PALLIATIVE CARE COLLABORATIVE CARE PLAN:

PAIN (cancer patients)

Care Categories	Collaborative Care Plan for PAIN
1. Pain Assessment	*Patient's own description of pain is the most reliable indicator for pain assessment. Pain intensity to be assessed using the ESAS (Edmonton Symptom Assessment Scale) Use 5th Vital Sign for pain assessment as appropriate. Use the facial grimace scale and/or the Wong-Baker FACES Pain Rating Scale to assess pain for those who are cognitive impaired. Pain Intensity: • **Mild pain** (ESAS 1 - 3): ESAS q visit or daily for home patient. Pain assessment; use 5th Vital Sign in hospital minimum q shift and prn. • **Moderate pain** (ESAS 4 - 6): ESAS q visit or daily for home patient. Pain assessment; use 5th Vital Sign in hospital minimum q shift and prn. • **Severe pain** (ESAS 7 - 10): ESAS q visit and prn for home patient. Pain assessment use 5th Vital Sign in hospital minimum q 4h and prn Pain characteristics • Assess location of pain on the body. Be aware there may be more than one pain site. • Assess quality of pain using the patient's own descriptors e.g. burning, shooting, and stabbing, aching etc. • Assess type of pain (visceral, bony, neuropathic, incident or other). Contributing factors: • Assess for pain aggravating factors e.g. movement, fatigue. • Assess for pain-producing conditions e.g. mucositis, pain secondary to radiation therapy, ascites, and constipation, underlying conditions such as arthritis and bone pain. • Assess for relieving factors. *Note: Changes in patient's cognitive function may require some of the history to be provided by family and care providers who are most familiar with patient, include patient as tolerated.

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2. Pharmacological Therapy	Pharmacological assessment: • Assess current medication regime: include over the counter and / or alternate therapies. • Assess for appropriateness of medication related to type of pain, e.g. amitriptyline for neuropathic pain. • Assess appropriateness of route of administration (PO, SL, SC, IV, transdermal, by feeding tube) and formulation (tablet, elixir, injection). • Assess response to medications, including level of consciousness (LOC). • Assess for signs of drug toxicity e.g. myoclonus, hallucinations, sudden confusion / restlessness / agitation, etc. Changes in renal function may contribute to increased sedation or side effects. • Assess for potential drug interactions. • Assess for drug allergies • Assess patient's compliance with medication regime. Treatment • Sudden onset of severe pain must be treated immediately and with adequate analgesia. • **Refer to Pain Management Guidelines for assistance with treating pain and managing common opioid side effects.** • Use the oral route of administration whenever possible. • If non-oral route is required to manage pain, consider reverting to oral route once pain is controlled or GI function returns • Sustained-release or transdermal opioid should be reserved for stable pain situations. • During transitional and end-of-life phases, subcutaneous (SC), transdermal, buccal, and / or rectal routes may be required. • Anticipate common side effects & ensure there are medical orders written to address expected problems e.g. laxatives and antiemetics. • Monitor functioning of continuous infusion pump, infusion site and other medication administration sites, q 4h and prn or q visit and prn. • Change SC site at least q week and prn. • If pain is not controlled change site even if site appears functional. • When ordering drugs consider if patient has drug benefit eligibility. Social work / home care can pursue other options of funding. • Chemotherapy treatments may be considered for pain management.

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3. Non-pharmacological therapy	• Stable & transitional stage patients, consider active modalities such as, radiation, physiotherapy, acupuncture, which may improve pain levels and PPS score. Complimentary modalities such as guided imagery, relaxation and visualization may be useful.
	• Other considerations:
	  ◦ Positioning, +/- therapeutic support surface
	  ◦ Heat and cold,
	  ◦ TENS (transcutaneous electric nerve stimulation)
	  ◦ Massage (potential contraindication questionable with bone disease)
	  ◦ Music
	  ◦ Therapeutic Touch

4. Activity	• Activity as tolerated. • May require break through medication prior to activity. • Assist with personal care as required and tolerated. • Assist patient to use alternative ways of performing activities to maximize comfort and maintain independence e.g. planning and pacing activities. • Use assistive devices such as braces, splints, walker, hospital bed, lift, recliner, and commode. • Position as tolerated. Use pillows, lift sheets, etc.
5. Psycho-Social	Total Pain: • Consider influence of patient's emotional state e.g. anger, anxiety. • Consider influence of psychological factors e.g. self esteem. • Assess patient's family structure and coping mechanisms (family members and/or supportive individuals, health beliefs, family dynamics). • Assess patient and family socio-economic, cultural background (basic education, economic status and resources, social supports, history of illness, religion, cultural or ethnic origins). • Be aware of the impact of the service providers (environment created by the health care team). • Assess patient's need for drug plans and drug benefits. • Assess patient/family beliefs related to opioids and investigate previous experience with opioids. • Modifications to lifestyle may be necessary & difficult for patients to accept.

