secretariat should send a copy of approved report to the Audited healthcare facility.

iii. The Pain Free Committee Advisor / Chairman may query any inconsistencies and update the secretariat with evidence.

iv. The audit report must be held in confidence and not released to anyone without the authorization from the National Committee.

v. The certification status is public information but the Audit findings and deliberations and report of the Audit team and the National Technical Committee are **CONFIDENTIAL.**

vi. The certification report format (refer appendix 5)

11. RESOURCE MATERIAL

11.1 **Teaching and training resource materials** are available in MOH website: www.moh.gov.my > Penerbitan > Program Bebas Kesakitan> Bahan Pendidikan

The available material:

i. Essential Pain Management – The R.A.T Approach
ii. Incorporating TCM into Pain Management
iii. Introduction To Pain Free Programme MOH
iv. Multidisplinary Approach Towards Pain Free Programme
v. Occupational Therapy in Pain Management
vi. P5VS-Module for Doctors
vii. P5VS-Module for Nurses & AMO
viii. Pain Assessment in Intensive Care Unit
ix. Pain Free Approach Through Daycare Surgery and Minimally Invasive Surgery (MIS)
x. Pain Free Hospital Concept – How to Achieve
xi. Pain Free Programme - Audit Form
xii. Pain Management in Emergency and Trauma Department
xiii. Pain Management in O&G
xiv. Pain Management in Older Person
xv. Pain Management in Paediatrics
xvi. Pain Management in Triage
xvii. Procedural Sedation and Analgesia in Emergency and Trauma Department
xviii. Role of Pharmacist in Pain Free Program
xix. Role of Physiotherapist in Pain Management
xx. TOT Pain Free 2022 Module Oct 2022

11.2 **Available guidelines and manual** are available in MOH website: www.moh.gov.my --> Penerbitan --> Program Bebas Kesakitan--> Garis panduan. The books have also been distributed to all health care facilities with specialists

11.3 **Audit forms**

The Audit forms can also be retrieved from the MOH website: www.moh.gov.my -> Penerbitan -> Program Bebas Kesakitan -> Garis panduan

i. *Borang Audit Pelaksanaan Kesakitan sebagai Tanda Vital ke 5:*
Appendix 1; *Jururawat , Paramedik*
Appendix 2; Doctor
ii. *Borang Soal Selidik Pesakit*: Appendix 3
iii. Pain as the Fifth Vital Sign: Staff Survey / *Borang soal selidik anggota kerja*: Appendix 4
iv. *Laporan Tahunan Pelaksanaan Tahap Kesakitan Sebagai Tanda Vital Kelima*: Appendix 5
v. Application form for Pain Free Programme (Facility) Certification Visit: Appendix 6

11.4 Other materials

Duties and responsibilities of different members of the Multidisciplinary team are outlined in the Appendices below:

i. Primary unit
ii. Acute Pain Service Team
iii. Obstetric Analgesia Team
iv. Pharmacists
v. Physiotherapists
vi. Occupational Therapist
vii. Traditional and Complementary Medicine Team

11.5 Other forms

Other forms that may be useful in the implementation of PFH are also included in the Appendices

i. Pharmacotherapy Review (CP2) for IT Hospital and non-IT Hospital
ii. Nota rujukan pesakit

APPENDIX

12. APPENDIX

APPENDIX 1

NNA E5 AF 5.6

Pain 5th Vital Sign Nursing Audit Form*

N.B. Instructions for Auditors

1. Tick (√) at the appropriate column; 2. If the item is optional, tick N/A; 3. S/T/D indicate soft skill / technical skill /documentation respectively
4. *Applicable to be used by AMO. Subject to approval by *Bahagian Kejururawatan* dan *Lembaga Perubatan*.

S/N	ITEM */PERKARA*	SOURCE OF INFORMATION *SUMBER MAKLUMAT*	YES/ *YA*	NO/ *TIDAK*	N/A
S1	Smile and Greet / acknowledge patient *Senyum dan beri salam kepada pesakit*	Listen & Observe nurse *Dengar dan perhati*			
S2	Explain / inform the purpose of the pain assessment ruler *Menerangkan/memberitahu pesakit tujuan penilaian skala tahap kesakitan*	Listen & Observe nurse *Dengar dan perhati*			
T1	Teach patient to give pain scores *Mengajar pesakit cara memberitahu skor kesakitan*	Listen & Observe nurse *Dengar dan perhati*			
T2	Reteach if necessary *Mengajar semula sekiranya perlu*	Listen & Observe *Dengar dan perhati*			
	Pain Score (Skor Kesakitan) < 4 (0-3)				
T3	Follow the Pain flow chart for nursing action *Mengikut carta aliran kesakitan untuk tindakan kejururawatan*	Observe nurse *Perhati*			
T4	Ask patient whether she is comfortable and needs any medication *Bertanya sama ada pesakit selesa atau memerlukan ubatan*	Listen & Observe nurse *Dengar dan perhati*			
D1	Document pain score *Merekod skor kesakitan*	Observe & check document *Perhati & periksa dokumen*			
T5	Carry out nursing action *Meneruskan tindakan kejururawatan*	Observe nurse *Perhati*			
D2	Document nursing action *Merekod tindakan kejururawatan*	Observe & check document *Perhati dan periksa dokumen*			

