IPRC International Pediatric Rehabilitation Collaborative

Our Mission

…To promote *excellence* in specialized pediatric rehabilitation care…

IPRC – Pain Program Survey

HOSPITAL	WHAT DATA ARE YOU CURRENTLY COLLECTING IN YOUR PAIN PROGRAM?	IS YOUR PROGRAM AN INPATIENT OR OUTPATIENT PROGRAM?	WHAT DISCIPLINES OR OTHER SERVICE LINES ARE INVOLVED IN YOUR PROGRAM?	WHERE DOES YOU PAIN PROGRAM 'SIT' WITHIN YOUR FACILITY I.E. THE REHAB DEPT., MEDICAL DEPT., PSYCHOLOGY/ MENTAL HEALTH DEPT. ETC.?
1. ORG A	For inpatient care, we do not currently have specific data we are tracking. Patients with scheduled admissions for placement of a peripheral nerve catheter to create a break in the pain cycle are often scheduled for a 5-7 day admission. Due to the short stays, the use of objective measures to capture change is challenging at times. We trialed the use of the COPM (primarily administered by OT) but as noted, found it difficult to capture changes. In one of my previous positions in inpatient rehab, we typically used the LE Functional scale to track changes, and found that measure to be both easy to administer and helpful to track changes (patients were often admitted for a longer duration of course). For pain clinic, there is not a current objective measure used regularly, but we do record routine objective data including pain scores via NRS (current, best, worst) and Beighton scores.	Inpatient. Patients are currently admitted under general pediatric service, with consult from the pain team. A member of the pain team will place the peripheral nerve catheter on day 1 of the admission and monitor, with therapist feedback, the effectiveness of the particular rate throughout the admission.	▪ Medicine (general peds, pain service), PT, OT, Social Work, Case Management, Psychology/Psychiatry ▪ Pain clinic include evaluations from a MD, PT and psychologist	Please let me know if you have any further questions or need clarification on any of the above information

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2. ORG B	For the FIRST program (inpatient chronic pain rehab program) we take the following data at evaluation (1-2 days of start of admission) and at discharge (within the patient's last scheduled week) for physical therapy… ▪ WeeFIM scores for transfers, ambulation, and step negotiation. ▪ Six minute walk test ▪ Balance section of the BOT-2 ▪ The 30 second step test (this was a test created by our staff for coordination, endurance, balance and confidence) ▪ A time stair case (or version of 12-13 steps)	Inpatient	▪ Psychology ▪ Occupational therapy ▪ Recreation therapy ▪ Music Therapy ▪ Child Life ▪ Holistic Health ▪ School via teachers and a school liaison ▪ Rehab medicine ▪ Anesthesiology (chronic pain service) ▪ Social work	We are on the rehab unit and the rehab team rounds and supervises the kids during the stay. We are also a part of the pain management department, with the pain tram determining insurance needs and the physicians also rounding on the patients each day, as well as assisting with admission needs. The clinical directors include a psychologist, pain physician, and rehab physician, with leads from the PT and OT team as well.
3. ORG C	Pre-visit packets from each patient, which includes the FDI, pain catastrophizing scale (PCS), and pain burden interview. These are filled in by the parent and the child (one for each) and scored. They are entered into patient chart and data can be compiled from that to assess outcomes, but not consistent.	Primarily outpatient, occasional inpatient admits	MD., OT, PT and Psych	Separate outpatient pain clinic, when patients in-house usually planned rehab admit
4. ORG D	We collect the Functional Disability Inventory (FDI), WeeFIM, Beck Depression Inventory, Reynolds Child Manifest Anxiety Scale (RCMAS), and a whole bunch of other data points (days missed school, medications, days parent missed work, etc). We collect them at clinic, inpatient, day program, and 3-months, 1-year, and 2-yuears post discharge from rehab	We have inpatient, an outpatient multidisciplinary clinic, and a day program	▪ Physiatry, Neuropsychology, Behavioral Psychology, Psychiatry, OT, PT, SLP, educational specialists, (inpatient: social work, hospital teachers, nursing, TR, Child Life), specialties by consultation ▪ Functional Disability Inventory (FDI)- child/adolescent and parent versions ▪ Pain Catastrophizing Scale (PCS-C)- child version ▪ Pain Numeric Rating Scale ▪ Children's Depression Inventory 2 (CDI-2)- child/adolescent and parent versions	Sits in Rehab

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			▪ Revised Children's Manifest Anxiety Scale, 2nd Edition (RCMAS-2) ▪ Bath Adolescent Pain Questionnaire ▪ Brief COPE ▪ For young adult patients, we typically use the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) instead of the CDI and RCMAS, and we use the adult version of the PCS. I hope this helps- let me know if you have any other questions!	
ORG E	▪ We do not collect all of this data/info for all patients however the different options include; ▪ We have parent and child questionnaires that gather a variety of info (days of pain, comfort in managing pain, sleep, history of trauma, recent changes in family and household, school info/days missed, description of pain symptoms, exercise duration and frequency). ▪ Pain drawing/location ▪ ▪ Wong Baker Faces pain rating scale for lowest, highest and average levels of pain ▪ ▪ PROMIS Pediatric Scale Subjective Outcome Measures (we will choose most appropriate based on evaluation and assessment). Most common: fatigue, global health, pain behavior, pain interference ▪ Single activity outcome measures: Functional strength, Sit to stand in 30secs, Timed up and Down Stairs, 6 min walk test, muscle power sprint test	Outpatient	▪ For rehab specifically: OT, PT, psychology, prosthetics and orthotics ▪ Specialty clinics and doctors: physiatry, rheumatology, orthopedics, primary care	Rehab Department

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5. ORG F	▪ Bruiniks
	▪ Lower Extremity Functional Scale
	▪ Upper Extremity Functional scale
	▪ PedsQL
	▪ A BECK Youth Inventory Assessment
	  o Self-Concept
	  o Anxiety
	  o Depression
	  o Anger
		Outpatient
		1. 5 days per week x4 weeks
		2. 1 hour PT, OT per day
		3. 1 hour of Counseling (LSW) 4 days each week
		4. 1-2 hours family therapy (Psychology) per week
		5. Pain Management FU 1x each week
			▪ See #3	Not sure what you mean by "sit". Intervention happens in home dept of treating professional, revenues go to home dept of treating professional; administrative oversite is shared between Rehab and Medical;

6. ORG G	6-minute walk, pieces of the BOT2, several activity limitation and pain scales	Outpatient	OT, PT, Social Work, Nursing, Nurse Practitioner, Psychology, Education	In the department of Anesthesiology and Pain Medicine
7. ORG H	PROMIS pediatric bank V2.0: mobility, pain interference, peer relations, anxiety, depressive sections. Also collect pain scores, pain diagram and pain history, as well as Beighton scale for joint hypermobility. Are collected on all evaluations. PROMIS is done at follow ups as well.	Outpatient	▪ 2 MD's: Anesthesiologist and Physiatrist ▪ 2 Psychologists ▪ 1 Nurse practitioner ▪ 1 LPN ▪ 1 Physical therapist	Anesthesiology