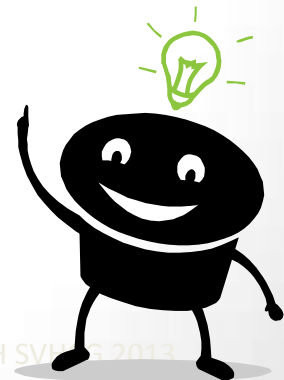


Nurse Prescriber Pain Management

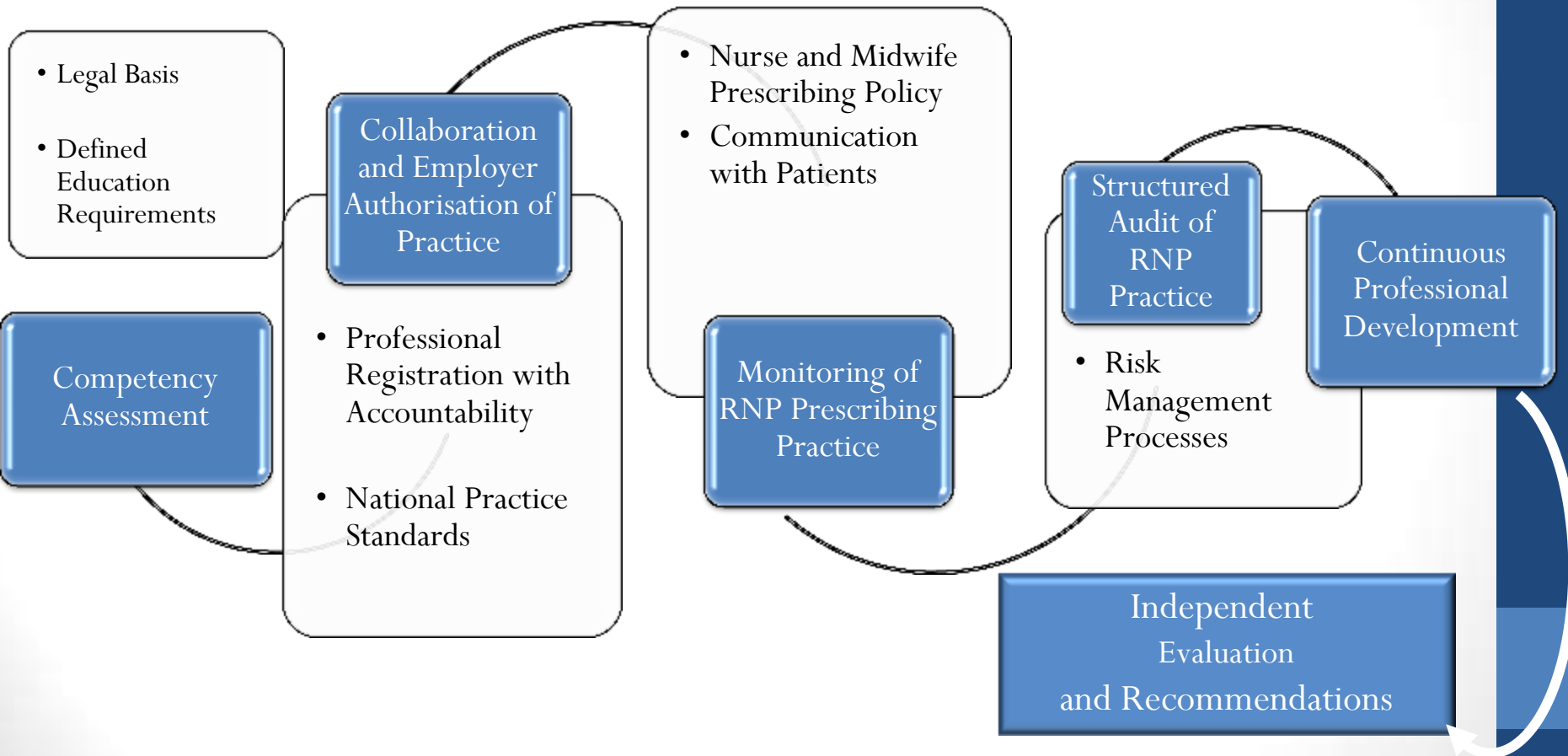
Professor Laserina O Connor
Joint Chair Clinical Nursing
UCD, MMUH, SVHCG
November 2013



