

**PAIN TYPES [1]**

<b>Visceral</b>	Patients in this category have pain due to visceral involvement. This pain is usually described as not well localised, “aching”, or “dull.” Occasionally, the pain can have a “cramp” characteristic (bladder, biliary or urinary spasm).
<b>Somatic</b>	Relating to a body wall as opposed to the viscera, limbs and head. Relating to the body as opposed to the mind.
<b>Neuropathic</b>	Pain is located in the region where the nerve or nerve root has been damaged. There may be paroxysmal episodes of pain; the pain may have a “burning” or an “electrical” character. Overlying skin sensation may be altered.
<b>Mixed</b>	This category applies when components of both neuropathic and non-neuropathic pain can be identified. Neuropathic pain must be present for the diagnosis of mixed pain.
<b>Bone or soft tissue</b>	This pain is usually described as an “ache” on the affected bone or soft tissue area, aggravated by pressure or movement, and usually is well localised.
<b>Incidental</b>	Pain is aggravated suddenly as a result of movements, swallowing, defecation, or urination. Pain control is usually excellent if the patient remains immobile or refrains from performing the pain-causing manoeuvre.
<b>Unknown</b>	This category applies if, after clinical history, physical examination, and imaging techniques, the mechanism of pain remains uncertain.

[1] Bruera et al. A Prospective Multicenter Assessment of the Edmonton Staging System for Cancer Pain. *Journal of Pain and Symptom Management* Vol.10 No.5 July 1995.

**PLEASE COMPLETE THE FOLLOWING TABLES AT EACH VISIT WHERE PAIN ISSUES ARE DISCUSSED WITH PATIENT**

<b>VISIT 1</b>	<b>Date:</b>	<b>STAS Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
<b>Specialist Palliative Care Services currently involved?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer <input type="checkbox"/>								
<b>Pain Type</b>	<b>Visceral</b>	<b>Somatic</b>	<b>Neuro.</b>	<b>Mixed</b>	<b>Bone/Soft Tissue</b>	<b>Incidental</b>	<b>Unknown</b>	
<b>Prescribed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Regular Opioid</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>
<b>Rescue Opioid *</b>	<input type="checkbox"/>						<b>Freq.</b>	<b>Route</b>
<b>Adjuvant(s)</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>
<b>Laxative *</b>	<input type="checkbox"/>						<b>Freq.</b>	<b>Route</b>
<b>Non-opioid(s)</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>

<b>VISIT 2</b>	<b>Date:</b>	<b>STAS Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
<b>Specialist Palliative Care Services currently involved?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer <input type="checkbox"/>								
<b>Pain Type</b>	<b>Visceral</b>	<b>Somatic</b>	<b>Neuro.</b>	<b>Mixed</b>	<b>Bone/Soft Tissue</b>	<b>Incidental</b>	<b>Unknown</b>	
<b>Prescribed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Regular Opioid</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>
<b>Rescue Opioid *</b>	<input type="checkbox"/>						<b>Freq.</b>	<b>Route</b>
<b>Adjuvant(s)</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>
<b>Laxative *</b>	<input type="checkbox"/>						<b>Freq.</b>	<b>Route</b>
<b>Non-opioid(s)</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>

<b>VISIT 3</b>	<b>Date:</b>	<b>STAS Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
<b>Specialist Palliative Care Services currently involved?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer <input type="checkbox"/>								
<b>Pain Type</b>	<b>Visceral</b>	<b>Somatic</b>	<b>Neuro.</b>	<b>Mixed</b>	<b>Bone/Soft Tissue</b>	<b>Incidental</b>	<b>Unknown</b>	
<b>Prescribed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Regular Opioid</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>
<b>Rescue Opioid *</b>	<input type="checkbox"/>						<b>Freq.</b>	<b>Route</b>
<b>Adjuvant(s)</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>
<b>Laxative *</b>	<input type="checkbox"/>						<b>Freq.</b>	<b>Route</b>
<b>Non-opioid(s)</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>

<b>VISIT 4</b>	<b>Date:</b>	<b>STAS Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
<b>Specialist Palliative Care Services currently involved?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to answer <input type="checkbox"/>								
<b>Pain Type</b>	<b>Visceral</b>	<b>Somatic</b>	<b>Neuro.</b>	<b>Mixed</b>	<b>Bone/Soft Tissue</b>	<b>Incidental</b>	<b>Unknown</b>	
<b>Prescribed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Regular Opioid</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>
<b>Rescue Opioid *</b>	<input type="checkbox"/>						<b>Freq.</b>	<b>Route</b>
<b>Adjuvant(s)</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>
<b>Laxative *</b>	<input type="checkbox"/>						<b>Freq.</b>	<b>Route</b>
<b>Non-opioid(s)</b>	<input type="checkbox"/>						<b>Dose</b>	<b>Route</b>



L.P.C.A.T.  
(Lanarkshire Palliative Care Assessment Tool)

**LANARKSHIRE PALLIATIVE CARE ASSESSMENT TOOL (L.P.C.A.T.)**

**A model of care for patients with Palliative Care needs**

Palliative Care is not just about care in the last months, days and hours of a person’s life, but is about improving the quality of life for both patients and their families at every stage of the disease process from diagnosis onwards.

