# IHC Comfort Resources
# How to Guide

## Overview

The Iowa Healthcare Collaborative Comfort (IHC) Tools were developed in lieu of the traditional Visual Analog Pain Scale. IHC Collaborative aims to decrease over-reporting of pain and decrease the number of opioids prescribed. These resources allow patients to explore non-opioid and non-pharmacological options to manage pain.

## IHC Comfort Scale

The IHC Comfort Scale was created to reframe pain assessment to a comfort focused assessment. The IHC Comfort Scale may provide a replacement to the Visual Analog Pain Scale. Although the Visual Analog Scale and "Faces" Pain Rating Scale are commonly used in practice to determine patients' pain, research has shown that this scale may not be reliable.[1-3] Studies have shown that utilizing different approaches to visual communication[4-5] and the reframing[6-26] of a negative event (pain) to a positive state (comfort) may potentially produce more reliable self-reporting of comfort and decrease over-reporting of pain.

The goal is to utilize the IHC Comfort Scale in place of the pain scale.; with regular patient encounters. Ask the patient, "What is your comfort level." Allow them to use the scale and point to their comfort level as necessary.

If the patient is unable to communicate their comfort level, engage family for input and use assessment findings; such as behavioral manifestations (e.g., facial expressions, verbalizations, body movements, etc) or physiological manifestations (e.g., increased heart rate or blood pressures, increased breathing rate, etc) to assess the patient's comfort/pain level.

## IHC Comfort Menu

The IHC Comfort Menu is to be used in conjunction with the IHC Comfort Scale. Once a patient has identified their comfort level, the menu can be used to suggest options to increase the patient's comfort level.

The IHC Comfort Menu items can be modified to better fit what your facility has to offer. It can also be modified to fit patient preference.

Simply share the IHC Comfort Menu with the patient and ask the patient "Of the things listed here, what would improve your comfort level?" If the patient has something not included on this list to improve their comfort level, you may offer this to the patient if available.

Two versions of the IHC Comfort Menu are available. One for the inpatient setting and one for the outpatient setting.

The patient can take the IHC Comfort Menu home with them. Healthcare providers may circle which items the patient utilized and found helped increase the patient's comfort level.

## IHC Comfort Treatment Plan (Acute vs. Chronic Conditions)

The IHC Comfort Treatment Plans are meant to be used for any patient prescribed an opioid. Realistic goals are discussed with the patient and recorded in the table at the top of the IHC Comfort Treatment Plan. The IHC Comfort Scale is included to assist the patient when they go home. Pain relief options can be recorded here or on the IHC Comfort Menu.

There is a list of potential questions for the patient to ask their healthcare team to better understand their medication. Finally, there is a section for the primary care providers name and phone number to be listed in case the patient experiences any side effects.

There are two options for the IHC Comfort Treatment Plan, one for Acute Conditions and one for Chronic Conditions. The only difference between the two resources is the timeframe section in which the acute pain is short term and chronic pain spans a year timeframe. The IHC Comfort Treatment Plan for Acute Conditions should be used for any patient that is newly starting an opioid to goals and guidance increase their comfort. In other words, any patient that is opioid naive and starting an opioid medication for short term treatment would be given the Acute Condition Treatment Plan. The IHC Comfort Treatment Plan for Chronic Conditions should be used with any patient who has been on an opioid medication for more than 3 months or any patient that the provider evaluates to need an opioid beyond 3 months.

## Disclaimer

IHC is not responsible for the incorrect use of these resources. These resources are meant to compliment other pain management strategies and should not be the sole resources utilized to care for the patient.

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