Clinician Follow Up Reference for Supportive Care

Physical Concerns –

Pain, *Severe Total Score*

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:
15+ = Severe

Options/ Recourse

Severe uncontrolled pain is a medical emergency and should be addressed promptly.

A Severe Total Score should trigger *immediate attention* by a nurse, APC or physician preferably in clinic, if no clinicians available consider emergency room.

Next Step

Refer to Physician/APC or Nurse

- Consider if this is an oncologic, pain emergency. Should patient be admitted for inpatient pain control?
  - If yes- admission with palliative care consultation (stage IV)
  - If no- rapid titration of opioids (short acting)
- Pain assessment- quality, intensity (1-10 scale, visual analog scale, FACES scale for nonverbal or cultural differences), location(s), timing/duration. Review imaging, consider further imaging or lab work to evaluate if disease progression 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 is opioid sensitive-
  - Rapidly titrate short-acting opioid
  - If on opioid, start patient on a laxative
- Neuropathic pain-consider anticonvulsant or antidepressant as adjuvant
- Chemo-induced neuropathy, trial of steroids or may need dose-reduction in chemo
- Topical agents
- Consider celiac plexus block or other types of interventional pain management strategies for the appropriate candidates
- Bone pain
  - NSAID therapy if able to tolerate, 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

Urgent – See Physician/ APC before leaving or send to ER
Emergency Room

Notes

Stages I-III: Further increase social worker, chaplain support for coping with pain. Assess patients with moderate and severe pain for concurrent depression and anxiety which can contribute to a complex pain syndrome.

Stage IV: Reassess/affirm that goals are for patient's comfort, function and safety. If prognosis is terminal and patient is in severe pain, clarify how much care to focus on comfort. Healthcare practitioner review prognosis and assess patient or health care surrogate's goals of care. If primary focus is on patient's comfort, that guides pain management and treatment plan. If pri mary focus is on life prolongation at all costs, this may change pain management strategy. If prognosis and goals of care are dis parate, consider a palliative care consult. If patient has months-years prognosis, consider intrathecal pump therapy or other long-term anesthesia procedure. If patient has weeks-months, review burden of increase of opioids (i.e. if patient has event in immediate future, may fatigue from increased pain medications). If patient is imminently dying (hours -days), and has severe pain, inpatient hospice is recommended. Send home with hospice if dying at home is important. Assess patients with moderate and severe pain for concurrent depression and anxiety which can contribute to a complex pain syndrome.

Geriatric: May be advantageous for patient if family or care taker 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. Pain
- NIH. Cancer Pain (PDQ®)–Patient Version
- NIH. Pain in People with Cancer
- Livestrong. Pain Management
- ASCO Answers. Managing Pain

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

Reference:

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