Clinician Follow Up Reference for Supportive Care

Physical Concerns –

Pain, *Mild and Moderate Total Scores*

Start With
adding answer scores to get Total Score

Total of 3 Screening Tool Pain Answers:

- No Pain (+1)
- Mild (+2)
- Moderate (+3)
- Severe (+4)
- Very Severe (+5)

Approach

Total Score:
9 – 11 = Mild
12 – 14 = Moderate

MA level screener:
communicate these answers directly to Physician/APC and in referral or notes for Next Step

APC or higher screener:
Options/Recourse

- Use 1-10 scale, visual analog scale, FACES scale for nonverbal or cultural differences
- Pain assessment algorithm (can be used by nursing staff) for assessment of mild and moderate pain (using algorithm allows for better targeted pain therapy)
- Number of pains and locations (often patients with malignant pain may have different sources of pain)
- Origin of pain
- Identify what palliates/potentiates the pain
- Quality of pain
- Radiation
- Severity
- Timing

Next Step

Refer to Physician/APC or Nurse

- Pain assessment- quality, intensity, location(s), timing, and duration. Review imaging, consider further imaging or lab work to evaluate if disease progression is the cause, or correlate with other findings/history. Review chronic pain history (non-cancer causes of pain)
- Overall effect of pain on quality of life (QOL)- assess cultural, spiritual, emotional considerations for patient
- If pain opioid sensitive-
  - Consider titrating short-acting opioid
  - If on opioid, start patient on a laxative
- Neuropathic pain-consider anticonvulsant or antidepressant as adjuvant
- Chemotherapy-induced neuropathy, trial of steroids or may need dose-reduction in chemotherapy
- Topical agents
- Bone pain
  - Nonsteroidal anti-inflammatory drugs (NSAID) therapy if tolerable, bisphosphonate, safety modifications for activity
  - May need surgical consult if pathological or compression fractures present
- Consider PT/OT, radiation, anesthesia pain, complementary and alternative medicine (CAM), non-pharmacologic methods
- Patient/family education about expectations, opioid safety, pain management principles

Share Patient Links and Handouts as appropriate
See Reference links below for additional information

Timing

Discuss same day – Ideal or Sub Acute 1-3 days

Notes

Stages I-III: Higher emphasis on adjuvant analgesic such as PT/OT, complementary and alternative medicine (CAM) (i.e. acupuncture/massage), ice/heat, local anesthetics.

Stage IV: Review overall effects of pain on quality of life (QOL) and benefits verses side effects of opioid therapy if it is being considered. Discuss implications for overall disease management (i.e. expectation for patient that pain will increase or get worse, involvement of palliative care team for ongoing management). Patient teaching that pain may not completely go away. Goal may be to make tolerable while weighing side effects of therapy. Continue to reassess/affirm that goals center on patient's comfort, function and safety.

Geriatric: May be advantageous for patient if family or caregiver keeps a diary of the pain (how much and when) and have patient complete pain screen at home in a comfortable environment. When these are then brought to appointments, provides more useful information improving the strategy to address the pain.

Patient Links and Handouts:

- American Cancer Society, Cancer Pain
- Cancer.Net, Side Effects, Pain
- NIH, Cancer Pain (PDQ®)–Patient Version
- Livestrong, Pain Management
- ASCO Answers, Managing Pain
- NIH, Pain

CSOC Patient Handout can be accessed at:
http://cancer-help.me/pain

References:

- NIH, Cancer Pain (PDQ®)–Health Professional Version

equal hope
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