

# Daily Pain Assessment Chart

Addressograph

CHI No ..... Hospital No ..... Ward .....

Name ..... Consultant .....  Hairmyres  Monklands  Wishaw

**Once daily** - ask your patient: "Overall, how would you rate your level of pain during the last 24 hours - none, mild, moderate, severe or very severe?"

Date														
Time														
Signature														
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3 severe	3													
2 moderate	2													
1 mild	1													
0 none	0													
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Please tick appropriate box if signs of opioid toxicity are present.

- ❖ every cancer patient should be asked about their pain on admission and should have a daily score recorded unless on post-op protocol
- ❖ when commencing the chart, please enter all dates along the top row

- ❖ if pain  $\geq 2$ , an urgent reassessment of pain and review of analgesia is needed (see overleaf for guidelines)
- ❖ if pain  $\geq 3$  for 24 hours, or side effects of medication are apparent, consider contacting the Specialist Palliative Care Team
- ❖ reduction of pain to a level acceptable to the patient should usually be achieved within 48 hours

# Pain Management Guideline

## STEP 1: MILD PAIN

Paracetamol and/or NSAID +/- Adjuvant  
1g, 4 times/day  
*(if not contra-indicated)*

Pain should be fully assessed before treatment with analgesics is started (see Pain Assessment Guide)  
Continue to ask the patient about their pain regularly.

## STEP 2: MILD TO MODERATE PAIN

Opioid + Paracetamol and/or NSAID +/- Adjuvant  
e.g. codeine 30-60mg, 4 times/day  
or dihydrocodeine 30-60mg, 4 times/day  
*(if not contraindicated)*

Discuss and resolve any concerns about taking opioids e.g. addiction, tolerance, opioids only for advanced disease, etc.

Best given as a combined preparation  
e.g. co-codamol 30/500, 2 tablets, 4 times/day

Prescribe a regular laxative when opioids are being taken regularly (see step 3).

## STEP 3: MODERATE TO SEVERE PAIN

Opioid + Paracetamol and/or NSAID  
*(if not contraindicated)*

Stop step 2 opioid <i>(full daily dose of codeine (240mgs) is approx equivalent to 24mgs oral morphine/day)</i>	
Whenever possible titration should be with normal release oral morphine	
If starting with normal release oral morphine, (e.g. oramorph) 5-10mg, 4 hourly and as required for breakthrough pain. <i>(A 2.5mg dose may be enough in the elderly or those with renal impairment)</i>	If starting with controlled release oral morphine, (e.g. MST Continus) 10-15mg 12 hourly and normal release morphine 5mg as required for breakthrough pain.

Regular laxative Movicol Senna + Docusate Co-danthramer <i>(if prognosis limited)</i>	Prophylactic antiemetic Prescribed as required, for 7-10 days metoclopramide 10mg 3 times/day or haloperidol 1.5mg nocte
Seek advice: ❖ Severe pain ❖ Movement related pain	
❖ Dose of opioid increasing rapidly ❖ Pain not responding to treatment	

## BREAKTHROUGH PAIN

- ❖ Prescribe normal release morphine at 1/6<sup>th</sup> of regular 24hour dose.
- ❖ Subcutaneous morphine should be prescribed at half the oral breakthrough dose if oral route is problematic
- ❖ Ranges of doses should be avoided
- ❖ Please always assess response to breakthrough analgesia 30-60 mins after administration, and record in nursing notes
- ❖ If alternative opioids being used seek advice.

## ADJUVANT THERAPIES

- ❖ **ANTICONVULSANT** - nerve pain, e.g. Gabapentin 100-300mg daily initially and titrate gradually to 3 times daily regime.
- ❖ **AMITRIPTYLINE** - nerve pain – 10-25mg nocte and titrate (can cause sedation, confusion, dry mouth)
- ❖ **STEROIDS** - e.g. dexamethasone – raised intracranial pressure (8-16mg/day), nerve pain (8-16mg/day), liver pain (4-6mg/day). Give before mid-afternoon, reduce to lowest effective dose (monitor blood glucose levels).
- ❖ **TENS, NERVE BLOCK, RADIOTHERAPY, BIPHOSPHONATES**

## DOSE TITRATION IN STEP 3

- ❖ Consider increasing regular oral opioid dose each day in steps of about 1/3 (or according to breakthrough doses used in previous 24 hours) or until pain is controlled or side effects develop.

## SUBCUTANEOUS (SC) ANALGESIA

When converting to a s/c opioid:

- ❖ Calculate the total 24hour dose of oral morphine and divide by 2
- ❖ This is the 24hour s/c dose which is usually given in a syringe pump
- ❖ Prescribe 1/6<sup>th</sup> of the 24hour dose s/c as required for breakthrough pain.

## OPIOID TOXICITY (seek advice)

- ❖ Increasing drowsiness
- ❖ Vivid dreams/hallucinations
- ❖ Muscle twitching/myoclonus/jerking
- ❖ Abnormal skin sensitivity to touch  
→ Reduce opioid dose by 1/3 and ensure patient adequately hydrated, using SC/IV fluids if necessary  
→ Consider adjuvant therapies and/or alternative opioids