



# Position Statement

## Clinical Nurse Specialist Practice in Pain Management

### Background

Safe, effective pain management is a right for all patients. Patient-centered pain management demands Clinical Nurse Specialist (CNS) advocacy and care that integrates evidence-based practice with respect for patient preferences, values, needs, and desired health outcomes (Raja et al., 2020). An estimated 70% of hospitalized patients experience pain (Wu et al., 2020). Alarmingly, 21% (N=51.6 million) of adults in the United States suffer from chronic pain (Rikard et al., 2023; Yong et al., 2022; Zelaya et al., 2020). In addition, 64% of patients with opioid use disorder (OUD) report chronic pain (Bhondoeckhan et al., 2023).

Suboptimal pain management can have physiological, psychological, and spiritual consequences that result in poor patient outcomes (Jin et al., 2023; Wang et al., 2022). Conversely, optimal pain management is associated with enhanced recovery, earlier mobility, fewer cardiac and pulmonary complications, decreased hospital length of stay and healthcare costs, and increased patient satisfaction and quality of life (Dempsey, Prioleau, & Henneman, 2024).

### NACNS's Position

The National Association of Clinical Nurse Specialists (NACNS) holds the position that the Clinical Nurse Specialists (CNSs) must actively advocate for individualized, patient-centered, evidence-based, safe, and effective pain management for all patients across the lifespan.

### Spheres of Impact and Supporting Evidence

Patient/caregiver, nurse, and system/organizational factors can serve as barriers and facilitators to safe, effective pain management (Rababa et al., 2021).

#### Patient/Caregiver

The CNS provides direct patient-centered care and expert consultation that includes diagnosis, treatment (within scope of practice), and prescription of pharmacologic and nonpharmacologic interventions (Dowell et al., 2022; Renner et al., 2023). CNS driven patient-centered care engages the patient and caregiver and reflects patient

vulnerabilities, preferences, values, and goals, lacks implicit and explicit bias, and promotes optimal pain management (Meidert et al., 2023).

### **Nurse/Nursing**

The CNS advances pain management nursing practice, informed with evidence, standards, and guidelines (Achaliwie et al, 2023). NACNS advocates for nursing practice that incorporates a patient-centered comprehensive assessment. This includes use of valid and reliable scales to assess pain and function, appropriate pain and sedation monitoring/surveillance, and use of patient safety and risk mitigation tactics such as concurrent opioid and naloxone prescribing. Education about appropriate opioid use and safe storage and disposal will promote optimal outcomes and prevent adverse effects (Dempsey, Prioleau, & Henneman, 2024).

### **System/Organization**

The CNS drives practice changes throughout the organization to ensure best pain practices to achieve optimal patient outcomes (Riman et al., 2023). CNSs should promote opioid stewardship, multimodal analgesia, effective surveillance with appropriate monitoring, and policy/procedure development with pain practices that reflects evidence-based standards and guidelines (Renner et al.,2023).

### **A Call to Action**

All CNSs must advocate for patient-centered pain management in accordance with evidence-based guidelines, expert consensus reports, and professional pain organizations' position statements.

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## **End Note**

In 2018, NACNS convened a Pain Management Taskforce of pain and addiction CNS experts to comment on evidence related to pain management and substance use disorder. This 2025 revision reflects updates from current literature and emphasizes the importance of engaging CNS advocacy and expertise when treating co-occurring pain and substance abuse. Please refer to the companion statement titled: Considerations for the Clinical Nurse Specialist in Caring for Patients with substance use disorders (SUD).