S/N	ITEM */PERKARA*	SOURCE OF INFORMATION *SUMBER MAKLUMAT*	YES/ *YA*	NO/ *TIDAK*	N/A
	If pain score is (sekiranya skor kesakitan) ≥ 4 (4-10)				
D3	Document pain score *Merekod skor kesakitan*	Observe & check document *Perhati dan periksa dokumen*			
T6	Check Doctor's prescription ordered *Memeriksa preskripsi yang diarahkan oleh doctor*	Observe nurse *Perhati*			
T7	Inform doctor if analgesics not ordered *Beritahu doktor sekiranya analgesik tidak diarahkan*	Listen & Observe nurse *Dengar & Perhati*			
T8	Check time of last dose analgesics. *Memeriksa waktu terakhir dos analgesik diberikan*	Observe nurse *Perhati*			
T9	Serve medication as prescribed OR Carry out nursing action as required. *Memberikan ubat mengikut preskrepsi ATAU meneruskan tindakan kejururawatan yang perlu*	Observe nurse *Perhati*			
D4	Record analgesics served. *Merekod analgesik selepas diberi.*	Observe & check document *Perhati dan periksa dokumen*			
T10	Reassess pain score 30 mins – 1 hour after serving of analgesics. *Nilai semula skor kesakitan 30 minit sehingga 1 jam selepas analgesik diberi*	Observe nurse *Perhati*			
D5	Record reassessed pain score *Rekod penilaian semula skor kesakitan*	Observe & check document *Perhati dan periksa dokumen*			
T11	Advice patient to inform nurse if pain is not relieved *Nasihat pesakit supaya memberitahu jururawat sekiranya kesakitan tidak berkurangan*	Listen / Observe Nurse *Dengar/Perhatikan*			

S/N	ITEM /*PERKARA*	SOURCE OF INFORMATION *SUMBER MAKLUMAT*	YES/ *YA*	NO/ *TIDAK*	N/A
S3	Listen, respond promptly and politely to patient's questions. *Dengar dan respon segera dengan sopan pertanyaan dari pesakit*	Listen & observe nurse *Dengar/Perhatikan*			
S4	Give reassurance and make patient comfortable *Mententeramkan dan memberi keselesaan kepada pesakit*	Listen & observe nurse *Dengar/Perhatikan*			
D6	Accurate and complete documentation. *Dokumentasi yang tepat dan lengkap*	Check document *Periksa dokumen*			

AUDIT REPORT (Please [√] in the appropriate box)

Criteria	Item	Conformance	Non conformance	N/A
Technical	11			
Documentation	6			
Soft skill	4			
Total	21			

Conformance ☐ ***Non-Conformance*** ☐

REMARKS

NO.	REMARKS

Auditor 1[Name and Signature]: ……

Auditor 2 [Name and Signature]: ……

**Calculation:

$$\frac{\text{Item Conformance}}{\text{Total Item – Item N/A}} \times 100$$

APPENDIX 2

BORANG AUDIT PELAKSANAAN DOKTOR *PAIN AS THE FIFTH VITAL SIGN* (P5VS)
(30% daripada jumlah katil yang diwartakan)
***DIISI OLEH AUDITOR UNTUK MENILAI PELAKSANAAN DOKTOR**

	SOALAN	YA	TIDAK
1.	Adakah doktor tahu dokumen rujukan (iaitu garis panduan P5VS) wujud? (Fail/ *Folder Pain Management Kit*) *Disoal kepada doktor		
2.	Jika ya, adakah doktor tahu dimana letaknya dokumen rujukan tersebut? (fail/ komputer) *Disoal kepada doktor		
3.	Adakah tahap kesakitan anda (pesakit) dinilai oleh doktor? (pesakit) Cth: pembaris skala, tahap kesakitan (*pain score*) (pesakit)		
4.	Adakah anda (pesakit) telah diberi penerangan perawatan kesakitan oleh doktor? (pesakit)		
5.	Adakah tahap kesakitan pesakit dicatat oleh doktor di dalam fail pesakit? (fail pesakit)		
6.	Sekiranya, tahap kesakitan pesakit >/= 4, adakah tindakan di ambil oleh doktor? (fail pesakit)		
7.	Sekiranya, tindakan diambil, adakah penilaian semula dijalankan oleh doktor? (fail pesakit)		
JUMLAH (Soalan 1-7)			

KESIMPULAN	
a) Bagi tahap kesakitan < 4 (Soalan 1-5): Keberkesanan pelaksanaan P5VS (Berkesan jika jumlah jawapan 'Ya' adalah ≥ 4)	
b) Bagi tahap kesakitan ≥ 4 (Soalan 1-7): Keberkesanan pelaksanaan P5VS (Berkesan jika jumlah jawapan 'Ya' adalah ≥ 6)	

SOALAN	CATATAN (REMARKS)
1	
2	
3	
4	
5	
6	
7	

Disempurnakan oleh:

……

Auditor 1
Nama :

Disempurnakan oleh:

……

Auditor 2
Nama :

Terima kasih atas kerjasama anda.

APPENDIX 3

BORANG AUDIT PESAKIT *PAIN AS 5TH VITAL SIGN*

(30% daripada jumlah katil yang diwartakan)

SOAL SELIDIK UNTUK DIJAWAB OLEH PESAKIT

(Sila jawab semua soalan dibawah. Kerjasama tuan/puan amatlah dihargai untuk menjayakan kajian ini. Terima kasih.)
Objektif kajian ini adalah untuk mendapatkan pendapat anda mengenai penilaian dan pengurusan kesakitan pesakit bagi tujuan meningkatkan lagi mutu perkhidmatan dan kepuasan pelanggan di hospital ini.

BUTIRAN: **LOKASI :**

a. Jantina : Lelaki/ Perempuan

b. Kumpulan Umur :

<12 tahun	☐	12-20 tahun	☐
21-30 tahun	☐	31-40 tahun	☐
41-50 tahun	☐	51-60 tahun	☐
61-70 tahun	☐	>70 tahun	☐

c. Warganegara : Malaysia/ Bukan Malaysia

d. Tahap Pendidikan : Sekolah Rendah/Sekolah Menengah/ Pengajian Tinggi / Tiada

BIL	SOALAN	YA	TIDAK
1.	Adakah anggota kesihatan menilai tahap kesakitan anda :		
2.	Adakah penerangan yang diberi oleh anggota kesihatan tentang tahap kesakitan dan rawatan kesakitan senang difahami?		
3.	Adakah rawatan kesakitan diberikan pada jangka masa yang berpatutan?		
4.	Adakah penilaian tahap kesakitan penting untuk keselesaan anda?		
5.	Adakah anda mendapat rawatan kesakitan yang memuaskan selama anda dirawat di fasiliti kesihatan?		

