



COMFORT EHR Templates

COMFORT Counseling SmartPhrase Examples

Some clinicians use SmartPhrases as a guide to remember what to discuss and therefore require a descriptive body. Other clinicians prefer 1 – 2 sentences of concise language. These example SmartPhrases are meant to be modified to fit the needs of your clinicians and site-specific workflow.

Prior to Delivery Admission:

Today we discussed expectations after birth for normal and abnormal pain following both a vaginal and cesarean birth. I offered education about non-opioid and non-pharmacologic strategies for pain management, as well as safe opioid use. We reviewed the safety of medication use postpartum and while breastfeeding*. The following screenings were performed to assess for individual factors that may impact pain management needs and plans **. Patient preferences for managing pain and medication allergies were reviewed. The patient was offered educational materials to review.

* If patient is planning on breastfeeding

** Screening tool examples: Edinburgh Postnatal Depression Scale (EPDS), Primary Care Screen for DSM-5 (PC-PTSD), PTSD Checklist for DSM-5 (PCL-5), TAPS, 4Ps



Postpartum, Prior to Discharge:

No opioids:

Today we reviewed pain expectations accounting for the birthing person's type of delivery, additional procedures and individual risk factors. We reviewed the safety of medication use postpartum and while breastfeeding*. The patient's preferred schedule for acetaminophen and ibuprofen were assessed and the patient selects [simultaneous/staggered] dosing. We reviewed appropriate dosing and frequency for acetaminophen and ibuprofen at home. Non-pharmacologic strategies for pain management were discussed. The patient was offered educational materials to review.

* If patient is planning on breastfeeding

Opioids:

Today we reviewed pain expectations accounting for the birthing person's type of delivery, additional procedures and individual risk factors. The safety of medication use postpartum and while breastfeeding* was discussed. The patient's preferred schedule for acetaminophen and ibuprofen were assessed and the patient selects [simultaneous/staggered] dosing. We reviewed appropriate dosing and frequency for acetaminophen and ibuprofen at home. Non-pharmacologic strategies for pain management were discussed. After reviewing risks and benefits, the patient would like to use opioids for acute pain management. We reviewed safe opioid use at home, and best practices for opioid storage and disposal. Information about naloxone was provided [and a prescription was offered]. The patient was offered educational materials to review.

* If patient is planning on breastfeeding



Non-Pharmacologic Strategies

While evidence for many non-pharmacologic strategies is limited, these interventions are low-risk with potential for benefit. In combination with other opioid-sparing strategies, non-pharmacologic interventions can potentially improve a patient's pain experience. The following is a list of strategies that may be provided to patients as an educational tool or as part of a After Visit Summary or Discharge Summary.

Non-Pharmacological Pain Management Recommendations

The goal of pain management after childbirth is not zero pain. Rather, our goal is that pain does not inhibit you from carrying out your daily activities. Below are some non-pharmacological strategies that may help you manage pain after childbirth.

- Abdominal binder (for birthing people recovering from a cesarean delivery)
 - Start slowly, allowing time for your body to get used to wearing the binder.
 - Gradually increase the amount of time you wear the binder throughout the day.
 - It is not recommended that you sleep with your abdominal binder.
- Heat/ice
 - Use heat or ice on your affected area.
 - Buffer the ice or heat with a towel so you don't get too cold or too hot.
- Topical spray or cream (for birthing people recovering from a vaginal delivery)
 - Purchase a topical pain reliever like benzocaine, for postpartum perineum pain, from your local pharmacy.
- Sitz bath
 - You'll only need enough water to submerge your affected area (just a few inches).
 - Use lukewarm water.