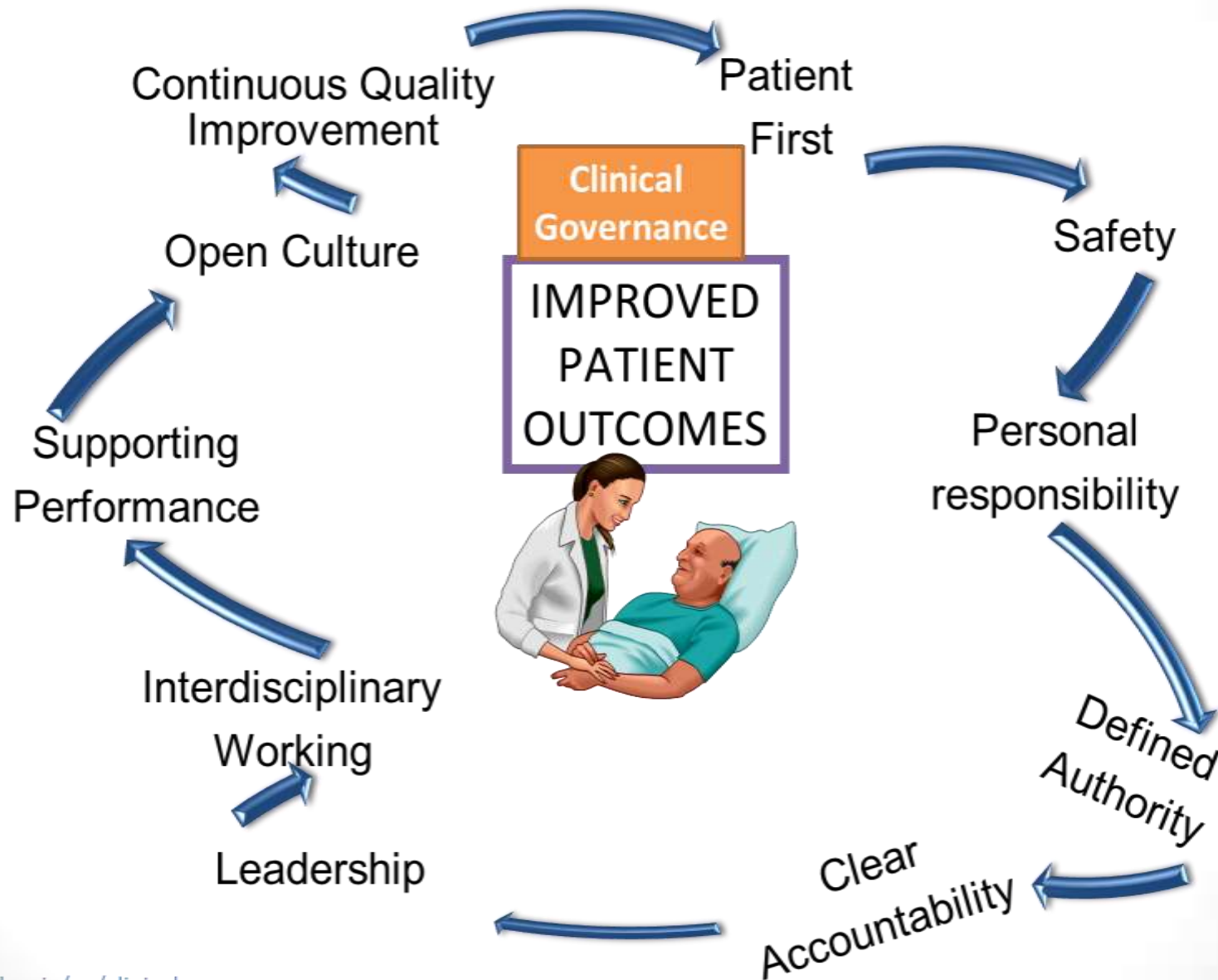
AIM



Clinical Governance Features of Nurse Prescribing



Guiding Principles for Quality and Safety



Nurse Prescriber Pain Management

Pivotal Role in Providing a More
Effective Pain Management Plan

Pharmacological

Non-

Pharmacological



Benefits of Nurse Prescribers: Patients' Perspective

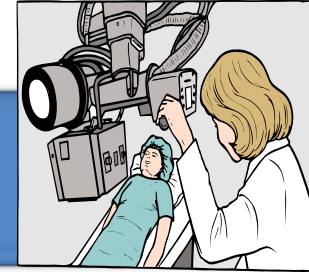


Provide Services
Flexible

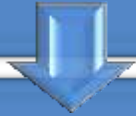
Provide Services
Accessible

(Latter et al. 2005)

Benefits : Nurse Prescribers Perspective



Improved Care



Increased job satisfaction



Improved self-confidence



Increased time with patients



Greater recognition of their professional role



Improvement of the level of medicines provided

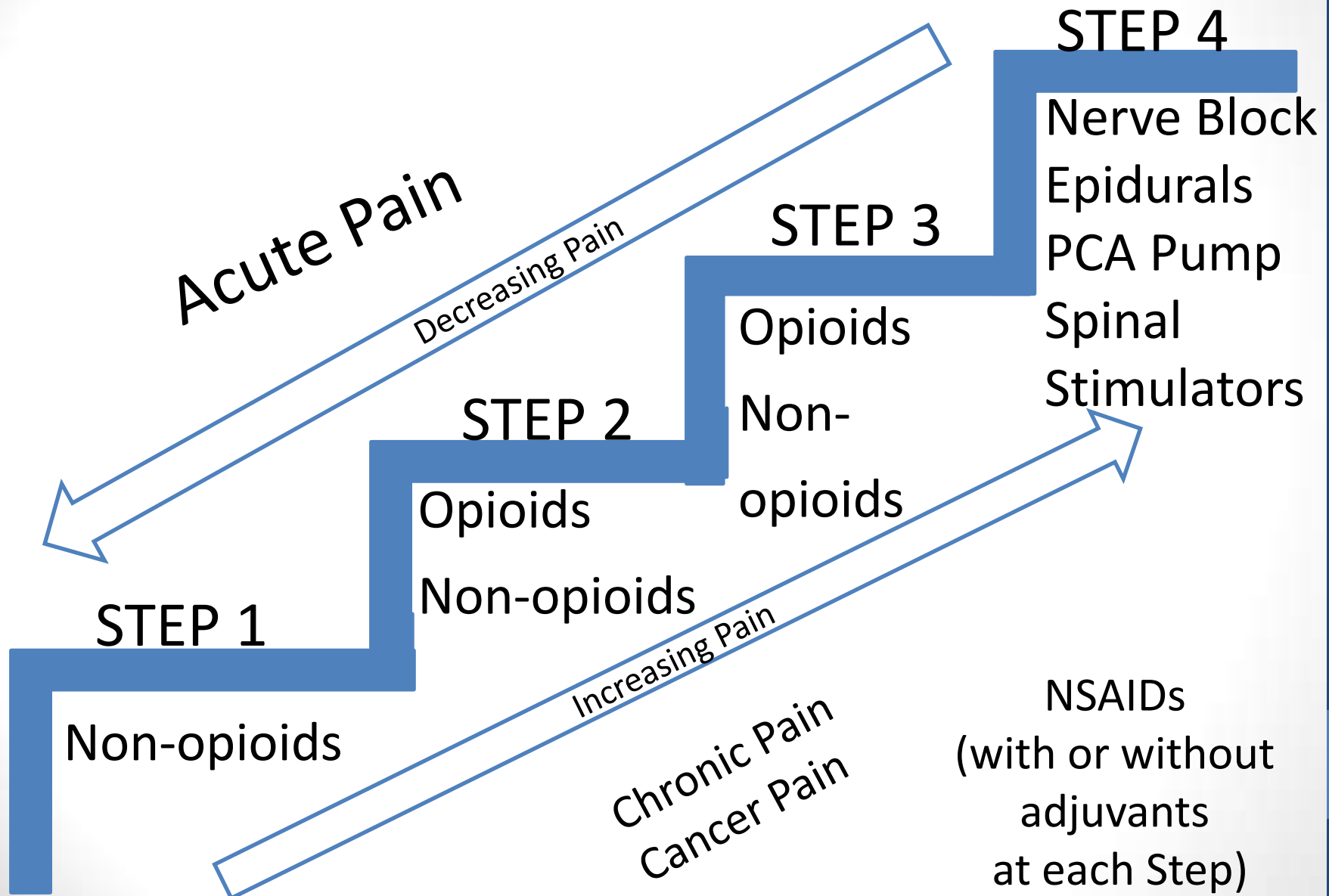
(Hobson et al. 2010, Stenner et al. 2012)

Time with Patients

- When time spent with patients is limited, as it tends to be in practice settings, it becomes more important to utilise all available means of understanding pain's complexity, and treat the person and not simply the pain.