KESIMPULAN	
LULUS (≥4 YA)	
TIDAK LULUS (≤3 YA)	

Disempurnakan oleh:

……..

Nama Pesakit

Terima kasih atas kerjasama anda.

APPENDIX 4

PAIN AS THE FIFTH VITAL SIGN: STAFF AUDIT

A. Gender: Male/ Female

B. Post:
Doctor	: HO / MO / Specialist / Consultant
Nurses	: JM / SN/ Sister / Matron
Allied Health	: PT / OT
Pharmacist	: Pharmacist
AMO	: AMO
Dental	: Dental Asst / Dental Nurse / DO / Dental Specialist
T&CM Practitioner	:

C. Department: _____

D. Have you attended course on P5VS or read the guideline? Yes / No

No of years in service:

- ☐ <2 years
- ☐ 2-<5 years
- ☐ 5- <10 years
- ☐ >10 years

Age (years):

- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ >50

Instructions: Please tick (√) at the appropriate boxes

No	**Question** *Soalan*	Yes *Ya*	No *Tidak*	Not Sure *Tidak Pasti*
1.	Pain assessment should be done **ONLY** on admission. *Penilaian tahap kesakitan **HANYA** perlu dilakukan semasa kemasukan ke wad/jabatan kecemasan dan trauma.*			
2.	Pain scoring should **ONLY** be done when the patient complains of pain. *Penilaian tahap kesakitan **HANYA** perlu dilakukan kepada pesakit yang mengadu sakit.*			
3.	If pain relief is given to the patient regularly it will mask all signs of complications or severity of disease. *Jika ubat analgesik diberi mengikut jadual, ia akan mengaburi kesemua tanda komplikasi dan ketenatan penyakit.*			
4.	Implementing pain as the fifth vital sign improves patient care. *Pelaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 meningkatkan kualiti penjagaan pesakit.*			
5.	Implementing pain as the fifth vital sign may reduce the patient's length of stay in health care facilities. *Pelaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 akan mengurangkan tempoh pesakit tinggal di health care facilities.*			

6.	Implementing pain as the fifth vital sign will improve patient's satisfaction with the healthcare service. *Pelaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 akan meningkatkan tahap kepuasan pesakit terhadap perkhidmatan kesihatan.*			
7.	Post-operative care must involve pain management. *Penjagaan selepas pembedahan perlu melibatkan rawatan kesakitan*			
8.	A patient who keeps asking for morphine must be addicted to it. *Pesakit yang sering meminta morfin semestinya ketagih kepada ubat tersebut*			
9.	Multimodal analgesia provides better pain management *Kombinasi pelbagai ubat analgesik dapat memberikan melegakan kesakitan dengan lebih baik*			
10.	Multidisciplinary approach is ineffective in pain management. *Pendekatan pelbagai disiplin tidak efektif dalam pengurusan kesakitan*			

CONCLUSION ***KESIMPULAN***	
PASS (8 ≥ YES) *LULUS (8 ≥YA)*	
FAIL (≤7 YES) *TIDAK LULUS (≤7 YA)*	

***Not Sure – 0 mark**
****Tidak Pasti – 0 markah***

Disempurnakan oleh:

…….

Nama Pesakit:

Thank you for your cooperation.

Terima kasih atas kerjasama anda

APPENDIX 5

LAPORAN TAHUNAN PELAKSANAAN TAHAP KESAKITAN SEBAGAI TANDA VITAL KELIMA (PEKELILING KPK BIL.9/2008) DI PERINGKAT NEGERI & FASILITI KESIHATAN KKM

NAMA FASILITI :
TAHUN :

BIL	AKTIVITI	SASARAN PENCAPAIAN					
		Hospital Berpakar		Hospital Tanpa Pakar		Klinik Kesihatan	
1.	Mesyuarat Jawatankuasa Peringkat JKN 2 kali setahun.	100%		100%		100%	
		Pensijilan	**Tanpa pensijilan**	**Pensijilan**	**Tanpa Pensijilan**	**Pensijilan**	**Tanpa Pensijilan**
2.	Mesyuarat Jawatankuasa Peringkat Fasiliti 2 kali setahun.	100%		100%		100%	
3.	Latihan Program Bebas Kesakitan peringkat Negeri / Fasiliti sekali setahun. *TOT / Bengkel	100%		100%		100%	
4.	CME *Pain as 5th Vital Sign* di peringkat jabatan diadakan sekurang-kurangnya sekali setahun Jumlah anggota yang dilatih mengikut kategori: a. Pakar Perubatan b. Pegawai Perubatan c. Pegawai Perubatan Siswazah Jururawat (semua kategori) d. Penolong Pegawai Perubatan e. Anggota Kesihatan Bersekutu f. Pegawai Farmasi g. Pembantu Perawatan Kesihatan	100% Bilangan dan peratus anggota yang dilatih setahun		100% Bilangan dan peratus anggota yang dilatih setahun		100% Bilangan dan peratus anggota yang dilatih setahun	