*From Living and Dying Well  
A National Action Plan for Palliative and end of life care in Scotland*



Patient details.  
Affix label.

## INFORMATION FOR PATIENT & CARERS

GENERAL PRACTITIONER		
	Contact Name	Telephone No
G.P. Surgery 8.30am - 6.00pm		
NHS 24		08454 242424

COMMUNITY NURSES		
District Nurse	Mon - Fri	8.45am - 5.00pm
District Nurse	Sat - Sun	8.45am - 5.00pm
Evening Nurses	Mon - Sun	6.00pm - 10.00pm
Overnight Nurses	Mon - Sun	9.30pm - 8.00am
MacMillan Nurses	Mon - Fri	9.00am - 5.00pm
Pharmacy		

SOCIAL WORK DEPARTMENT		
Social Work Dept.	Mon - Fri	9.00am - 5.00pm
Social Work Out of Hours Service (All other times)		0800 811505

HOSPITALS		
Hairmyres		01355 585000
Wishaw General		01698 361100
Monklands		01236 748748
Beatson Oncology Centre		0141 3017000
Clinical Nurse Specialist		

OTHER USEFUL NUMBERS		
St. Andrews Hospice		01236 766951
Lanarkshire Cancer Care (Volunteer drivers)		01698 355137
MacMillan CAB Partnership (Benefit advice)		01236 754109
Dalziel Centre (Motherwell)		01698 245026
The Haven Centre (Blantyre)		01698 727884
Kilbryde Hospice (East Kilbride)		01355 593484
The Little Haven (Forth)		01555 811846
Maggies Centre (Wishaw)		01698 358392
Marie Curie Direct (for patients and carers)		0800 6344520
Chemotherapy Helpline (Sat. & Sun. 0800 - 1700)		01236 713312

### GENERAL INSTRUCTIONS FOR USE OF THE PALLIATIVE CARE PAIN TOOL

- The pain tool is designed for use by members of the healthcare team at each visit until pain control is satisfactory
- Please use as many pages as needed for each patient throughout their care and treatment. Continuation pages are available
- When a pain tool is initiated, the member of the healthcare team starting it should give the patient/carer a patient information leaflet along with a verbal explanation
- All patients with uncontrolled pain should be discussed with the GP. If a patient's STAS score remains at 3 or above for three consecutive entries then please seek advice from a palliative care specialist, e.g. St. Andrew's Hospice on 01236 766951, Community Macmillan Team on 01698 723278
- The Guideline Prompts, Adjuvant Drugs and Pain Types sections provide "at a glance" information to help the healthcare team deliver good patient care
- The Visit Recording Tables should be used to record patient information at each visit where pain issues are discussed with the patient or changes are made to prescribed medication.
- N.B Please enter the medication to be taken following this assessment, including any changes made during the visit

#### GUIDELINE PROMPTS

The Analgesic Stepladder

**Step 1: NON OPIOID** i.e. paracetamol or NSAID e.g. diclofenac, ibuprofen. Useful in controlling bone and soft tissue pain. Paracetamol useful in combination with NSAIDs for an additive effect.

**Step 2: WEAK OPIOID** e.g. codeine or dihydrocodeine ± non opioid

**Step 3: STRONG OPIOID** e.g. morphine or diamorphine ± non opioid

Second line alternatives include fentanyl (Durogesic Ditrans®) and oxycodone (Oxycontin®, Oxynorm®)

**CONSIDER AN ADJUVANT DRUG AT EVERY STEP** (Refer to the Adjuvant Drugs box opposite)

**\* Rescue or Breakthrough Medication \***

Always prescribe additional analgesia to take as needed in addition to regular analgesic therapy.

Immediate release preparations such as Sevreol® or Oramorph® should be prescribed with a dose interval of 1 to 2 hourly, as required.

The dose of additional analgesia is ONE SIXTH of the REGULAR 24 hour dose.

e.g. if the regular 24 hour dose = MST 60mg b.d. the additional breakthrough dose = 20mg Sevreol® or Oramorph®.

Remember to increase the dose in line with the regular 24 hour dose.