New Adaptation of the WHO Analgesic Ladder



Reverse Analgesic Ladder



STEP 1 High-Tech Analgesia

STEP 2 Paracetamol

+/- NSAIDs, +/- SNRI, +/- Additional Opioids

Limited
Period

STEP 3

Paracetamol

+/- NSAIDs, +/- SNRI

Pain

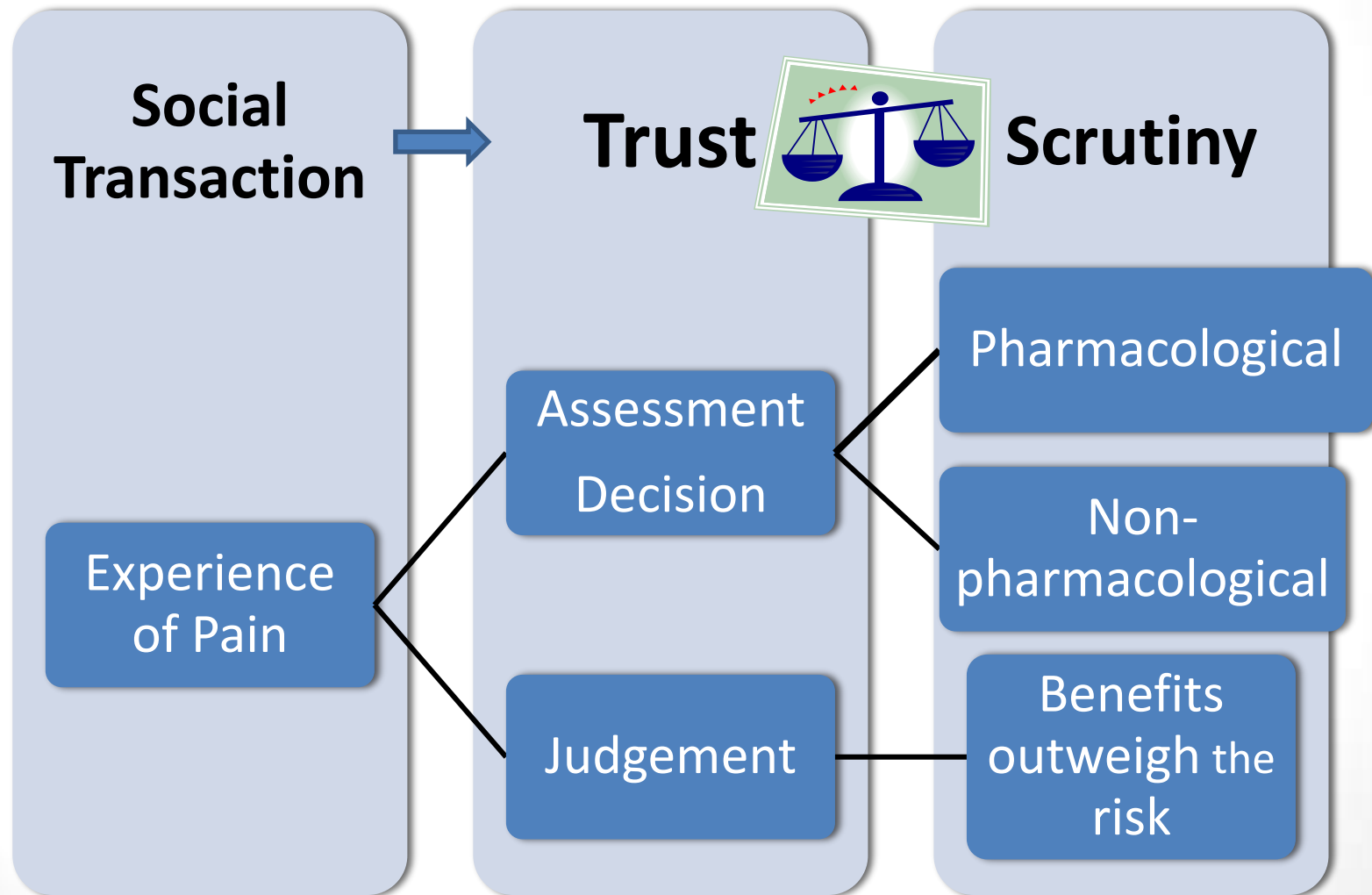
STEP 4

Paracetamol

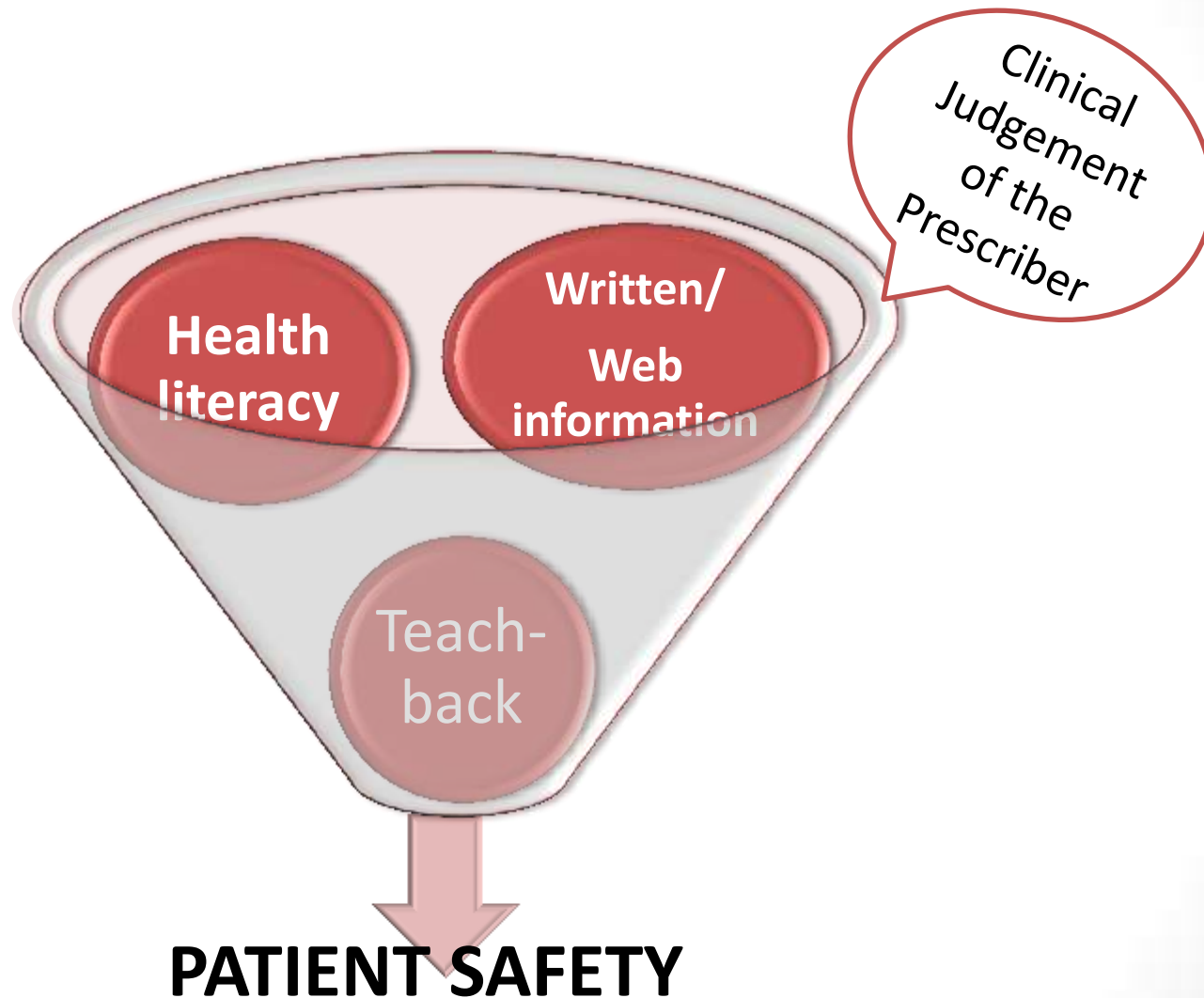
+/- NSAIDs

Pain

Assessment of Pain in the Clinical Encounter: Chronic Non-Cancer Pain



Partnership in Medicine Taking



Prescribing Information (PI) -Concordance

NOT
synonymous with
compliance or
adherence



DOES NOT
relate only to the
medicine
behaviour of the
patient

DEMONSTRATES
the nature of
interaction
between prescriber
and patient

CAN BE
synonymous
with patient-
centred care

(Chen et al. 2012)

CASE 1

Male-aged 60

Surgery one-year ago for colorectal carcinoma

POD 3 post exploratory laparotomy for small bowel adhesions

