WINNIPEG REGIONAL HEALTH AUTHORITY

REVISED PAIN ASSESSMENT AND MANAGEMENT CLINICAL PRACTICE GUIDELINE

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Objectives

- Raise awareness of the Revised WRHA Pain Clinical Practice Guideline
- Briefly review the History of the WRHA Pain Clinical Practice Guideline, implementation & revision process
- Discuss future directions

The Cost of Untreated Pain

- Individual
  - Decreased functioning & QOL
  - Sleep disturbances
  - Depression, decreased socialization
  - Impaired ambulation, falls
- System
  - Increased healthcare utilization
  - Longer lengths of stays

WHAT IS THE PURPOSE OF Pain CPG?

- To provide regional guidelines for pain assessment and management based on current evidence and expert opinion.
- To ensure pain assessment and management is prompt, appropriate and consistent.
- To ensure pain assessment includes the use of systematic and validated tools.
- To promote continual monitoring and improvement in outcomes of pain management.
- To provide the foundation upon which health care providers education should be based.

Principles of Pain Management

1) Requires **interdisciplinary intervention** in **collaboration** with person/ families
2) Persons have the **right** to appropriate assessment and management of pain
3) Unrelieved **pain should be prevented**
4) Unrelieved **pain requires urgent treatment**
5) Health care provides are **ethically obligated** to advocate for patient's pain relief
6) **Ongoing education** is essential to maintain clinical competency in pain assessment and management

History of the WRHA Pain CPG

- Regional Accreditation – **2004**
- Initial Development and Stakeholder Consultation: **2005-2009**
- Approved at Regional Level: **2009**
- Stakeholder Implementation Review and Revision **2011**
- Approved at Regional Level: **2012**

Clinical Expertise

Extensive consultation in review of document (2005-2009):

- WRHA Program/Site Leads
- Non-WRHA Community Stakeholders
- Stakeholders Implementation Initiatives Review (2011)

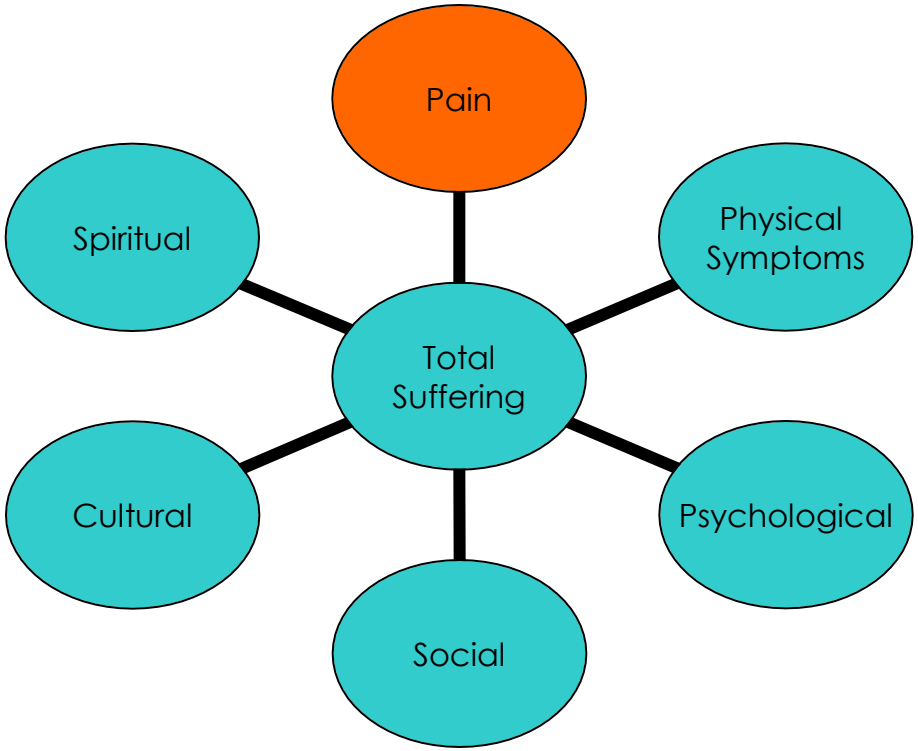
Patient Preference

"Pain is whatever the person says it is, existing whenever he/she says it does"

Margot McCaffery, 1986

Patient Preference: Total Pain and Suffering

- Pain is something that happens to the body and causes personal suffering.
- A person's suffering is subjective and intensely personal.



