

# PALLIATIVE CARE PAIN TOOL

Use in Conjunction with Lanarkshire Palliative Care Guidelines

INITIALS and Date of Birth

\* CHI number \*



### ASSIGNED HEALTHCARE TEAM

Practice No:		Named Nurse:		Named Patient Representative:	
Named Doctor 1:		Named Nurse: (Specialist)		DIAGNOSIS:	

### MEDICATION CURRENTLY PRESCRIBED FOR PAIN AT TIME OF ISSUE OF PAIN TOOL

Prescribed	✓	Drug Name	Dose	Freq.	Route
Regular opioid(s)	<input type="checkbox"/>				
Rescue opioid(s)	<input type="checkbox"/>				
Adjuvant analgesic(s)	<input type="checkbox"/>				
Laxative(s)	<input type="checkbox"/>				
Non-opioid analgesic(s)	<input type="checkbox"/>				

### GENERAL COMMENTS

The **Patient, Carer or Team Members** should use this box for comments

### PATIENT MANAGEMENT

Has form **DS1500** been completed?       YES      Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Signature \_\_\_\_\_

Has **Out-of-Hours Service(s)** been notified?       YES      Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Signature \_\_\_\_\_

## 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 prn.

<b>Tricyclic Antidepressants</b>	e.g. <i>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>	e.g. <i>gabapentin, carbamazepine, valproate</i> . Also help control <b>nerve pain</b> . Choice depends on side effect profile.
<b>Corticosteroids</b>	e.g. <i>dexamethasone</i> . Effective in nerve damage pain by reducing peri-neural oedema. May reduce headache and confusion in cerebral metastases.
<b>Anxiolytics</b>	e.g. <i>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>	e.g. <i>benzodiazepines, baclofen</i> . Useful in treating pain associated with muscle spasms. Use with care as they may cause depression and weakness.
<b>Antimuscarinics</b>	e.g. <i>hyoscine butylbromide</i> (Buscopan®). Useful in relieving colic pain. (N.B. Ensure constipation is adequately treated).

## PAIN TYPES [1]

<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.

[1] 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.

## SUPPORT TEAM ASSESSMENT SCHEDULE (STAS) [2]

Pain Control = the effect of his/her pain on the patient

### THE PATIENT SHOULD ASSESS HIS/HER PAIN WHENEVER POSSIBLE

<b>0</b>	None.
<b>1</b>	Occasional or grumbling single pain. Patient is not bothered to be rid of symptom.
<b>2</b>	Moderate distress occasional bad days. Pain limits some activity possible within extent of disease.
<b>3</b>	Severe pain present often. Activities and concentration markedly affected by pain.
<b>4</b>	Severe and continuous, overwhelming pain. Unable to think of other matters.

If a patient's **STAS score** remains at **3** or above for **3 consecutive visits** then **seek advice** from a palliative care specialist at St Andrew's Hospice on **01236 766951**

[2] The Support Team Assessment Schedule [Irene Higginson(ed) *Clinical Audit in Palliative Care* Radcliffe Medical Press 1993.

## PSYCHOLOGICAL IMPACT OF PAIN

Remember that pain can have a major psychological effect on patients. Assess the requirement for patient support and consider appropriate interventions, which may include antidepressants.

### COGNITIVE IMPAIRMENT

Cognitive impairment present? Yes  No

Long-standing? Yes  No

Recent onset? Yes  No

Comments:

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

VISIT 1	Date:	STAS Score	0	1	2	3	4
			<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"/>
Prescribed	✓	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 2	Date:	STAS Score	0	1	2	3	4
			<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"/>
Prescribed	✓	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"/>						

<b>VISIT 3</b>	Date:	<b>STAS Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
			<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"/>
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"/>						

<b>VISIT 4</b>	Date:	<b>STAS Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
			<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"/>
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"/>						

<b>VISIT 5</b>	Date:	<b>STAS Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
			<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"/>
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"/>						

<b>VISIT 6</b>	Date:	<b>STAS Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
			<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"/>
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"/>						