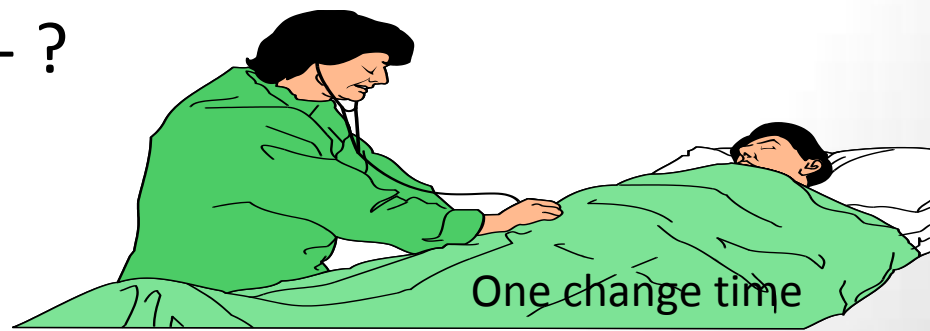
Minimal activity stoma

Mild pain incision at rest

Moderate pain incision on movement and coughing

Epidural infusing at 8 mls/hour – Bupivacaine and Fentanyl

Transfer from Epidural- ?

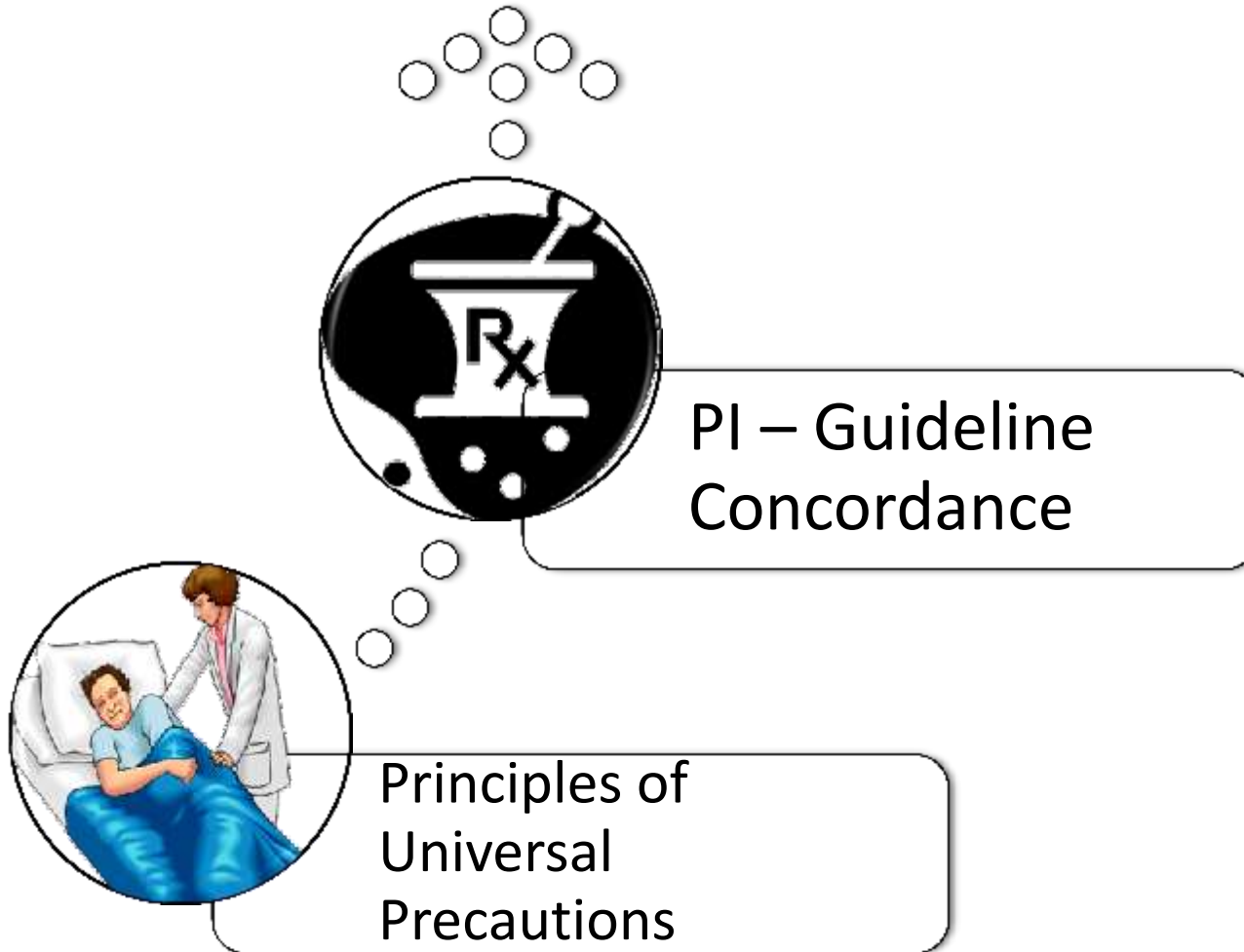


Point Here-Case 1

**‘PATIENT
GETS IT’**



Improvement Pain Outcomes





Patient Education

- Is critical in improving pain management:
 - Reduces anxiety
 - Allows realistic expectations
 - Improves patient satisfaction.



Analgesic Gaps

- Specific periods of time when pain management is inadequate that may lead to uncontrolled or severe pain^{1,2,3}
 - Often occurring during transitions from epidural analgesia or intravenous (IV) patient-controlled analgesia (PCA) to the oral route of administration.
 - By definition, PRN pain medications cause analgesic gaps.
- Gaps in analgesia should be avoided!

