Nurse Maude

Pain Management in Palliative Care

Raewyn Jenkins
Palliative Care Clinical Nurse Educator

Definition:

- *Palliative care is the care of people who are dying from active, progressive diseases or other conditions that are not responsive to curative treatment. Palliative care embraces the physical, social, emotional and spiritual elements of wellbeing – tinana, whanau, hinengaro and wairua – and enhances a person's quality of life. Palliative care also supports the bereaved family/whanau*

The New Zealand Palliative Care Strategy, 2001

Aims of Palliative Care:

- Effectively manage pain and other symptoms
- Create a support system that provides physical, emotional, social, spiritual and cultural care for the dying person
- Provide care and support for the dying person's family, whanau and friends during the illness and after death
- Establish a team that includes the dying person and their family, whanau and friends, staff and other healthcare professionals with good communication between the team members

Understanding Pain

- Pain is…."*What the person says hurts"*

- *Pain is a subjective experience…. Only the person experiencing the pain knows exactly what it feels like*

Acute Pain:

- Acute pain :
  - Is protective
  - Acts as a warning

Chronic Pain:

- Loss of warning function
- Lacks meaning
- No forseeable end
- Can get steadily worse
- Occupies whole attention

Types of Pain:

- Somatic nocioceptive
  - Well localised
  - Dull or sharp
  - Often worse on movement
  - Usually constant
- Visceral
  - Usually described as deep or aching
  - Or intermittent and crampy
  - Poorly localised
  - referred
- Bone
  - Usually deep or boring
- Neuropathic
  - Usually burning, shooting or stabbing

Pain and Cancer

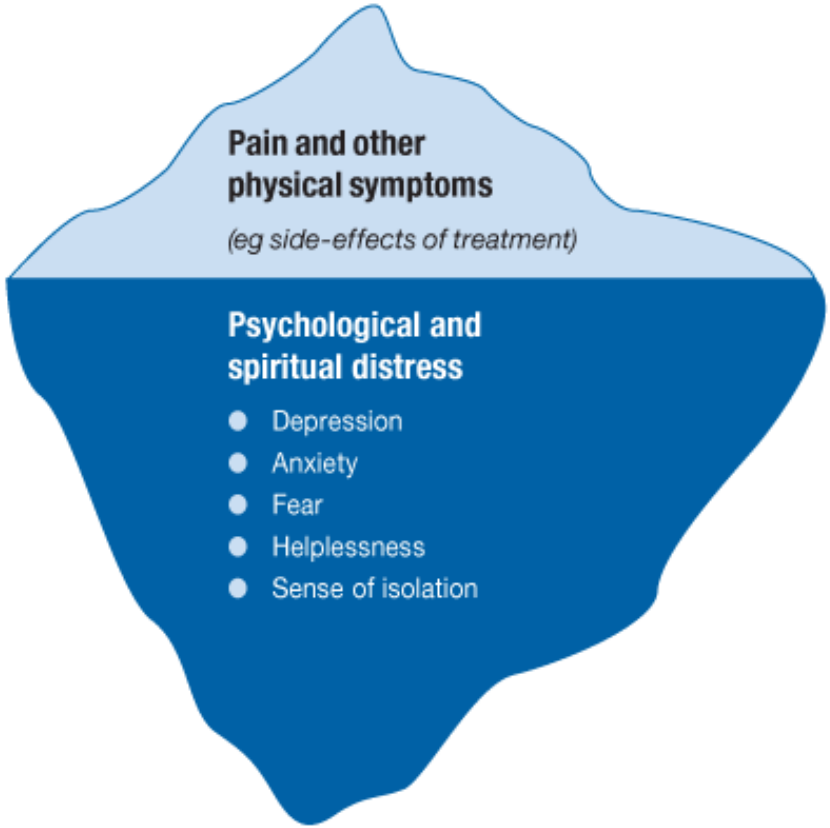
Multiple pains are common and may be related to:

- Cancer
- Cancer treatment
- Debility
- Non cancer causes

Total Pain:

- Widely used in Palliative care
- Recognition of emotional, social, spiritual & cultural issues that may contribute to physical pain
- Unlikely to achieve pain control unless consider the Whole person

Total Pain Iceberg:



Factors Influencing Pain Experience

- Cultural influences - being stoic
- Religion
- Upbringing
- Psychological - anxiety, depression
- Past pain experience
- Social - denying pain, getting attention
- Environment - being alone in room

Pain Threshold:

- Threshold Lowered:
  - Physical discomfort
  - Insomnia
  - Fatigue
  - Anxiety
  - Fear
  - Anger
  - Sadness
  - Depression
  - Boredom
  - Emotional Isolation
  - Social Isolation
- Threshold raised:
  - Relief of symptoms
  - Sleep
  - Rest
  - Sympathy
  - Understanding
  - Companionship
  - Diversional Activity
  - Reduction in Anxiety
  - Elevation of Mood

