

GENERAL INSTRUCTIONS FOR USE OF THE PALLIATIVE CARE PAIN TOOL

- ❖ Forms may be downloaded from the Palliative Care folder in the NHS Lanarkshire public folders.
- ❖ The assessment form is held by the Patient/Carer and used by members of the healthcare team at **each visit** until pain control is satisfactory. A new form should be commenced if pain returns.
- ❖ Please use as many forms as needed for each patient throughout their care and treatment. Patients should be issued with a second complete form when all spaces on the first form are used.
- ❖ When a form is initiated for a patient, the member of the healthcare team issuing the form should give the patient a **patient information leaflet** along with a verbal explanation.
- ❖ Patients should be encouraged to make use of the **general comments** box on the front page of the pain tool.
- ❖ All patients with uncontrolled pain should be discussed with the GP. If a patient's **STAS** score remains at **3** or above for **3 consecutive entries** then please **seek advice** from a palliative care specialist, e.g. St. Andrew's Hospice on **01236 766951**, Community Macmillan Team on **01698 723278**.
- ❖ All forms used in the community should be returned to **Medical Department, St Andrew's Hospice, Henderson Street, Airdrie, ML6 6DJ**, as soon as they are completed or when treatment ceases.
- ❖ Forms used in the community should not be taken to hospital if the patient is admitted.

**At any time specialist advice can be requested from
the medical or nursing staff at
St. Andrew's Hospice on 01236 766951**

GUIDELINES FOR COMPLETION OF THE PALLIATIVE CARE PAIN TOOL

CHI number

This is essential information. The initials and DOB are for team use but please also enter the CHI.

ASSIGNED HEALTHCARE TEAM

The names of the healthcare team should be inserted in the appropriate boxes. The **Named Patient Representative** box should identify a Relative or Carer, nominated and agreed by the patient, who may be involved in decision-making around the patient's care and treatment.

MEDICATIONS CURRENTLY PRESCRIBED

Please record **all medications** the patient is currently being **prescribed** for **treatment of pain** at time of issue of form.

PATIENT MANAGEMENT

Record the fact that **Form DS1500** has been completed (if appropriate) and also that the relevant **Out of Hours Service(s)** have been notified.

GENERAL COMMENTS

Patients, Carers and **Team Members** should encourage each other to participate in using this section to record thoughts on pain assessment. The information will help improve delivery of service for the future and inform the continuing education process.

GUIDELINE PROMPTS, ADJUVANT DRUGS & PAIN TYPES

These sections provide **"at a glance" information** and prompts, which should help the Healthcare Team to deliver good patient care.

SUPPORT TEAM ASSESSMENT SCHEDULE (STAS)

This is a description of the **tool to be used to measure** and **record** the patient's **pain**.

COGNITIVE IMPAIRMENT

This refers to any confused patient. Long-standing memory impairment may indicate dementia. Confusion of recent onset may be due to opioids or other reversible factors (e.g. infection, hypercalcaemia). Possible causes or management strategies can be noted in the comments section. For patients who cannot communicate verbally, it may be helpful to use a behavioural pain assessment tool, such as the Doloplus Tool (www.doloplus.com).

VISIT DATA RECORDING TABLES

These tables should be used to record patient information at **each visit where pain issues are discussed** with the patient or changes are made to prescribed medication, but a maximum of one entry per day. **N.B. Please enter the medication to be taken following this assessment including any changes made today.**