

**Clinical Practice Competency:
Pain Management**

Prairie Lakes Hospice

Criteria for Evaluation	Feedback Date and Signature
NEW ORIENTEE:	
A. Asks all patients on admission and routinely as part of a systems assessment about the presence of pain.	
B. If pain is present, assesses critical characteristics and related factors including: Intensity, location, onset, duration, variation (what makes the pain better or worse), quality of pain (does the pain affect activities like sleeping or AODL, eating. Ask what has helped in the past: interventions and responses.	
C. Utilizes a simple and reliable pain intensity measurement tool appropriate to age and cognitive status (i.e. 0 – 10 rating scale, 0 – 10 smiley faces) Assess for non-verbal indicators such as facial grimacing, quarding, crying, moaning, decrease in social activities. Assess for aggression, hitting or biting, increase in body movements or irritability, and increased confusion. Involve team leader to help with plan of care if needed.	
D. Collaborates with patient and health care team to define pain relief goal.	
E. Documents initial pain assessment in CPSI note, reassessments on daily flowsheet, and frequency of reassess and pain relief goal on CPSI	
F. Utilizing the Prairie Lakes issued Peter Kaye book will know prescribed analgesics/medications for symptom management.	
G. Assess patients' response to analgesics	
H. Assesses and teach patient and family about pain management including: <ul style="list-style-type: none"> * Pain rating scales and goal setting * Importance of aggressive, preventive pain treatment (around the clock dosing) * Analgesic misconceptions and plan for pain management 	
I. Utilizes a variety of non-pharmacologic strategies to promote pain relief including: distraction, relaxation, imagery, massage, heat, cold, and positioning	
J. Makes appropriate referrals to Pain Resource Nurse	
K. Demonstrates set-up and use of syringe driver and programming	

L. Recognize opioid induced respiratory depression treatment.	
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<p>M. Demonstrate comprehensive knowledge of pain management including</p> <ul style="list-style-type: none"> * Basic mechanisms of pain * Common misconceptions and barriers of pain management * Indications and side effects of opioids, non-opioid analgesics and nonsteroidal anti-inflammatory drugs (NSAIDS), and commonly used adjuvant medication (antidepressants, anticonvulsants, and steroids). 	
<p>N. Using the packet tool provided on employment is able to demonstrate equianalgesic conversions.</p>	
<p>O. Consults with pain resource nurse for pain management issues and pharmacy regarding converting pain regime to syringe driver.</p>	
<p>P. Defines and/or demonstrates nursing management of potential side effects of opiates including:</p> <ul style="list-style-type: none"> * Constipation * Nausea and vomiting * Sedation * Respiratory depression 	
<p>Q. Provides regular feedback to staff on the quality of pain management</p>	
<p>R. Participates in on-going self continuing education in pain management</p>	

HOSPICE POST-TEST- PAIN MANAGEMENT

NAME: _____

1. T or F Pain can exist without an identifiable pathophysiologic cause.
2. T or F Antidepressant medications are analgesic because they promote reuptake of serotonin into neuronal fibers.
3. T or F Agonist opioids initiate activity at opioid sites.
4. T or F Most healthcare personnel use the acute model when evaluating pain status.
5. T or F The most common reason for unrelieved pain is healthcare providers ability to adequately assess and reassess pain.
6. T or F Nociceptive pain responds to tricyclic antidepressants.
7. T or F Reassess patients with severe pain every 24 hours.
8. T or F The use of a loading dose achieves adequate analgesia at an earlier stage.
9. T or F The mechanism of action of NSAIDs is to inhibit synthesis of Substance P.
10. T or F Disadvantages of NSAIDs usage include ceiling effect, and GI upset.
11. T or F Oxycodone is not tolerated as well as codeine.

12. T or F Patients with history of substance abuse must never receive opioid analgesics as they will become addicted. Other methods must be used.

13. 1.5 mgms of Dilaudid IM is equianalgesic to _____ Dilaudid PO.

14. When contacting physician's for a change in analgesic orders, the nurse should:

1. _____

2. _____

3. _____

15. T or F Lidocaine blocks pain at peripheral and central sites.

16. T or F Capsaicin depletes substance P.

17. T or F Methadone can help neuropathic pain.

18. Describe bone pain: _____

19. Describe nerve pain: _____

20. Maximum total dose of Tylenol in 24 hours? _____

21. Which NSAID is drug of choice for acute pain? _____

22. Non-verbal indicators of pain are _____
23. Which drugs do you avoid if patient has history of GI bleed? _____

24. Patient has 400 mcg duragesic q72 hours – continues to complain of severe pain.
Which questions would you ask the patient? _____

25. How do anti-seizure medications work to prevent neuropathic pain? _____

26. A patient who reports sharp piercing, throbbing pain in midsection after having
shingles is most likely to have _____.
27. Which S/E of opioids needs constant management? _____
28. Morphine 10 mgs IV is approximately equal to Dilaudid _____ mgs IV.
29. The preferred route of administration of opioid analgesics to patients with prolonged
cancer related pain is _____.
30. Which drug is the gold standard drug of choice for treatment of prolonged moderate to
severe cancer pain? _____

31. IV morphine 10 mgs is approximately equianalgesic to _____ mgms of oral morphine.
32. The most accurate judge of the intensity of patient's pain is _____.
33. Describe tolerance: _____

34. Describe physical dependence _____

35. Describe addiction: _____

36. T or F Tramadol binds to opioid receptors and inhibits reuptake of norepinephrine, serotonin. It can be used for moderate to severe pain.
37. T or F There is no conversion chart for Neurontin to Lyrica.
38. T or F Lidocaine patches must never be cut to be effective.
39. T or F Hydrocodone/quinacrine cough syrup may manage continuous coughing.
40. Which drugs may manage hiccups?

41. Patients complaining of nausea especially due to opioids, bowel obstruction or metabolic abnormalities may respond to _____.
42. Liver pain is visceral pain due to stretching of liver capsule. It may present over right side, epigastric pain or backache. How would you manage this pain? _____

43. Patient complains of deep aching in the lungs and burning pain in the index fingers and thumb. Patient has diagnosis of lung cancer. How would you recommend her treatment? _____
44. How would you manage allodynia? _____

45. T or F Nebulized morphine may help as a cough suppressant.
46. Patient is on MS Contin 90mgm q 12hrs. convert the equivalent 24hr dose to Dilaudid IV/SQ.
47. Patient takes dilaudid 4mgms q 4hrs . Convert to fentanyl patch.
48. Pt. is on fentanyl 225mcg q 72hrs, calculate dilaudid breakthrough dose.
49. Which antiemetics would you avoid if your hospice patient had parkinsons,
Which antiemetics would you suggest to the physician.