Cancer is diagnosed in more than 1,334,000 Americans annually (Jemal et al., 2003). Pain is experienced by 30%–50% of patients with cancer receiving treatment and by 70%–90% with advanced cancer (Portenoy, 1989). Estimates of pain in hospitalized patients with cancer have been reported to be as high as 90% (Brescia, Portenoy, Ryan, Krasnoff, & Gray, 1992; Jadlos, Kelman, Marra, & Lanoue, 1996; Oden, 1989). Although guidelines for the management of pain have been published, patients continue to experience pain despite these management regimens. Furthermore, a variety of studies of patient populations have confirmed that inadequate pain management exists (Bonica, Ventafridda, & Twycross, 1990; Brescia et al.; Jadlos et al.; McMillan & Tittle, 1995). A four-year study of 9,000 terminally ill patients in five teaching hospitals revealed that 50% of conscious patients who died in the hospital experienced moderate to severe pain at least half of the time (SUPPORT Principle Investigators, 1995).

The purpose of this article is to describe the development and evaluation of a comprehensive nursing pain management performance improvement program. An initial pain audit was conducted on a 19-bed inpatient medical oncology unit two months prior to the implementation of the performance improvement program. Data were collected using ongoing medical record audits and the Patient Satisfaction Pain Survey (see Figure 1). This survey was distributed to patients and nurses.

The purpose of this article is to describe the development and evaluation of a comprehensive nursing pain management performance improvement program. An initial pain audit was conducted on a 19-bed inpatient medical oncology unit two months prior to the implementation of the performance improvement program. Data were collected using ongoing medical record audits and the Patient Satisfaction Pain Survey (see Figure 1). This survey was distributed to patients and nurses.

**Purpose/Objectives:** To report on the development and outcomes of a comprehensive program to improve cancer pain management and patient satisfaction.

**Data Sources:** Published research and guidelines, review articles, and patients' personal experiences.

**Data Synthesis:** A comprehensive cancer pain management program includes performance improvement, patient satisfaction, nursing education, and pain management rounds. This approach to pain can result in effective pain management, patients' reports of acceptable levels of pain, and an increase in patient satisfaction.

**Conclusions:** Semeweekly pain management rounds provided the opportunity for nurses to practice equianalgesic dosing and make recommendations for changes in pain management. Effective pain management plans can lead to an increase in scores that measure patient satisfaction.

**Implications for Nursing:** Nursing pain management education and subsequent use of pain management principles during and between pain management rounds can lead to effective pain management and satisfaction for patients with cancer. Research is needed to assess whether comprehensive programs can change pain management practices in other patient populations.

**Key Points . . .**

➤ Pain continues to be prevalent among patients with cancer.

➤ Changes in nursing pain management practice begin with pain management education.

➤ Pain management rounds that incorporate pain practice principles can promote nursing advocacy for effective pain management.

➤ Patient satisfaction with pain management can improve when patients believe that their needs are being addressed.

**Goal for CE Enrollees:**

To further enhance nurses’ knowledge regarding comprehensive pain management and patient satisfaction.

**Objectives for CE Enrollees:**

On completion of this CE, the participant will be able to

1. Describe a comprehensive nursing pain management performance improvement program.

2. Evaluate a comprehensive nursing pain management performance improvement program.

3. Describe nursing implications in pain management.