Total Pain Case Study

- 28 year old man
  - History of enlarged painless right testicle
  - Recent weight loss
  - Extreme Fatigue
  - Scheduled for surgery to biopsy mass
  - One week prior presented to ER with distended and tender abdomen, chest pain, hemoptysis and confusion

28 year old male

- Diagnosed with Aggressive Germ Cell Testicular Cancer with metastatic lesions to his lungs, liver and brain.
- Surgery was not an option and he was started on Palliative Chemotherapy and Radiation in hopes to get a positive tumor response
- Once this man's physical pain was tolerable (we really never did get it completely under control) his psychosocial, emotional and spiritual dimensions were explored.

28 year old male

Psychosocial Pain:

- Separated from his wife for two years
- Ten year old son (50/50 custody)
- Ex-wife and mother could not visit at the same time

28 year old male

Spiritual Pain

- He realized the severity of his aggressive illness that his treatment options were limited and his prognosis was poor.
- He had witnessed his dad pass away a year prior from cancer and it was a bad experience.

28 year old male

- After four days of aggressive treatment he developed more hemoptysis became less responsive and on the fifth day he passed away with his son, mom, and ex-wife by his side
- The son had drew a picture of them fishing and asked the nurses if he could have it with him at all times.

Benefits for Practitioners

- Standardized approach to guide treatment decisions across the care continuum.
- Consistent evidence-based pain assessment and management.
- Increased client satisfaction.
- Enhanced practitioner knowledge at all levels.

Revisions to the Pain CPG Contents

- Additions in Glossary
  - Cancer Pain
  - Incomplete Cross-Tolerance
- Changes in Glossary
  - Adverse Effects (consequences)
  - Opioid Induced Neurotoxicity (toxicity)
- Recommendations decreased from 30 to 28 with inclusion of Patient and Family Education.

Pain CPG Contents

- Section 1: Assessment
  - Recommendations 1-10 include:
    - Screening to determine if the person has been or is experiencing pain.
    - Selecting a systematic pain assessment tool (based on suitability of use with patient population).
    - Providing a comprehensive pain assessment with attention to identifying underlying causes and circumstances for each person having pain.
    - Reassessing pain on a regular basis according to type and intensity of pain and the treatment plan.

Pain Assessment Tool

Is completed:

- on admission
- a change in medical condition occurs that may indicate the presence of new pain (eg. hip fracture)
- verbal and/or behavioural observations of pain are noted
- person/family states that they are having pain

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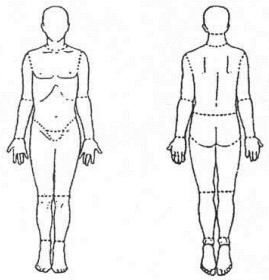
PAIN ASSESSMENT TOOL (Adult)

CLIENT HEALTH RECORD #
CLIENT SURNAME
GIVEN NAME
DATE OF BIRTH
SEX
MHSC #
PHIN #

1. Please mark the area of pain on the drawing. If you have more than one pain, label them A, B, C, etc.



Rate your pain on a scale from 0 to 10.