5.	Jumlah CNE Program P5VS A. Hospital (Jabatan/Wad):4 kali setahun B. Klinik kesihatan : 2 kali setahun	100%	50%	100%
6.	Jumlah CME Program P5VS kepada Penolong Pegawai Perubatan : 4 kali setahun	100%	100%	100%
7	*Internal Audit* Pelaksanaan *Pain as the Fifth Vital Sign* dijalankan sekali setahun. A. Hospital i) Doktor ii) Jururawat iii) Penolong Pegawai Perubatan B. Klinik kesihatan i) Doktor ii) Jururawat iii) Penolong Pegawai Perubatan C. Kajian soal selidik kepuasan pelanggan (point prevalence) sekali setahun Rujuk *Appendix 3*	Sampel saiz: Doktor: Melibatkan sekurang-kurangnya 30% daripada jumlah katil hospital. (Appendix 2) Jururawat & PPP: Melibatkan sekurang-kurangya 30% daripada jumlah anggota. (Appendix 1) Semua Staf: Melibatkan sekurang-kurangya 30% daripada jumlah anggota. (Appendix 4) Pelanggan Melibatkan sekurang-kurangnya 30% daripada jumlah pesakit di hospital pada hari audit	Sampel saiz: Doktor: Melibatkan sekurang-kurangnya 30% daripada jumlah katil hospital. (Appendix 2) Jururawat & PPP: Melibatkan sekurang-kurangya 30% daripada jumlah anggota. (Appendix 1) Semua Staf: Melibatkan sekurang-kurangya 30% daripada jumlah anggota. (Appendix 4) Pelanggan Melibatkan sekurang-kurangnya 30% daripada jumlah pesakit di hospital pada hari audit	Melibatkan sekurang-kurangnya 80% daripada jumlah anggota kesihatan di klinik.

Laporan ini berkuat kuasa pada 2018 dan perlu dihantar setiap tahun mulai 2022

APPENDIX 6

APPLICATION FORM FOR PAIN FREE PROGRAMME (FACILITY) CERTIFICATION

Healthcare Facility's Name :

Healthcare Facility's Address :

Director's Name :

CATEGORY OF FACILITY	
TYPE OF APPLICATION (NEW APPLICATION/ RECERTIFICATION)	
YEAR OF PAIN FREE COMMITTEE FORMED	
NUMBER OF DEPARTMENTS	
TOTAL NO OF BEDS	

Address to: Unit Audit Klinikal, Cawangan Kualiti Penjagaan Perubatan, Bahagian Perkembangan Perubatan, Aras 4, Blok E1, Kompleks E, Presint 1, Pusat Pentadbiran Kerajaan Persekutuan, 62590, Putrajaya

Tel No (office): 03-88831180 / Email: cau.mdd@moh.gov.my

APPENDIX 7

SUGGESTED SCHEDULE OF CERTIFICATION VISIT

Virtual Audit

- 1 week before Audit visit
- Presentation should not exceed 2 hours in total.
  [State Health Department (15-30 minutes),
  Chairman / Advisor (15-30 minutes),
  Deputy Chairman (Maximum 1 hour)]

Audit Visit

- 1 week after virtual audit

TIME	AGENDA
0830-0900	Arrival of auditors
0900-0930	Briefing by Liaison Officer on audit flow for the day
	Briefing by Chief Auditor on audit flow for the day
0930-1200	Audit Visit by auditors' team (auditors divide into 2 or 3 teams) to wards, clinics, day care and other relevant places around the hospital.
1200-1300	Audit team deliberation session (review of files, discussion, etc)
1300-1400	Lunch
1400-1500	Exit Conference – in the presence of Facility Director and State Health Department Representative with Pain Free Committee members.

APPENDIX 8

PHARMACOTHERAPY REVIEW Pharmacy Department, Hospital _____ **CP2**

DRUG ALLERGY

A. DEMOGRAPHIC DATA			
Name :	**MRN :**	**Age :**	**Gender : M/ F**
Race : M / C / I / Others	**Ht/Wt :**	**DOA :**	**Ward/Bed :**
Chief Complaint:			
Diagnosis/Impression:			

B. MEDICATION

ANTIBIOTIC REGIMEN	DATE START	DATE STOP	INDICATION / REASON	RECONCILIATION NOTE S-STOP W-WITHOLD D-CONTINUE ON DISCHARGE (+ DURATION)

Date	Source	M/organism	Sensitivity	Resistance
Sampling: Result:				
Sampling: Result:				
Sampling : Result:				

C. DRUG-RELATED ISSUES

- **REGIMEN ISSUES (Drug/Dose/Duration/Frequency/Polypharmacy/Contraindication/Significant Drug interaction/Incompatibility)**
- **MISCELLANEOUS (Drug administration error/Suggestion on investigation/TDM/TPN)**

Date	Issues	Modification/Monitoring required/Interaction	Reason	Status of Intervention

D. INFORMATION PROVIDED (ADR/Drug toxicity/Drug dosage/Therapeutic efficacy/Drug indication/Drug interaction/Pharmacokinetic/TPN/General product information/Pharmaceutical availability/Pharmaceutical compatibility/Pharmaceutical identification)

E. PHARMACIST'S NOTES

Pharmacist's Sign & Stamp: Reviewed by:

APPENDIX 9

PHARMACOTHERAPY REVIEW (CP2)
Pharmacy Department, Hospital _____
Ward: _____ Bed: _____

ALLERGY:

A. DEMOGRAPHIC DATA

Name : **MRN :** **Age :** **Gender : M / F** **Race : M / C / I / Others** **Ht/Wt :** **DOA :**

Chief Complaint:	**History of Present Illness:**	**Past Medical History:**
Review of System:	**Past Medication History:**	**Social/ Family History:**
Compliance Evaluation:		

BP:	RR:
PR:	T:
RBS:	SpO2:

Smoking	
Alcohol	
Drug Abuse	
Pregnant	

Diagnosis/Surgical Procedure:

B. LABORATORY INVESTIGATION

		Date / Normal Range	1	2	3	4	5	6	7	8	9	10
FBC	TWBC	4–11 x10/L										
	Hb	11.5-16.5 g/100mL										
	Platelet	150-400 x10/L										
BUSE / Renal Profile	Urea	1.7-8.3 mmol/L										
	Na^+	135-145 mmol/L										
	K^+	3.5-5.0 mmol/L										
	Cl^-	96-106 mmol/L										
	SCr	64-122 umol/L										
	CrCl	105-150 ml/min										
	Ca^{2+}	2.1-2.6 mmol/L										
	Mg^{2+}	0.7-1.3 mmol/L										
	$PO4^-$	0.8-1.45 mmol/L										
LFT	Albumin	35 – 50 g/L										
	T.Bilirubin	<20 umol/L										
	T.Protein	66 – 87 g/L										
	ALP	53 – 141 u/L										
	ALT	<32 u/L										
Coag.	PT	10-13.5 sec										
	APTT	26 – 42 sec										
	INR	<1.5										
CE	CK	24 – 195 u/l										
	LDH	0 – 248 u/l										
	AST	<37 u/l										
ABG	pH	7.35-7.45										
	pCO2	35-45mmHg										
	pO2	72-100mmHg										
	HCO3	22-29mmol/L										
	O2 sat	90-95%										
Others	RBS	< 11 mmol/L										
I/O	Input											
	Output											
	Balance											