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6. Referrals & Contacts	Palliative Care Specialists: For contacts in your area, see **Appendix B:** Resources/Referrals Palliative Care Medicine Specialist Palliative Care Advanced Practice Nurse Palliative Care Unit or other Palliative Care Facility Regional Cancer Centre Palliative Care Clinic Acute Pain Management For contacts in your area, see **Appendix B:** Resources/Referrals • Consults for regional blocks, epidurals, etc. • Cancer Centre for Radiation and /or chemotherapy. Social Work may be able to offer support for: • Use of coping skills. • Understanding / negotiating and accessing available services / resources / systems. • Financial concerns e.g. paying for pain medications. • Ontario Drug Benefit (ODB) coverage for pain medications. Occupational Therapy: Consider referral for: • Consult regarding ADLs and IADLs • Energy conservation/work simplification techniques • Relaxation techniques Other • Provincial home care program (CCAC in Ontario). See **Appendix B**, Resources/Referrals • Physiotherapy, Occupational Therapy, Dietitian, Pastoral Care, Skin Care Specialist. Consult through hospitals or provincial home care program. • Maintain communication with family physician • Community Pharmacist to ensure medications are available after discharge. • Surgical consult may be necessary based on pain etiology.

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7. Patient & Family Education	• Use of ESAS to self-monitor symptoms. • Use of breakthrough medication. • Encourage the use of breakthrough analgesia before activity. • Encourage the use of a medication schedule and documentation of administration for all drugs (regular and PRN). • Encourage patient/family to keep an up to date list of medications (having copies on hand to use for hospital admissions, physician or clinic appointments). Alternatively, teach patient to bring all medications including over the counter and herbal preparations to such visits. • Maintain a log of breakthrough analgesics used and activities related to them. • Provide reassurance with medication regime, dispel myths re: use of opioids, • Acknowledge concerns e.g. addiction, and clarify misconceptions about opioids. • Teach expected effect of medication, side-effects are likely to occur and how to manage them. Provide information in written format, review as many times as needed over the course of care, and leave a current copy in the home. • Pain may increase initially after radiation therapy and decrease later, opioids may therefore require adjustment. • Initially, an increase in pain medications may cause a sedative effect that will resolve. • Provide instructions for whom to call for sudden worsening of pain. • Provide instructions for whom to call if patient experiences severe symptoms, including sudden severe back pain and accompanying weakness or loss of function. • Adapt teaching according to individual patient / family needs. • Teach patient / family care and maintenance of infusion pumps and monitoring site.
8. Planning	• Professionals will communicate pain management plan as the patient moves from one site of care to another through written, oral or electronic communication. • Facilitate involvement of appropriate resources. • Patient / family have instructions for telephone contacts re emergency situations and death event. • On transfer, ensure there is no gap in the provision of pain management from one location to another. • Inform receiving facility prior to transfer of need for special equipment e.g. CADD pump and ensure it is available before the patient is transferred. • Opioid prescriptions should be written prior to transfer and accompany patient to new location or faxed to appropriate pharmacy. • Provide O_2 prescription if patient is on oxygen. • Provide appropriate Limited Use (LU) prescriptions to facilitate drug availability at transfer site.

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9. Expected Patient Outcomes	• Patient expresses satisfaction that pain management goals are met, both subjective and objective. • Pain regularly assessed by objective measure (ESAS, 5th vital signs) • Side effects of pain management (medications) are minimized. • Patient/family demonstrates understanding of use of break through medication • Patient/family demonstrates ability to use and care for required equipment e.g. CADD pump • Patient/family demonstrates awareness of non-pharmacological modalities available. • Pain management is maintained without interruption when patient transferred from one location to another. • Funding options identified to assist patient in procurement of pain management medications. • Patient demonstrates alternative ways of performing activities to maximize comfort. • Patient/family demonstrates understanding of who to contact if unable to manage pain effectively.

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