0 1 2 3 4 5 6 7 8 9 10

No Pain — Worst Pain

DATE _____

	PAIN A	PAIN B	PAIN C
A) Rate your pain on a scale from 0 - 10? • At the present time • At its worst • At its least • Person's acceptable pain level	/10 /10 /10 /10	/10 /10 /10 /10	/10 /10 /10 /10
B) Check the words that best describe the kind of pain you have. Check as many words as apply.	☐ Dull Ache ☐ Throbbing ☐ Burning ☐ Sharp ☐ Stabbing ☐ Deep ☐ Cramping ☐ Surface ☐ Pins and Needles ☐ Other _____	☐ Dull Ache ☐ Throbbing ☐ Burning ☐ Sharp ☐ Stabbing ☐ Deep ☐ Cramping ☐ Surface ☐ Pins and Needles ☐ Other _____	☐ Dull Ache ☐ Throbbing ☐ Burning ☐ Sharp ☐ Stabbing ☐ Deep ☐ Cramping ☐ Surface ☐ Pins and Needles ☐ Other _____
C) Does the pain radiate/travel anywhere?	☐ YES ☐ NO If YES, where _____	☐ YES ☐ NO If YES, where _____	☐ YES ☐ NO If YES, where _____
D) How & when did the pain begin?	_____ _____	_____ _____	_____ _____
E) How often do you have the pain?	☐ All the time ☐ Many times a day ☐ Once a day ☐ Other _____	☐ All the time ☐ Many times a day ☐ Once a day ☐ Other _____	☐ All the time ☐ Many times a day ☐ Once a day ☐ Other _____
F) How long does the pain usually last?	☐ Seconds ☐ Minutes ☐ Hours ☐ Constant	☐ Seconds ☐ Minutes ☐ Hours ☐ Constant	☐ Seconds ☐ Minutes ☐ Hours ☐ Constant
G) What makes the pain worse?	☐ Walking ☐ Dressing Changes ☐ Moving ☐ Other (describe) _____	☐ Walking ☐ Dressing Changes ☐ Moving ☐ Other (describe) _____	☐ Walking ☐ Dressing Changes ☐ Moving ☐ Other (describe) _____
H) Is your pain worse at a certain time of day? When?	☐ Morning ☐ Evening ☐ Afternoon ☐ Night	☐ Morning ☐ Evening ☐ Afternoon ☐ Night	☐ Morning ☐ Evening ☐ Afternoon ☐ Night
I) What makes the pain better?	☐ Heat ☐ Relaxation ☐ Cold ☐ Distraction ☐ Massage ☐ Lying Still ☐ Changing Position	☐ Heat ☐ Relaxation ☐ Cold ☐ Distraction ☐ Massage ☐ Lying Still ☐ Changing Position	☐ Heat ☐ Relaxation ☐ Cold ☐ Distraction ☐ Massage ☐ Lying Still ☐ Changing Position

Appendix Revisions Children/Adults

- **ADDITIONAL SCREENING TOOLS ADDED FOR:**
  - **Children unable to verbalize/ can verbalize the presence of pain**
  - **Adults unable to verbalize the presence of pain**
  - **Adults at risk of opioid abuse and/or display aberrant behaviors**
  - **Adults admitted to an intensive care unit**
  - **Adults at risk of opioid induced sedation**

Revised Assessment Recommendations

- Numerous pain assessment tools in Appendix A that are used at various WRHA sites.
- “identify the cause of pain” as a recommendation now imbedded in “Comprehensive Pain Assessment”.
- Expanded on “Advocate for Pain Control” #10 including specific rationale for need for change in treatment plan.
- Expanded “Documentation of Pain Assessment” #9 with emphasis on teaching family to document.

Pain CPG Contents

- Section 2: Management
  - Recommendations 11-28 includes:
    - Establishing a plan based on clinical rationale, the person's goals and interventions to manage pain.
    - Implementing the plan and monitoring the person to determine the response to interventions including effectiveness and monitoring for adverse effects.