C&S	Date (Sampling)	Date (Result)	Source/Sample	Microorganism	Sensitivity	Resistance

C. MEDICATION

	Drug Regime	Start Date	Stop Date	Indication/Reason for Change	<u>Reconciliation Notes</u> **S**-stopped/**W**-withold **D-**discontinue on discharged (* Duration)
Antibiotik					
Other Medication					

D. PHARMACEUTICAL CARE PLAN			
Date	Pharmaceutical Care Issues	Pharmacist's Recommendations / Plan	Outcome

Pharmacist's Sign & Stamp: Reviewed by:

APPENDIX 10 CP4

NOTA RUJUKAN PESAKIT
Jabatan Farmasi, Hospital/ Klinik Kesihatan _____

Kepada: Pegawai Perubatan/ Pegawai Farmasi/ Penolong Pegawai Perubatan/ Jururawat Hospital/Klinik _____

PER: PESAKIT: _____ _____ _____
NAMA MRN NO. K/P

Pesakit ini **TELAH/BELUM DIBERI KAUNSELING UBAT-UBATAN** untuk dinilai tahap kefahaman/kepatuhan terhadap terapi ubat yang dipreskripsikan. Diharap pihak tuan/puan dapat memberi kaunseling dan penilaian susulan yang diperlukan untuk meningkatkan keberkesanan rawatan.

2. DIAGNOSIS: _____

3. SENARAI UBAT TERKINI:

NAMA UBAT/DOS DAN FREKUENSI/JANGKAMASA RAWATAN

4. PENILAIAN KEFAHAMAN & KEPATUHAN TERHADAP TERAPI UBAT (tidak berkenaan jika pesakit belum dikaunsel)

a. Pesakit telah dikaunsel dan faham tentang ubat/alat bantuan pengubatan yang dipreskripsikan: Ya ☐ Tidak ☐

b. Tahap kepatuhan terhadap ubat-ubatan : Memuaskan ☐ Tidak Memuaskan ☐

c. Alat bantuan kepatuhan *Pill box* ☐ Risalah ubat ☐ Lain-lain ☐ Tiada ☐

5. TINDAKAN SUSULAN YANG DIPERLUKAN *(Sila tanda (√) di kotak yang disediakan)*

☐ Kaunseling ubat-ubatan dan alat bantuan pengubatan yang dipreskripsikan
☐ Menilai kepatuhan dan kefahaman terhadap terapi ubat yang dipreskripsikan
☐ Pemonitoran terapeutik : (sila nyatakan) _____
☐ Isu penyimpanan ubat-ubatan
☐ Lain-lain: (sila nyatakan) _____

Sekian, terima kasih.

_____
Tandatangan dan Cop Pegawai Farmasi

No. Tel. :

Tarikh:

(Salinan asal: untuk dihantar kepada fasiliti yang dirujuk)

(Salinan pendua: untuk simpanan Jabatan Farmasi)

APPENDIX 11

MOH PAIN SCALE

MOH FACE SCALE

APPENDIX 12

FLACC scale

Category	Score		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry(awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasionally touching, hugging or being talked to, distractible	Difficult to console

How to use FLACC

In patients who are awake: observe for 1-5 minutes or longer. Observe the legs and body unvovered. Reposition patient or observe activity. Assess body for tenseness and tone. Initiate consoling interventions if needed.

In patients who are asleep: Observe for 5 minutes or longer. Observe body and legs uncovered. If possible, reposition the patient. Touch the body and assess for tenseness and tone.

APPENDIX 13

Skala FLACC

Kategori	Pemarkahan		
	0	1	2
Wajah	Tiada ekspresi tertentu di wajah atau dalam keadaan tersenyum	Kadang-kadang muka berkerut, murung, tidak bermaya atau tidak bersemangat	Rahang terkancing, dagu bergetar (pada kadar kerap hingga berterusan)
Kaki	Kedudukan biasa ayau selesa	Keadaan tidak selesa, resah atau tegang	Menendang-nendang ataupun membengkokkan kaki
Activiti	Berbaring tenang, berkedudukan biasa, bergerak dengan selesa	Berguling, bergerak depan dan belakang, tegang	Meringkuk, kaku atau mengelupur
Tangisan	Tidak menangis (sama ada semasa tidur atau terjaga)	Merengek dan kadang-kadang mengeluh	Menangis berterusan, berteriak dan teresak-esak, sering mengeluh
Keboleh-pujukan	Tenang	Masih dapat dipujuk dengan sesekali sentuhan, pelukan atau kata-kata, masih boleh dialih perhatian	Sukar dipujuk

Cara penggunaan skala FLACC:

Bagi pesakit yang sedar : Pemerhatian hendaklah dilaksanakan selama 1 -5 minit atau selebihnya. Perhatikan kaki dan badan tanpa ditutup. Posisikan pesakit semula dan perhatikan sebarang pergerakan atau aktiviti gerakan badan. Nilaikan ketegangan badan dan cuba mengurangkan ketidakselesaan sekiranya perlu.

Bagi pesakit yang tidak sedar: Pemerhatian hendaklah dilaksanakan selama lebih daripada 5 minit. Perhatikan kaki dan badan tanpa ditutup. Posisikan pesakit semula sekiranya boleh . Nilaikan ketegangan badan dengan mengerakkan atau menyentuh bahagian badan tersebut.