- Do not add any soap or potentially irritating solution.
- If you do not have a bathtub, your local pharmacy will have basins that fit over the toilet seat or just use a squirt bottle to gently run water over the desired area.
- Donut pillow
 - Use a donut pillow to take pressure off your sore area.
 - If you do not have a donut pillow, use two pillows spaced apart to remove pressure off your sore area.
- Acupuncture/Acupressure
 - Look up acupuncturists near you. Some acupuncturists even specialize in postpartum physical and emotional well-being.
- Exercise
 - Exercise does not have to be strenuous to be effective! Tensing your muscles (kegel exercise) helps strengthen your pelvic floor.
 - Shoulder blade squeezes improves your back muscles to support holding your newborn.
- Meditation/relaxation
 - Meditation can come in various forms like guided imagery/ visualization, guided breathing, or mindfulness.
 - Download free meditation apps on your mobile device.
 - Express your creativity by drawing, coloring, painting or sculpting.
 - Journaling can help occupy your mind and keep your hands busy. It's a great way to commemorate your experiences and process your emotions.
 - Listen to music.
 - Read a book or listen to an audiobook (free if you join your local library).
- Aromatherapy
 - Essential oils come in so many different scents. From floral to herbal you're sure to find a scent that suits your liking.
 - If you don't have access to essential oils, try cutting up citrus fruit. The peels are full of aromatic oil!
- Doula
 - Not only can a postpartum doula help with pain management, they can also provide guidance on breastfeeding and diapering, promote self-care, and advocate for the birthing person.
 - Ask your insurance provider if services are partly covered.



After Visit/Discharge Summaries

Depending on your site's workflow, postpartum pain management counseling may be initiated or reinforced using After Visit/Discharge summaries that are uploaded into the electronic health record system. 3 types of summaries were developed to address patient educational needs on 1) Pain After Childbirth (without opioid use), 2) Pain After Childbirth (with opioid use), and 3) Mindful Breathing

Managing Pain After Childbirth

The goal of pain management is for you to feel comfortable doing regular, daily activities like eating, sleeping, breathing deeply, and walking. While everyone feels pain differently, typically postpartum pain is worst during the first 2 – 3 days after birth and then begins to get a little better every day.

Pain can be influenced by many things:

- What kind of birth you had: Cesarean births may have more pain
- Medications and substances you take: Such as muscle relaxers, sleep aids, tobacco, alcohol, other drugs
- Opioid use: Including history of opioid use disorder and chronic pain
- Your conditions: Mental health and pain conditions can make pain harder to manage
- Negative experiences: Trauma, stress (social, financial, etc.) or unexpected events

Some types of pain after birth are NOT normal. If you see these signs, call your clinician:

- Pain is severe, rating 10/10
- Pain prevents you from sleeping
- Pain does not get better with medication
- Development of a fever
- Foul-smelling vaginal discharge
- Redness or drainage at your incision
- Heavy vaginal bleeding (soaking through > 1 pad/ hour)



Your postpartum pain plan:

Non-Opioid Medications: Use non-opioid (over-the-counter/ OTC) medications for as long as you experience pain. OTC medications can help reduce baseline pain. Acetaminophen (Tylenol®) and Ibuprofen (Motrin®) are the most commonly used OTC medication. Acetaminophen and ibuprofen are both safe during breastfeeding. They are found in low concentrations in breast milk and are the first choice for pain management. You can take them at the same time or staggered. Choose one!

Example:

Simultaneous Schedule* may be chosen because of busy schedules	
7am	Acetaminophen (1000mg) Ibuprofen (800mg)
3pm	Acetaminophen (1000mg) Ibuprofen (800mg)
11pm	Acetaminophen (1000mg) Ibuprofen (800mg)
Staggered Schedule* may be chosen if pain feels more severe	
7am	Acetaminophen (1000mg)
11am	Ibuprofen (800mg)
3pm	Acetaminophen (1000mg)
7pm	Ibuprofen (800mg)

*Schedules above are based on every 8 hour dosing. Dosing medications every 6 hours may also be appropriate (e.g. acetaminophen 650mg every 6 hours and ibuprofen 600mg every six hours together or staggered)



Non-Medication Options: There are many techniques to reduce pain that do not require medications. Try these:

- Heat/ Ice
- Mindful breathing
- Sitz bath
- Visualization
- Topical cream/ spray (benzocaine)
- Donut pillow after vaginal delivery
- Distraction (TV, books, games, music)
- Aromatherapy
- Acupressure/ acupuncture
- Abdominal binder after a cesarean delivery



Managing Pain After Childbirth with Opioids

Opioids are prescription pain medications that may be offered by your prescriber after birth. Use opioids only for severe breakthrough pain that is not controlled with over-the-counter (OTC) medications and as pain gets better, stop using or use fewer opioids. Do not use opioids at the same time as alcohol, benzodiazepines, muscle relaxers, sleep aids, or other medications that can cause sleepiness. A short course of opioids may be needed for pain control, but you should be aware of the potential side effects and risks.