1. Carr DB, et al. *Regional Anesthesia & Pain Medicine*. 2005;30:286-291.
2. Heitz JW et al. *Current Opinion in Anaesthesiology*. 2009 Oct;22(5):608-617.
3. Chen PP et al. *Anesthesia & Analgesia*. 2001;92:224-227.



Case 2

- 74 year old-male
- Post coronary artery bypass surgery (CABG) high risk – 12 days post surgery
- Stormy postoperative trajectory
- Old right leg injury > 30 years ago
- Uneasy
- Restless
- Large pupils
- Mild cognitive impairment
- Blood work unremarkable
- Scans – Nil of note
- X-Rays – no #
- Simple analgesics
- Self-report severe right leg pain – pain team referral

Medicines Reconciliation-Case 2

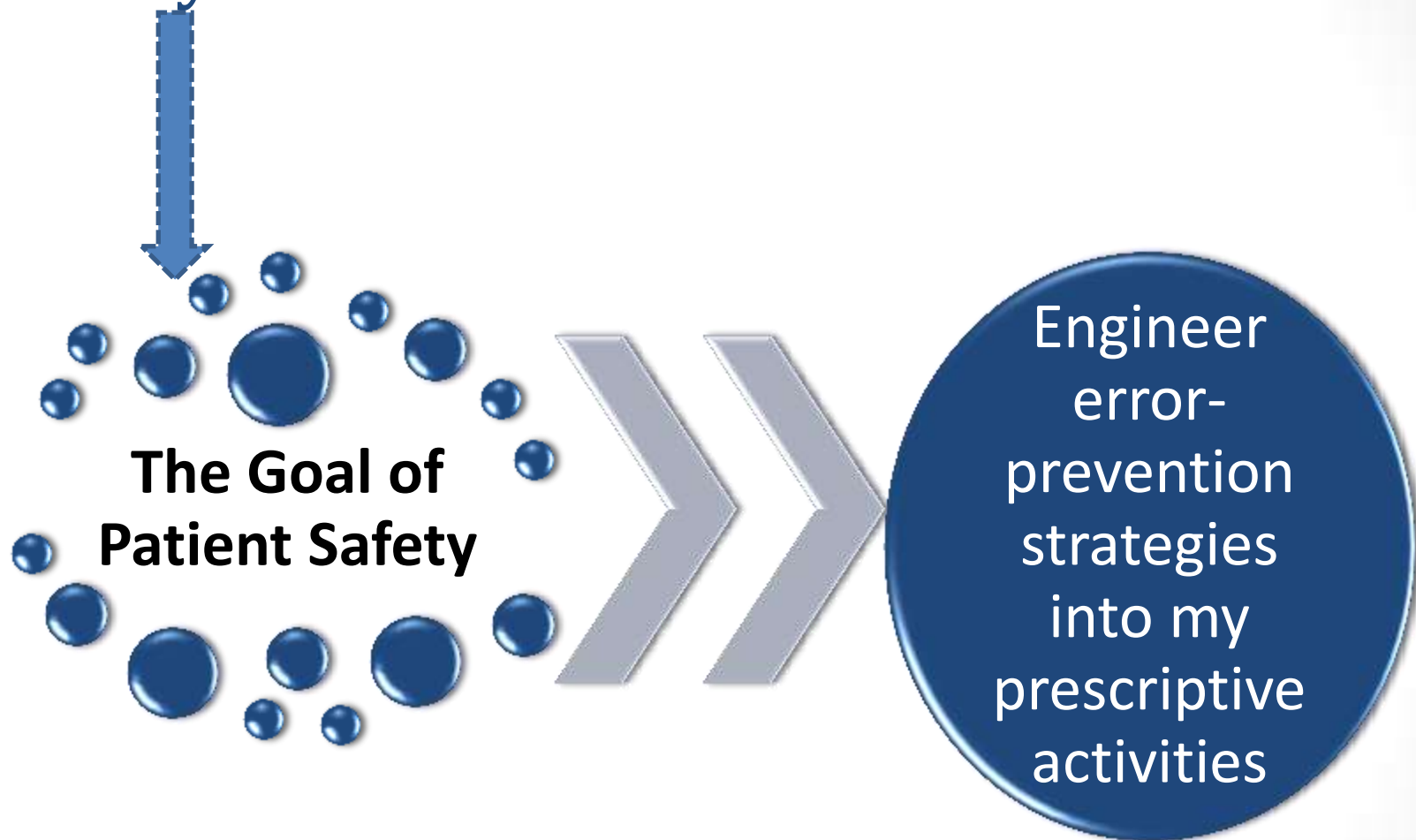


Process to
Facilitate
Patient Safety

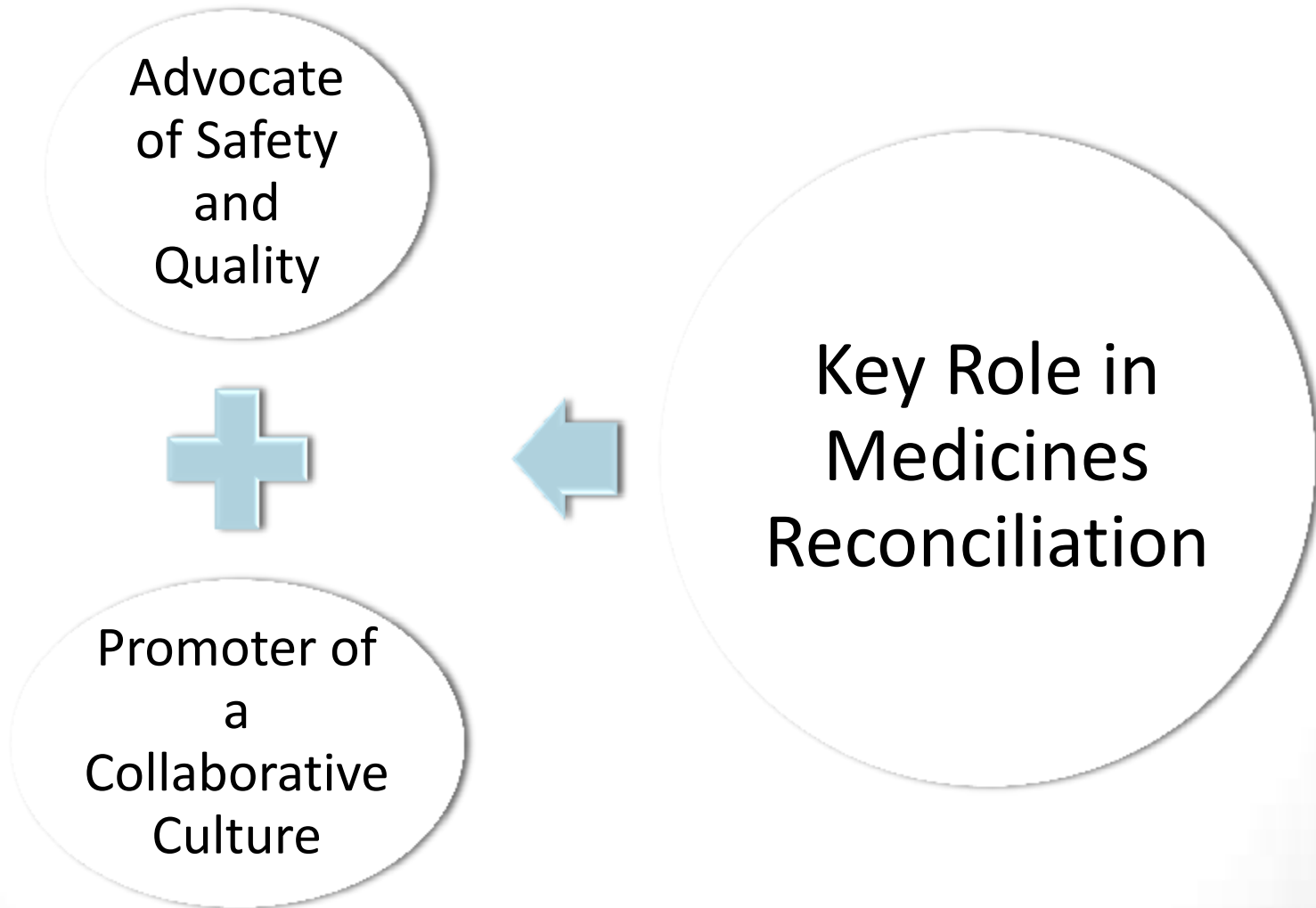
Medicines Reconciliation JCI



In My World as a Nurse Prescriber - Pain

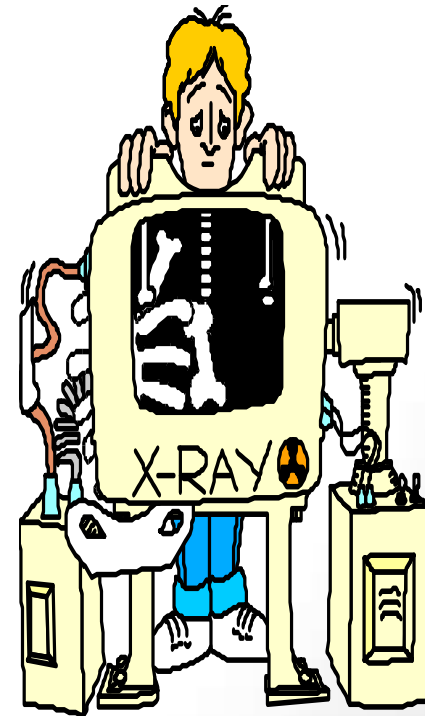


Nurse Prescriber Pain Management



Case 3

- Female -79-[thin but wiry]
- Admitted 10 days ago staging right knee surgery
- 2nd knee surgery on right knee-complicated by an infection
- Osteoarthritis
- Severe Pain Right Knee
- Pain Team Review ASAP



Case 3



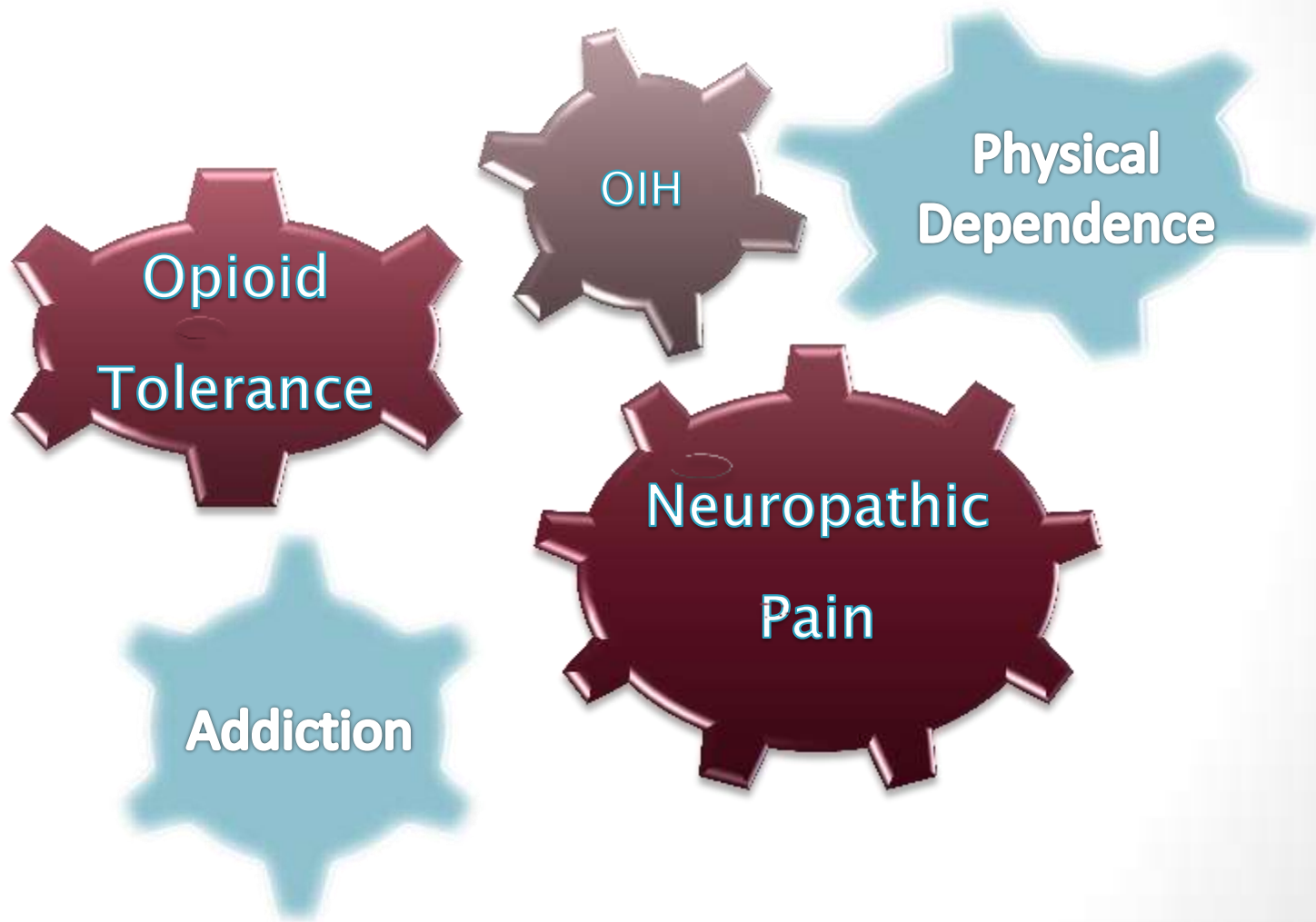
- Analgesic MEDS...