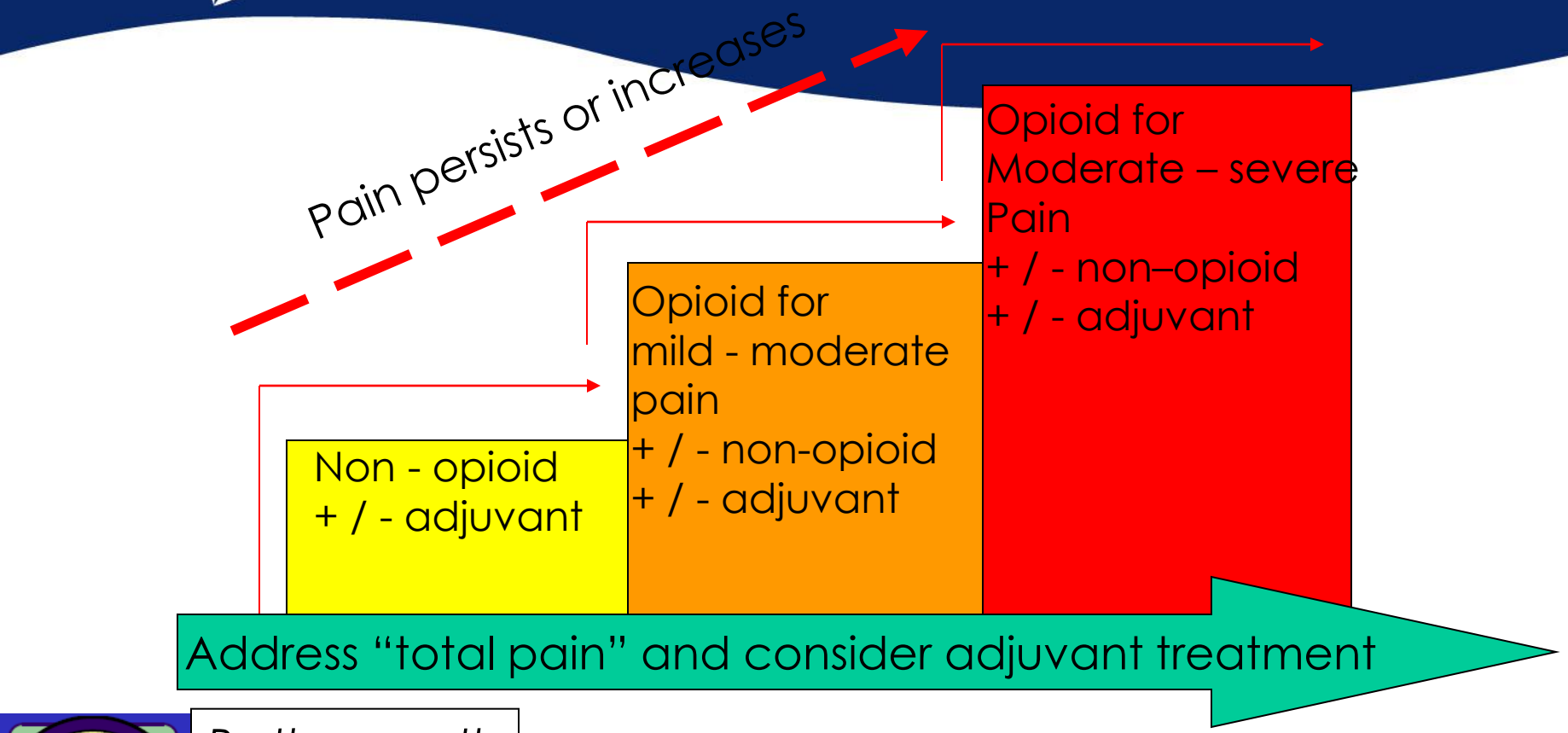
Analgesic Ladder

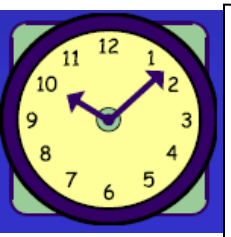
Recommendation 12

Select the analgesic based on the highest likelihood of gaining pain relief with the lowest likelihood of adverse effects.