Opioid Side Effects: Contact your clinician if you notice any side effects

- Constipation
- Itching
- Sleepiness
- Nausea or vomiting
- Impaired motor skills or judgment

Opioid Risks: Anyone who uses an opioid, even for just a short time, is at risk for dependence, tolerance, misuse, addiction, and overdose. Opioids can cause slowed breathing and lead to overdose death.

Discuss the following signs and symptoms of an overdose with your family and friends:

- Cannot be awakened or speak
- Vomiting or making gurgling noises
- Limp body that may seem lifeless
- Fingernails/ lips turned blue/ purple
- Very pale or clammy to the touch

Ask your prescriber about **Naloxone**: A medication that temporarily reverses the dangerous effects of an opioid overdose. Talk to your prescriber about a prescription for Naloxone, particularly if you are at high risk of overdose (have a history of substance use/ tobacco use, chronic pain, sleep apnea, mental health issues, or are taking opioids for more than a few days).



Some opioids (codeine, tramadol) are not recommended when **breastfeeding**. Talk to your clinician about the best option for you if you are feeding breastmilk. Call your pediatrician if your baby seems sleepier than normal, cannot suck as well, or is constipated.

Safe Opioid Storage:

- Lock up medications if possible in a medication lock box, safe, or drawer with a lock.
- Store medications in private areas, do not store in common rooms like the bathroom or kitchen. Do not store in your purse!
- Keep count of how much medication is left.
- Talk about the risks of opioids with family and friends.

Safe Opioid Disposal:

- Use home disposal options such as a deactivation bag or medication mail-back envelope.
- Use a permanent medication drop box.
- Drop off opioids and medications at a community Take Back Event.
- Use your trash as a last resort: mix opioids (do not crush) with used coffee grounds or kitty litter in a bag and throw away
- Take personal information off of the prescription label before disposal.

Mindful Breathing for Pain Management

1. Aim to practice mindful breathing two times a day in 10-minute sessions. Setting a timer can help when first starting.
2. Breathe in through your nose for five seconds – counting in your head – “1, 2, 3, 4, 5.” As you breath in, remember to focus on the areas of your body where you feel pain or discomfort.
3. Breathe out through your mouth for another five seconds – “1, 2, 3, 4, 5.” Imagine the pain leaving your body each time you breathe out.

Postpartum Pain Management Order Sets

The below order sets are meant to be a starting place for creating a tailored order set for your own hospital. Based on the COMFORT Panel Clinical Practice Guidelines, basic components should include acetaminophen and an NSAID as first-line pain medications for vaginal and cesarean births.

Vaginal Birth Order Set

▼ Pain Medications

Order additional pain medications through "Adult Pain Management Order Set".

☒ **acetaminophen (TYLENOL) tablet 650 mg**

650 mg, Oral, EVERY 6 HOURS

Max 3,000 mg/day

If prn reason contains "patient preference", may administer a less potent prescribed oral medication ONLY for a higher pain score.

First dose today at 1330, Until Discontinued

☒ **ibuprofen (MOTRIN) tablet 600 mg**

600 mg, Oral, EVERY 6 HOURS

Do not give with ketorolac.

Give with food/crackers. If prn reason contains "patient preference", may administer a less potent prescribed oral medication ONLY for a higher pain score.

First dose today at 1330, Until Discontinued

☐ **ketorolac (TORADOL) injection**

30 mg, Intravenous, EVERY 6 HOURS PRN, mild pain and unable to take orals, Use until patient can take oral ibuprofen. Do not give with ibuprofen.

☒ **oxyCODONE (ROXICODONE) tablet 5 mg**

5 mg, Oral, EVERY 4 HOURS PRN, moderate pain or patient/caregiver preference

***High Alert** If prn reason contains "patient preference", may administer a less potent prescribed oral medication ONLY for a higher pain score.