APPENDIX 14

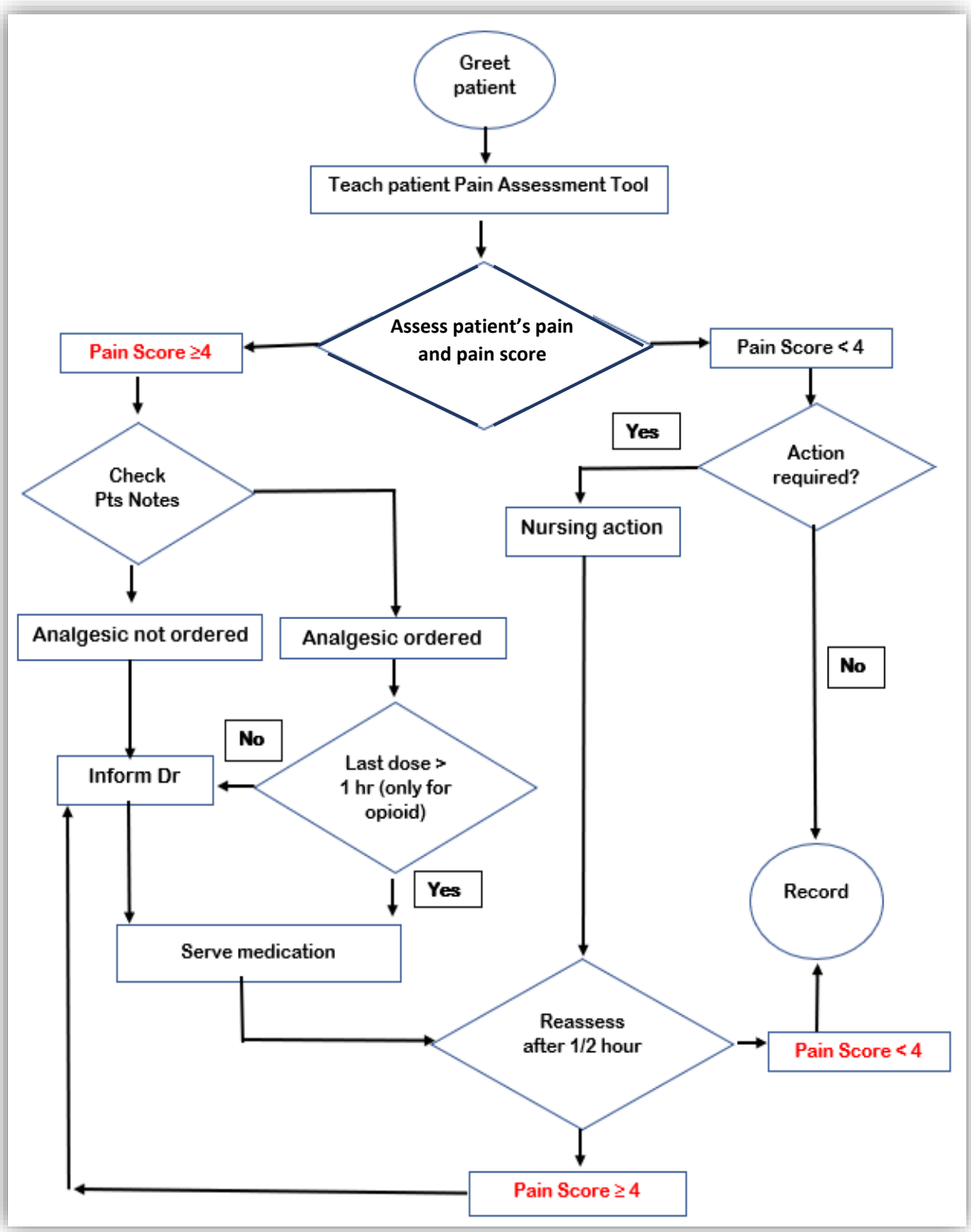
Revised FLACC scale

ASSESSMENTS	SCORES		
	0	1	2
FACE **Individualised behaviour :**	No particular expression or smile	Occasional grimace or frown, withdrawn or disinterested; appears sad or worried	Consistent grimace or frown; frequent/constant quivering chin; clenched jaw; distressed-looking face; expression of fright or panic
LEGS **Individualised behaviour :**	Normal position or relaxed; usual tone & motion to limbs	Uneasy, restless, tense; occasional tremors	Kicking, or legs drawn up; marked increase in spasticity, constant tremors or jerking
ACTIVITY **Individualised behaviour :**	Lying quietly, normal position, moves easily, regular & rhythmic respirations	Squirming, shifting back/forth, tense or guarded movements, mildly agitated, shallow splinting respirations, intermittent sighs	Arched, rigid or jerking, severe agitation, head banging, shivering, breath holding, gasping or sharp intake of breaths, severe splinting
CRY **Individualised behaviour :**	No cry/verbalization	Moans or whimpers, occasional complaint, occasional verbal outburst or grunt	Crying steadily, screams or sobs, frequent complaints, repeated outbursts, constant grunting
CONSOLABILITY **Individualised behaviour :**	Content or relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort, pushing away caregiver, resisting care or comfort measures

**Individualised pain behaviours unique to each child with severe neurological impairment as identified by carers or staff can be inserted into the most appropriate category in the left column and its severity graded accordingly to encompass pain behaviours not covered by the existing table.*