WHO Pain Ladder

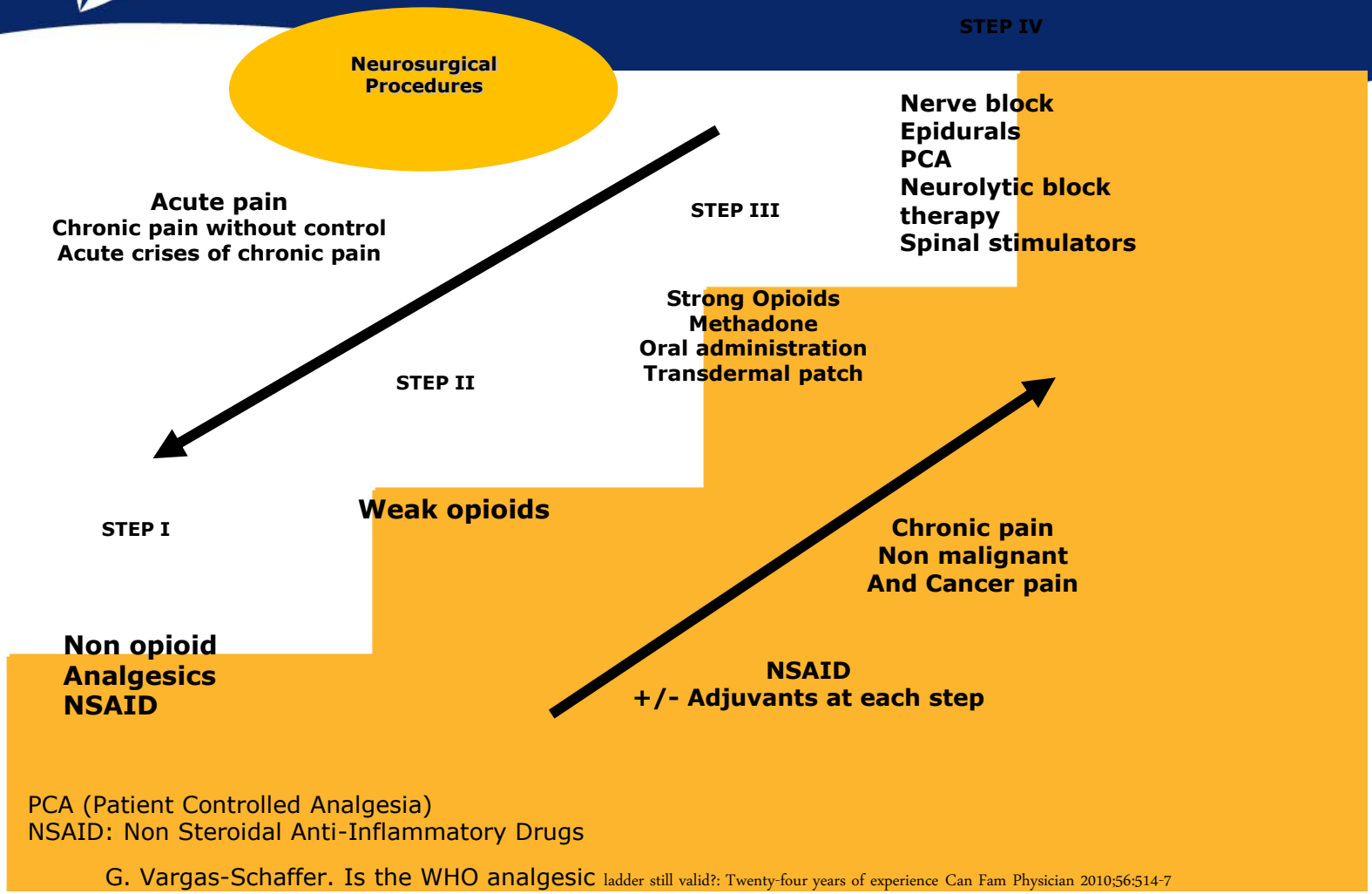
recommendation 14





By the mouth
By the clock
By the ladder

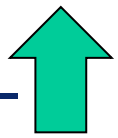
WHO Analgesic Ladder



PCA (Patient Controlled Analgesia)
NSAID: Non Steroidal Anti-Inflammatory Drugs

G. Vargas-Schaffer. Is the WHO analgesic ladder still valid?: Twenty-four years of experience Can Fam Physician 2010;56:514-7

Revised Management Recommendations

- #17 added sections on:
  - Initiation of Opioids/Titration of Opioids/Acute Pain/Chronic Pain
- # 18 clear language decreasing opioid dose/non-pharmacologic methods
- #19 how to use incident pain protocol
- #20 added buccal, interventional, topical, intranasal
- #25 Opioid-induced Neurotoxicity –  explanation

Management Revisions- Opioids

Recommendation 17

Initiation of Opioids:

- Use immediate-release preparation
- Titrate upwards until pain relief occurs or limiting adverse effects develop
- Doses may be increased every 24 hours
- If pain stable, consider converting daily dose to controlled-release preparation

Management Revisions- Opioids

Titration of Controlled-Release Opioids:

- Have immediate-release preparation for breakthrough pain (PRN).
- Doses may be increased every 48 hours.
- Total daily opioid requirements (CR & PRN) should be calculated and CR preparation adjusted accordingly.