Starting today at 1253, Until Wed 9/13 at 1252, Maximum MME/Day: 45 MME/Day for this order

☐ **butalbital-acetaminophen-caffeine (FIORICET) 50-325-40 mg tablet**

2 tablet, Oral, EVERY 8 HOURS PRN, headache

☒ **lidocaine (XYLOCAINE) 4 % topical solution (WITH ATOMIZER) 5 mL**

5 mL, Topical, EVERY 6 HOURS PRN, mild pain

Administer via Mucosal Atomization Device:

Starting today at 1252, Until Discontinued

Cesarean Birth Order Set

ANALGESICS		
acetaminophen (TYLENOL) tablet 1,000 mg	1,000 mg, Oral, EVERY 8 HOURS SCHEDULED *To be given 8 hours after initial pre-op dose* If prn reason contains "patient preference", may administer a less potent prescribed oral medication ONLY for a higher pain score. First dose on Thu 6/8/23 at 1300, Until Discontinued	Modify Hold Discontinue
ketorolac (TORADOL) injection 15 mg	15 mg, Intravenous, EVERY 8 HOURS SCHEDULED, 3 doses For 3 additional doses after intra-operative dose. Do not give with ibuprofen. Do not give with other NSAIDS (i.e. ibuprofen, naproxen, or celecoxib). First dose on Thu 6/8/23 at 1300, Last dose on Fri 6/9/23 at 0100	Modify Discontinue ⓘ
⌄ Followed By		
ibuprofen (MOTRIN) tablet 800 mg	800 mg, Oral, EVERY 8 HOURS *Begin 8 hours after last ketorolac dose. Do not use in combination with ketorolac Give with food/crackers. If prn reason contains "patient preference", may administer a less potent prescribed oral medication ONLY for a higher pain score. First dose on Fri 6/9/23 at 0900, Until Discontinued	Modify Discontinue
oxyCODONE (ROXICODONE) tablet 5 mg	5 mg, Oral, EVERY 4 HOURS PRN, mild/moderate pain **WARNING: Do not start until 18 hours after Duramorph. Check completed medication section on MAR for Duramorph administration time.** ***High Alert** If prn reason contains "patient preference", may administer a less potent prescribed oral medication ONLY for a higher pain score. Starting on Thu 6/8/23 at 2256, Until Thu 6/15/23 at 2255	Modify Hold Discontinue

Naloxone Order Set

naloxone (NARCAN NASAL SPRAY) 4 mg/actuation nasal spray (ED MEDIC SUPPLY)
✓ Accept ✗ Cancel

Reference Links: • Lexicomp (Pediatric) • Lexicomp

Order Instructions: Each package contains TWO 4 mg single dose spray devices.

Product: **NALOXONE 4 MG/ACTUATION NASAL SPRAY (ED MEDIC SUPPLIED)**

Sig Method: Specify Dose, Route, Frequency Taper/Ramp Combination Dosage Use Free Text

Start Date: 10/10/2023 📅 End Date: 📅 First fill: 📅

Dispense: 1 package Refill: 0 0 1 2 3 4 6 12 PRN

☐ Dispense As Written

Mark long-term: ☐ NALOXONE HCL

Patient Sig: If unresponsive, call 911 and give one spray into the nose every 2 to 3 minutes until awake or EMS arrives.

[✎ Edit the patient sig](#)

Report: Common sizes:
Vial: 2 each | BLIST PACK: 1 each, 2 each

Class: Print 🔍 Print

Note to Pharmacy: [✎ Please bring prescription to ED Pharmacy for dispensing](#)

Phase of Care: 🔍

⌵ Additional Order Details

ⓘ Next Required
✓ Accept ✗ Cancel

Dispo

Rx Pharmacy
Options ▾

«Place orders»
+ New
ⓘ Next

ⓘ This patient has active treatment/therapy plans. 📄

🏠 New Discharge Orders

naloxone (NARCAN NASAL SPRAY) 4 mg/actuation nasal spray (ED MEDIC SUPPLY)

If unresponsive, call 911 and give one spray into the nose every 2 to 3 minutes until awake or EMS arrives., Disp-1 package, R-0, Print

Please bring prescription to ED Pharmacy for dispensing