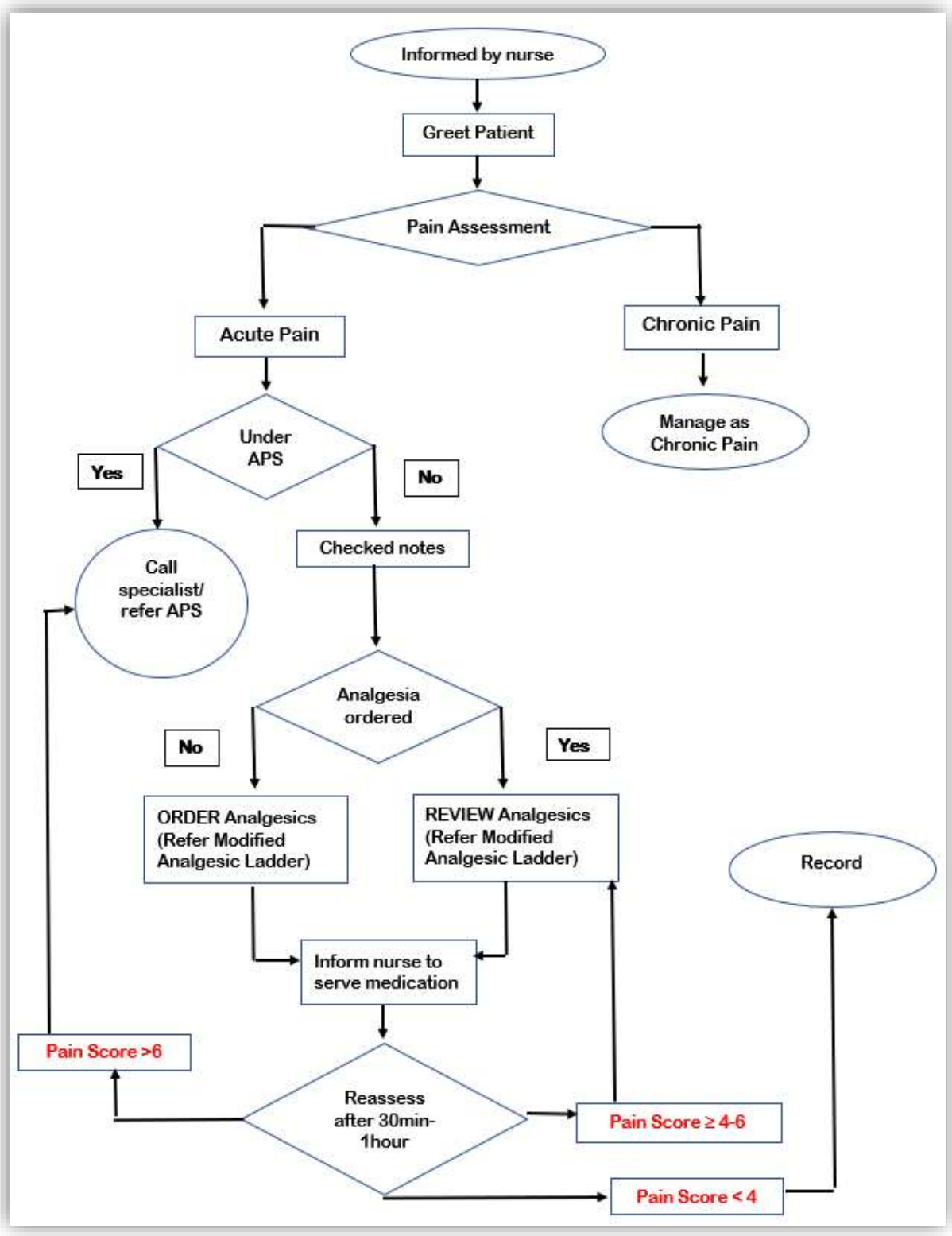
APPENDIX 15

FLOW CHART FOR PAIN MANAGEMENT IN ADULT PATIENTS (NURSES & ASSISTANT MEDICAL OFFICER)