- Paracetamol 1gram 6hourly
- Duragesic 75 mics Transdermal Patch changed 72hourly [> 10 months]
- Oxycontin 15mgs BD [> 6 months]
- OxyNorm 10mgs 6hourly PRN [> 6 months]
- Amitriptyline 75mgs nocte

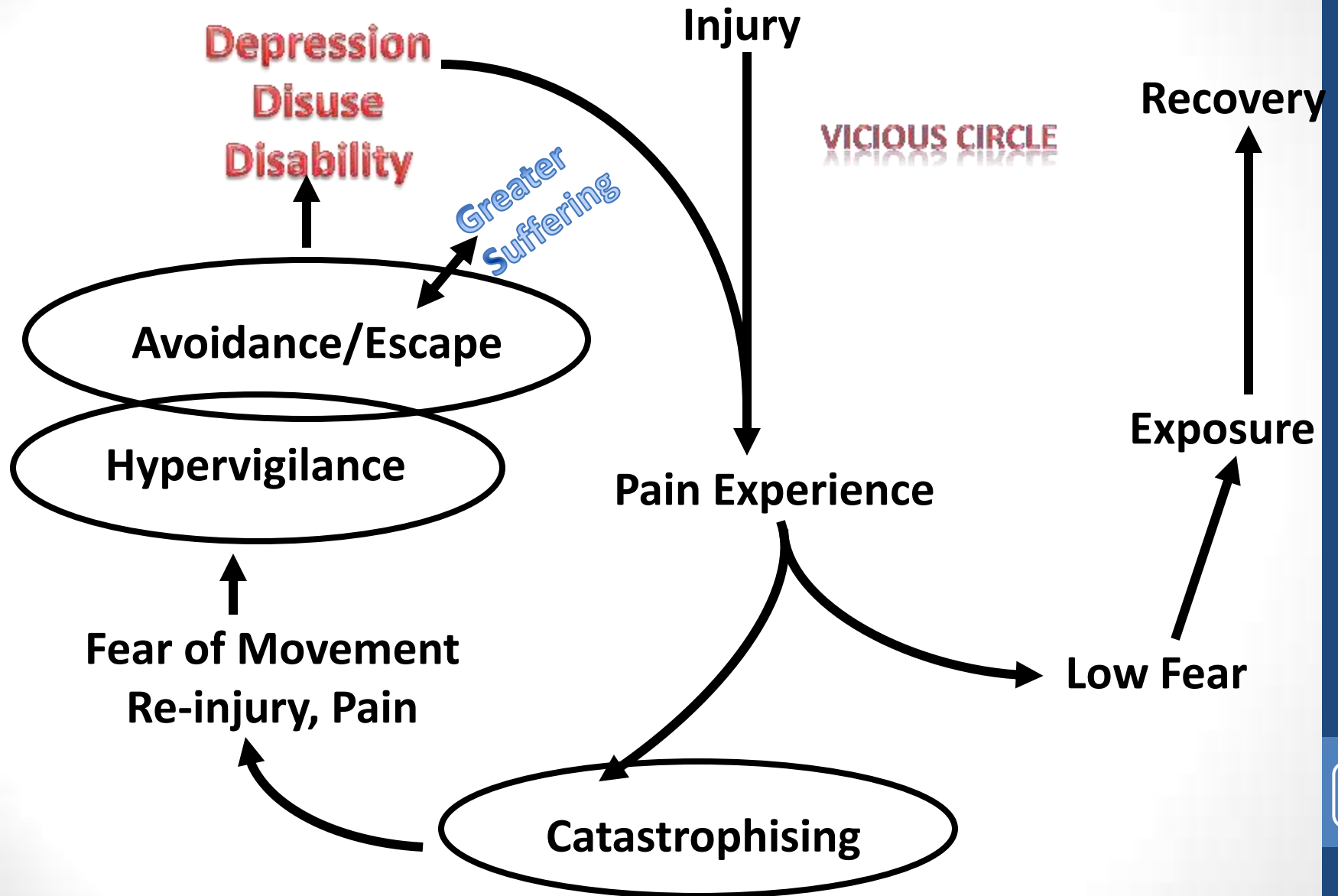
- Other MEDS...