Pain Assessment:

Pain assessment should:

- Determine the cause of the pain
- Identify other factors influencing the pain experience
- Consider the whole person
- Include family and carers
- Be ongoing and reviewed daily
- A pain chart can be helpful

Pain Assessment

- Pay attention to detail
- Listen to the patient's story and note language used

- *Location*
  - Identify each site of pain
  - Body charts can be helpful

PQRSTU:

P	**Palliative factors** **Provoking factors**	*What makes it better?* *What makes it worse?*
Q	**Quality**	*What is the pain like?* Use patient's own words
R	**Radiation**	*Does the pain go any where else?*
S	**Severity**	*How severe is it?* Measured on numbered scale
T	**Time**	*Is it there all the time?* *Does it come and go?*
U	**Understanding**	Found out what the person knows and feels about the pain

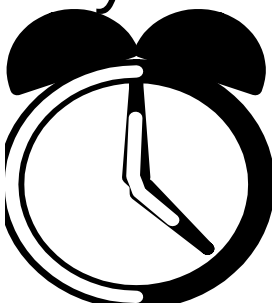
Analgesics in cancer pain management

- Which drug?
- What route?
- Appropriate dose?
- How often?
- Adjuvants?

Use of Analgesics:

- By the mouth
- By the clock
- By the ladder

W.H.O. ANALGESIC LADDER



1

Non-opioid

+/- adjuvant

2

Weak opioid

+/- adjuvant

3

Strong opioid

+/- adjuvant

Pain persists or increases

Oral Morphine:

- Dispel the myths
- Reassure that initial drowsiness and nausea will pass
- Morphine should be given ORALLY (where possible). REGULARLY and in ADEQUATE DOSAGE. There is no upper limit for morphine dosage – the amount required is that needed to control the person's pain.

Oral Morphine:

- Titrate the dose using immediate release morphine
- Once pain relief achieved change to long acting morphine
- This should be given 12 hourly
- Use immediate release to manage break through pain (Divide 24 hour dose by 6)
- A laxative should ALWAYS be prescribed

What is breakthrough pain?

- 'end of dose'
  - Due to inadequate treatment of baseline pain
- Incident
  - Movement or activity related
- Spontaneous
  - No obvious cause
  - Usually related to underlying constant pain

Co-analgesics:

- Bone pain
  - NSAIDs
  - Bisphopshonates
- Neuropathic pain
  - Antidepressants
  - anticonvulsants
- Colic
  - anticholinergics
- Steroids
  - Raised ICP
  - Liver capsule pain

Case 1:

- Patient has had 8 paracetamol since 9 am – now 1am and still in pain
- What now?

Case 2:

- Morphine elixir po 10mg 4 hrly for 48 hours
- Good pain relief
- What next?

Case 3:

- Morphine elixir po 10mg 4 hrly for 48 hours
- Still in pain
- What next?

Case 4:

- Regular
  - m-Eslon po 30mg twice a day

- Struggling to swallow
- How much morphine should go in syringe driver?
- How much breakthrough?

Case 5:

- Regular
  - m-Eslon po 300mg twice a day

- PRN
  - Morphine elixir po 100mg prn

Case 6:

- Regular
  - m-Eslon po 50mg twice a day

- PRN
  - Morphine elixir po 2mg/mL 5-7.5mL prn

Case 7:

- Regular
  - Morphine sc infusion 30-60mg/24 hours

- PRN
  - Morphine inj 2.5 – 5mg prn

Case 8:

- Regular
  - Morphine sc infusion 60-90mg/24 hours giving 60mg

- PRN
  - Morphine sc bolus 10-15mg prn
  - Morphine elixir po 20-30mg prn
  - Patient has had 2 x 20mg elixir doses over the past 24 hours.
  - Syringe change due
  - **Still in pain. What do you do?**

Case 8 continued…..

- Regular
  - Morphine sc infusion 60-90mg/24 hours
  - Increased to 90mg

- PRN
  - Morphine sc bolus 10-15mg prn
  - Morphine elixir po 20-30mg prn
  - **In pain again. What do you do?**

Case 9:

- Regular
  - Morphine elixer po 20mg 4 hourly for 12 hours

- PRN
  - Morphine elixir po 20mg prn
  - Patient has had 2 prn doses over the past 12 hours. What do you do?

a. Continue 20mg 4 hourly and use breakthrough prn
b. Continue 20mg 4 hourly and increase prn to 30mg
c. Increase to 25 mg 4 hourly and increase breakthrough to 25mg
d. Change to 30mg 4 hourly

Case 9 continued….

- Regular
  - Morphine elixer po 40 mg 4 hourly for 36 hours. Now Friday pm!

- PRN
  - Morphine elixir po 40mg prn
  - Patient has had 1 prn dose in 24 hours and is comfortable.
  - **What do you do?**