

# Pain Tool Continuation Sheet

## GENERAL INSTRUCTIONS FOR USE OF THE PALLIATIVE CARE PAIN TOOL

- The pain tool is designed for used by members of the healthcare team **at each visit** until pain control is satisfactory
- Please use as many pages as needed for each patient throughout their care and treatment. Continuation pages are available
- When a pain tool is initiated, the member of the healthcare team starting it should give the patient/carer **a patient information leaflet** along with a verbal explanation
- All patients with uncontrolled pain should be discussed with the GP. If a patient's STAS score remains at 3 or above for three 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
- The *Guideline Prompts*, *Adjuvant Drugs* and *Pain Types* sections provide **"at a glance"** information to help the healthcare team deliver good patient care
- The *Visit Recording 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.  
**N.B Please enter the medication to be taken following this assessment, including any changes made during the visit**

### GUIDELINE PROMPTS

#### The Analgesic Stepladder

**Step 1: NON OPIOID** *i.e. paracetamol or NSAID e.g. diclofenac, ibuprofen.* Useful in controlling bone and soft tissue pain. Paracetamol useful in combination with NSAIDs for an additive effect.

**Step 2: WEAK OPIOID** *e.g. codeine or dihydrocodeine ± non opioid*

**Step 3: STRONG OPIOID** *e.g. morphine or diamorphine ± non opioid*

Second line alternatives include fentanyl (Durogesic Dtrans ®) and oxycodone (Oxycontin ®, Oxynorm ®)

**CONSIDER AN ADJUVANT DRUG AT EVERY STEP** (Refer to the Adjuvant Drugs box opposite)

#### \* Rescue or Breakthrough Medication \*

Always prescribe additional analgesia to take as needed **in addition** to regular analgesic therapy.

Immediate release preparations such as *Sevredol*® or *Oramorph*® should be prescribed with a dose interval of 1 to 2 hourly, as required.

**The dose of additional analgesia is ONE SIXTH of the REGULAR 24 hour dose.**

e.g. If the regular 24 hour dose = MST 60mg b.d. the additional breakthrough dose = 20mg *Sevredol*® or *Oramorph*®.

**Remember to increase the dose in line with the regular 24 hour dose.**

#### \* Opioid Side Effects \*

A regular laxative is **almost always necessary** with an opioid *e.g. Co-danthramer.*

All patients **should have access** to an anti-emetic *e.g. haloperidol 1.5mg oral b.d.*

All opioids **may cause neurotoxicity**. Remember to ask if the patient is experiencing symptoms such as drowsiness, nightmares, hallucinations or myoclonic jerks, and if so, consider a reduction in dose or a change of opioid.

#### Converting oral to subcutaneous opioids

**Oral morphine to SC diamorphine – one third** of the oral dose *e.g. for a patient taking MST 60mg b.d. the total oral morphine dose in 24 hours is 120mg. Therefore in the above example the patient will require SC diamorphine 40mg over 24 hours.*

**Oral morphine to SC morphine – one half** of the oral dose *e.g. for a patient taking MST 60mg b.d. the total oral morphine dose in 24 hours is 120mg. Therefore in the above example the patient will require SC morphine 60mg over 24 hours. Breakthrough analgesia should be Oramorph®/Sevredol® 20mg or SC morphine 10mg.*

**Oral oxycodone to SC oxycodone – one half** of the oral dose *(as in example above).*

**The dose of additional SC analgesia is ONE SIXTH of the REGULAR 24 hour dose. DO NOT press the boost button on a syringe driver. It does not provide adequate analgesia.**

### ADJUVANT DRUGS

**May be required at any step on the ladder and should all be prescribed regularly, not p r n**

<b>Tricyclic Antidepressants</b>	<i>e.g. amitriptyline, imipramine.</i> Help control <b>nerve pain</b> which may be only partially controlled by morphine. Often effective in sub-antidepressant dose, e.g. 10mg – 30mg per day. Occasionally larger doses may be required.
<b>Anticonvulsants</b>	<i>e.g. gabapentin, carbamazepine, valproate.</i> Also help control <b>nerve pain</b> . Choice depends on side effect profile.
<b>Corticosteroids</b>	<i>e.g. dexamethasone.</i> Effective in nerve damage pain by reducing peri-neural oedema. May reduce headache and confusion in cerebral metastases.
<b>Anxiolytics</b>	<i>e.g. diazepam, lorazepam, midazolam.</i> Can improve pain control in conjunction with opiates. Useful in agitated states and for dyspnoea. Midazolam is a very effective anxiolytic in a syringe driver.
<b>Muscle Relaxants</b>	<i>e.g. benzodiazepines, baclofen.</i> Useful in treating pain associated with muscle spasms. Use with care as they may cause depression and weakness.
<b>Antimuscarinics</b>	<i>e.g. hyoscine butylbromide (Buscopan®).</i> Useful in relieving colic pain. (N.B. Ensure constipation is adequately treated).

PAIN TYPES <sup>[1]</sup>	
<b>Visceral</b>	Patients in this category have pain due to visceral involvement. This pain is usually described as not well localised, “aching”, or “dull.” Occasionally, the pain can have a “cramp” characteristic (bladder, biliary or urinary spasm).
<b>Somatic</b>	Relating to a body wall as opposed to the viscera, limbs and head. Relating to the body as opposed to the mind.
<b>Neuropathic</b>	Pain is located in the region where the nerve or nerve root has been damaged. There may be paroxysmal episodes of pain; the pain may have a “burning” or an “electrical” character. Overlying skin sensation may be altered.
<b>Mixed</b>	This category applies when components of both neuropathic and non-neuropathic pain can be identified. Neuropathic pain must be present for the diagnosis of mixed pain.
<b>Bone or soft tissue</b>	This pain is usually described as an “ache” on the affected bone or soft tissue area, aggravated by pressure or movement, and usually is well localised.
<b>Incidental</b>	Pain is aggravated suddenly as a result of movements, swallowing, defecation, or urination. Pain control is usually excellent if the patient remains immobile or refrains from performing the pain-causing manoeuvre.
<b>Unknown</b>	This category applies if, after clinical history, physical examination, and imaging techniques, the mechanism of pain remains uncertain.

<sup>[1]</sup> Bruera et al. A Prospective Multicenter Assessment of the Edmonton Staging System for Cancer Pain. *Journal of Pain and Symptom Management* Vol.10 No.5 July 1995.

**PLEASE COMPLETE THE FOLLOWING TABLES AT EACH VISIT WHERE PAIN ISSUES ARE DISCUSSED WITH PATIENT**

VISIT 3		Date:	STAS Score	0	1	2	3	4
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Palliative Care Services currently involved? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Is pain at an acceptable level to patient? Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer <input type="checkbox"/>								
Pain Type	Visceral	Somatic	Neuro.	Mixed	Bone/Soft Tissue	Incidental	Unknown	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed	<input checked="" type="checkbox"/>	Drug Name	Dose		Freq.	Route		
Regular Opioid	<input type="checkbox"/>							
Rescue Opioid *	<input type="checkbox"/>							
Adjuvant(s)	<input type="checkbox"/>							
Laxative *	<input type="checkbox"/>							
Non-opioid(s)	<input type="checkbox"/>							

VISIT 4		Date:	STAS Score	0	1	2	3	4
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Palliative Care Services currently involved? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Is pain at an acceptable level to patient? Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer <input type="checkbox"/>								
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed	<input checked="" type="checkbox"/>	Drug Name	Dose		Freq.	Route		
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