- Aspirin
- Blood Work- CRP 189*, ESR 55*, WBC 12.74*

One Size Fits All? Case 3

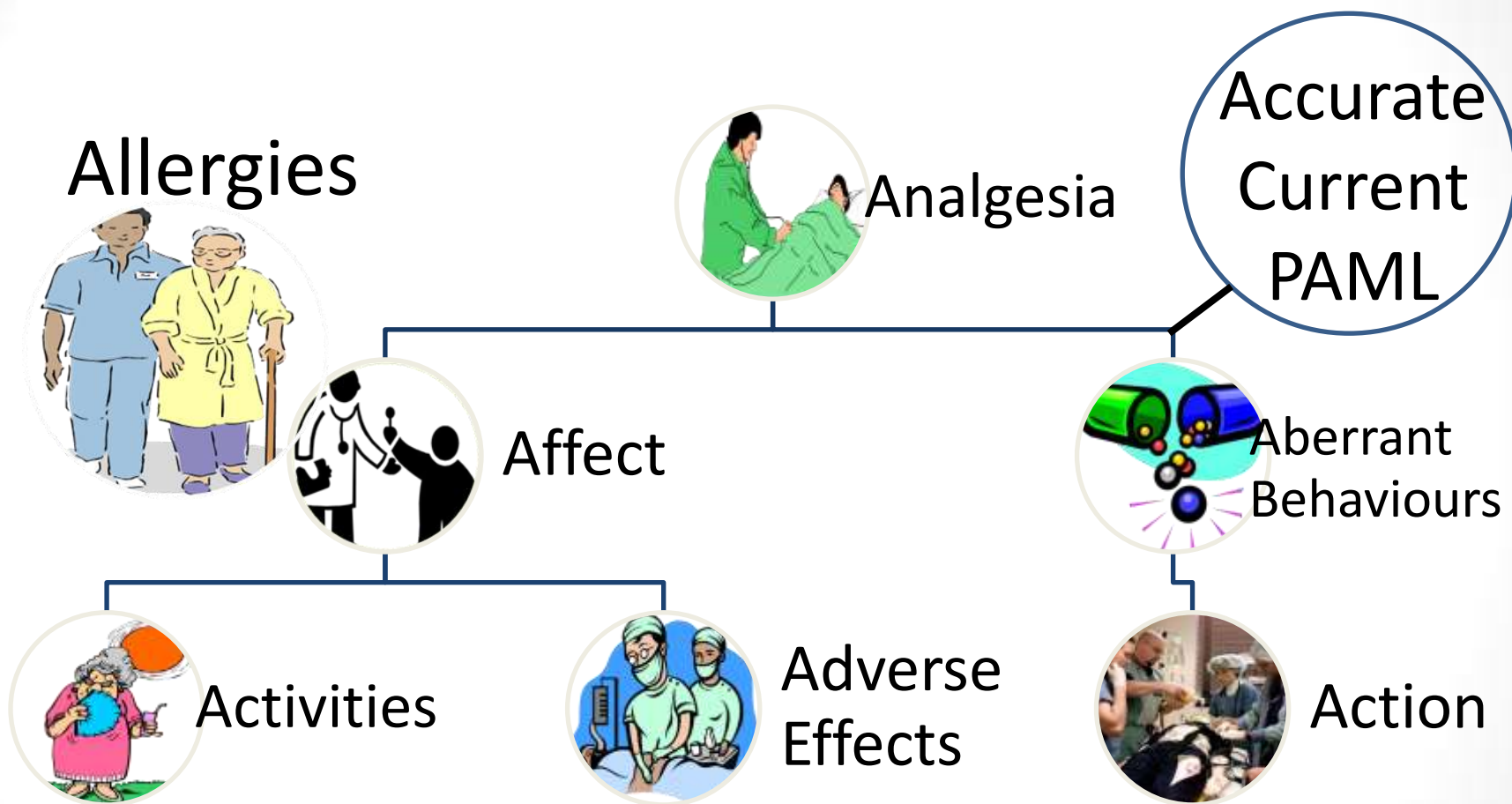


Cognitive-Behavioural Model of Pain-Related Fear



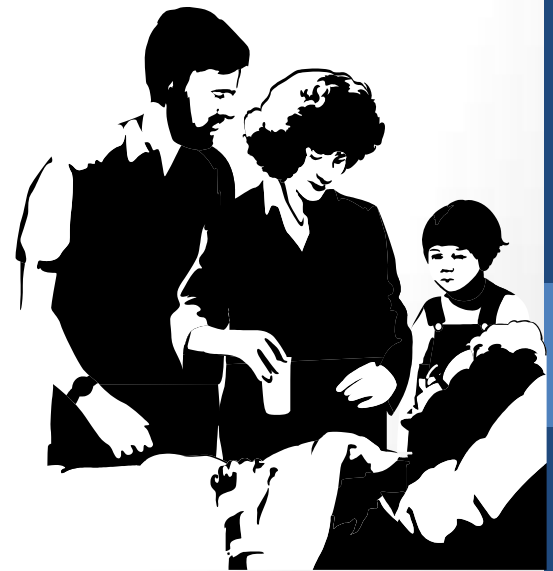
(Vlaeyen and Linton 2000)

EIGHT A's Assessment Opioid Tolerant Patient

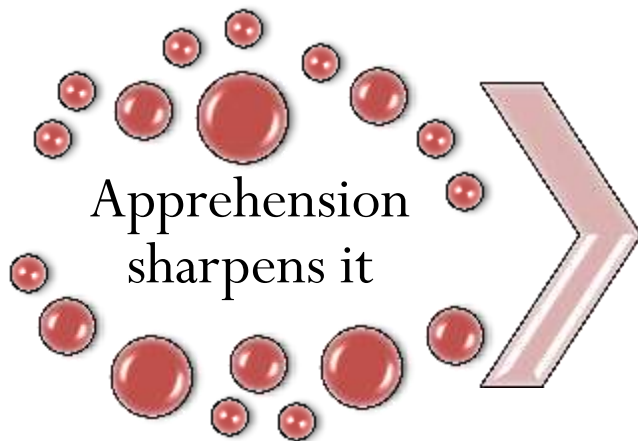


Final Thoughts of a Nurse Prescriber: Pain Management

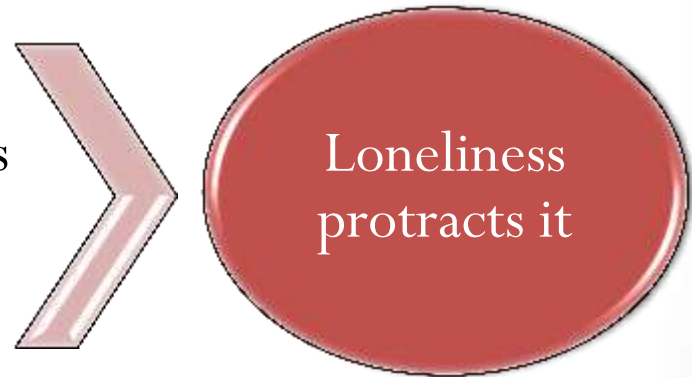
Compassionate conversation can restore a patient's balance in a way that picking a number on a pain scale does not (O Connor 2012).



- Pain cannot easily be divided from the emotions surrounding it.



Hopelessness
intensifies it



Mantel 2013



References

Bond C. et al. (2012) Prescribing and partnership with patients. *British Journal of Clinical Pharmacology*, 74, 581-588.

Chen SY. Et al. (2012) Clinical and economic outcomes associated with National Kidney Foundation guideline-concordant oral antidiabetic drug treatment among type-2 diabetes patients with chronic kidney disease. *Curr Med Res Opinion*. 28, 1-9.

The Joint Commission: National Patient Safety Goals: Disease Specific Care (2009).

http://www.jointcommission.org/NR/rdonlyres/74937937-7B39-447A-AA6F-AFD8BAEE1410/0/DSC_NPSG.pdf

Joint Commission International Accreditation Standards for Hospitals. (2013) 4th Edition (Expanded). Joint Commission International.

Latter S. et al. (2005) An Evaluation of Extended Formulary Independent Nurse Prescribing, Executive Summary of Final Report. London: Department of Health.

Naughton C. et al. (2013) An evaluation of the appropriateness and safety of nurse and midwife prescribing in Ireland. *Journal of Advanced Nursing*, 69, 1478-1488.

Neufield N. et al. (2013) Positive recognition program increases compliance with medication reconciliation by resident physicians in an outpatient clinic. *American Journal of Medical Quality*. 28, 40-45.

Robson R. et al. (2010) Pharmacists and nurses as independent prescribers: exploring the patient's perspective. *Family Practice*, 27, 110-120.

Scrafton J. et al. (2012) Exploring nurses' experiences of prescribing in secondary care: informing future education and practice. *Journal of Clinical Nursing*, 21, 2044-2053.

Stanos S. (2012) Continuing evolution of opioid use in primary care practice: implications of emerging technologies. *Current Medical Research & Opinion*, 28, 1505-1516.

Stenner K. et al. (2012) Prescribing for pain-how do nurses contribute? A national questionnaire survey. *Journal of Clinical Nursing*, 21, 3335-3345.

www.postoppain.org

www.paintoolkit.org