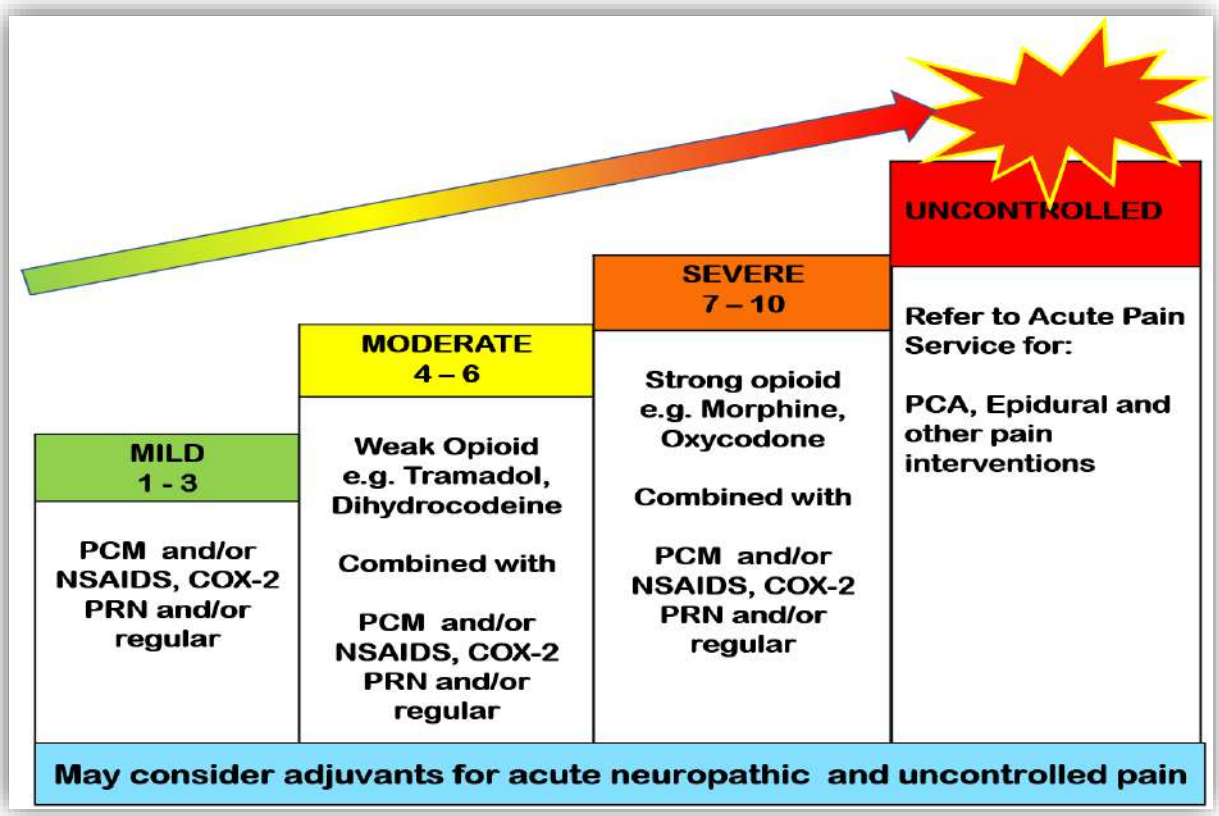
APPENDIX 16

FLOW CHART FOR PAIN MANAGEMENT IN ADULT PATIENT IN (DOCTORS)

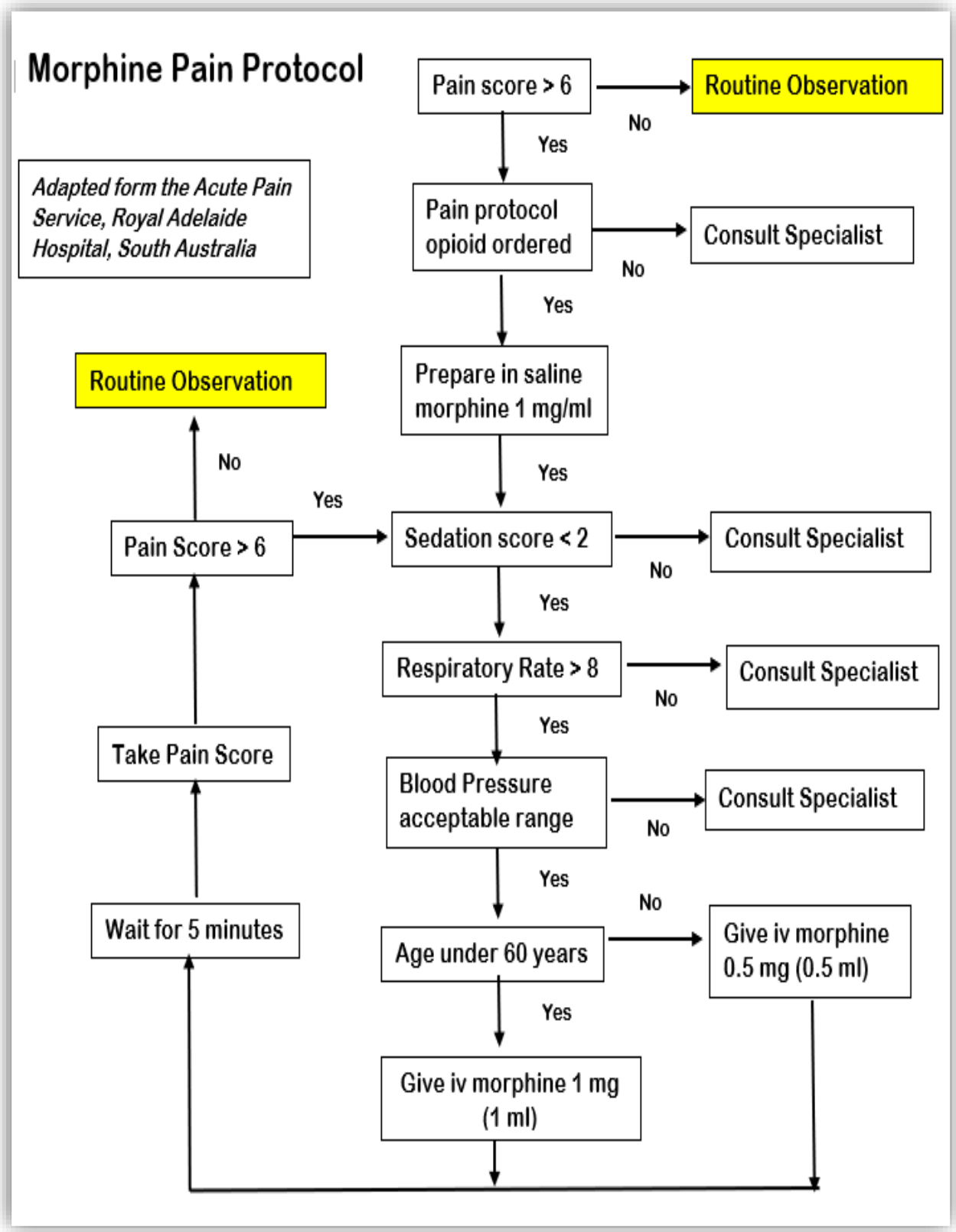


APPENDIX 17

MODIFIED WHO ANALGESIC LADDER FOR ACUTE PAIN MANAGEMENT



APPENDIX 18


Morphine Pain Protocol
Adapted form the Acute Pain Service, Royal Adelaide Hospital, South Australia
Pain score > 6
No
Routine Observation
Yes
Pain protocol opioid ordered
No
Consult Specialist
Yes
Prepare in saline morphine 1 mg/ml
Yes
Sedation score < 2
No
Consult Specialist
Yes
Respiratory Rate > 8
No
Consult Specialist
Yes
Blood Pressure acceptable range
No
Consult Specialist
Yes
Age under 60 years
No
Give iv morphine 0.5 mg (0.5 ml)
Yes
Give iv morphine 1 mg (1 ml)
Wait for 5 minutes
Take Pain Score
Pain Score > 6
No
Routine Observation
Yes


PAIN FREE
PROGRAM
Tranformasi Konsep Rawatan
Pelanggan Bebas Kesakitan