Management Revisions- Breakthrough Pain

Recommendation 18

Promptly treat pain that occurs between regular doses of analgesic (breakthrough pain):

- Use same opioid for breakthrough pain as scheduled opioid.
- Calculated as 10% of total 24-hour dose of scheduled opioid.
- Consider increasing scheduled dose if 3 or more breakthrough doses used in 24 hours

Evaluation – 2009

- Sites and Programs are developing and focusing on indicators for effective pain management:
  - Staff Pain Survey
  - Education Attendance

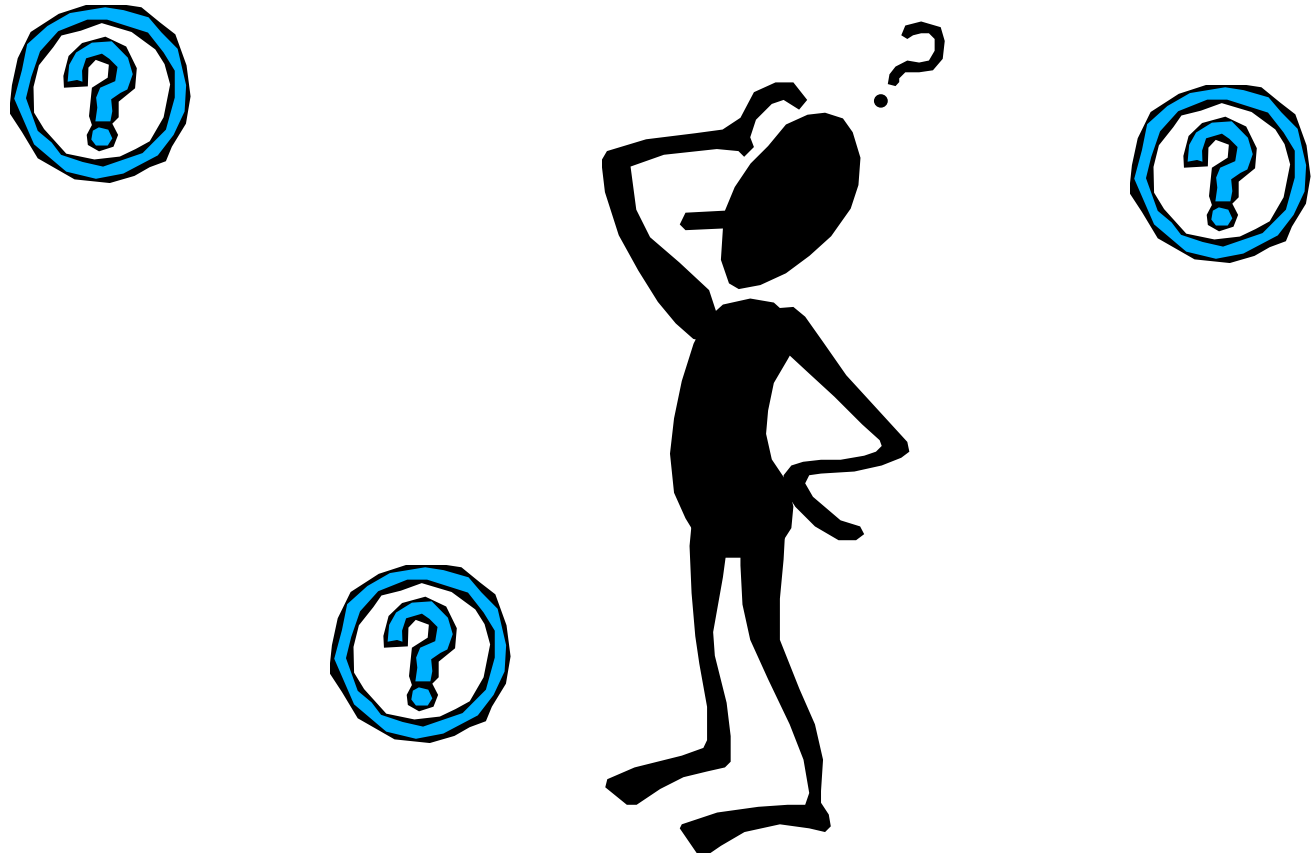
Future Directions

- ✓Program/Site Regional Quality Indicators
- ✓Continued Education on Pain CPG
- ✓Regional Study on Pain Control
- ✓Annual Publications of Successes

Future Plans

- ✓ Pain CPG Recommendations to be reviewed in 2 year period.
- ✓ Yearly Pain Day planned during National Pain Week to continue.

Questions



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