**\* Opioid Side Effects \***

A regular laxative is almost always necessary with an opioid e.g. Co-danthramer, Laxido

All patients should have access to an anti-emetic e.g. haloperidol 1.5mg oral b.d.

All opioids may cause neurotoxicity. Remember to ask if the patient is experiencing symptoms such as drowsiness, nightmares, hallucinations or myoclonic jerks, and if so, consider a reduction in dose or a change of opioid.

Converting oral to subcutaneous opioids

Oral morphine to SC diamorphine – one third of the oral dose e.g. for a patient taking MST 60mg b.d. the total oral morphine dose in 24 hours is 120mg. Therefore in the above example the patient will require SC diamorphine 40mg over 24 hours.

Oral morphine to SC morphine – one half of the oral dose e.g. for a patient taking MST 60mg b.d. the total oral morphine dose in 24 hours is 120mg. Therefore in the above example the patient will require SC morphine 60mg over 24 hours. Breakthrough analgesia

should be Oramorph®/Sevreol® 20mg or SC morphine 10mg.

Oral oxycodone to SC oxycodone – one half of the oral dose (as in example above).

The dose of additional SC analgesia is ONE SIXTH of the REGULAR 24 hour dose.

#### ADJUVANT DRUGS

May be required at any step on the ladder and should all be prescribed regularly, not p r n

<b>Tricyclic Antidepressants</b>	e.g. amitriptyline, imipramine. Help control nerve pain which may be only partially controlled by morphine. Often effective in sub-antidepressant dose, e.g. 10mg – 30mg per day. Occasionally larger doses may be required.
<b>Anticonvulsants</b>	e.g. gabapentin, carbamazepine, valproate. Also help control nerve pain. Choice depends on side effect profile.
<b>Corticosteroids</b>	e.g. dexamethasone. Effective in nerve damage pain by reducing peri-neural oedema. May reduce headache and confusion in cerebral metastases.
<b>Anxiolytics</b>	e.g. diazepam, lorazepam, midazolam. Can improve pain control in conjunction with opiates. Useful in agitated states and for dyspnoea. Midazolam is a very effective anxiolytic in a syringe driver.
<b>Muscle Relaxants</b>	e.g. benzodiazepines, baclofen. Useful in treating pain associated with muscle spasms. Use with care as they may cause depression and weakness.
<b>Antimuscarinics</b>	e.g. hyoscine butylbromide (Buscopan®). Useful in relieving colic pain. (N.B. Ensure constipation is adequately treated).





Patient details.  
Affix label.

**INTRODUCTION OF THE L.P.C.A.T.**

- Initial face to face contact by the person responsible for the caseload and STAS completed
- Give information on local services (eg.Gold Standard Framework Pack) and assist with completing information page
- Address any symptoms identified by STAS. Document and plan care ie. enter at Tier 1,2, 3 or 4.

Tier	TIERS OF INTERVENTION
1 STAS 0 - 1	<ul style="list-style-type: none"> <li>• Add patient to caseload and ensure on GP supportive care register (GSF)</li> <li>• Make further referrals as necessary</li> <li>• Ensure on-going assessment possible. Can be liaison with GP, practice meeting, phone call or visit dependent on patient need / preference</li> </ul>
2 STAS 1 - 2	<ul style="list-style-type: none"> <li>• Assessment and evaluation at each visit</li> <li>• Address symptoms, may require a GP visit</li> <li>• Record actions and inform person responsible for the case load</li> <li>• When STAS in this range <b>re-contact within 5 days</b></li> <li>• If symptoms unresolved within 2 visits consider referral / phone call for advice to appropriate service - GP, specialist Palliative Care Service, site specific clinical nurse specialist or oncology team and continue to monitor the patient.</li> <li>• Consider referral to ENS and Overnight nurses</li> <li>• Maintain weekly contact until STAS returns to 0-1</li> <li>• If STAS continues to rise move to Tier 3</li> </ul>
3 STAS 2 - 3	<ul style="list-style-type: none"> <li>• Assessment and evaluation at each visit</li> <li>• Address symptoms, may require a GP visit</li> <li>• Record actions and inform person responsible for the case load</li> <li>• When STAS in this range <b>re-visit within 24 hours</b></li> <li>• If symptoms unresolved within 2 visits consider referral / phone call for advice to appropriate service - GP, specialist Palliative Care Service, site specific clinical nurse specialist or oncology team and continue to monitor the patient.</li> <li>• Patient will require nursing assessment and care despite social work input</li> <li>• If STAS improves return patient to Tier 2.</li> <li>• If STAS continues to rise move to Tier 4</li> </ul>
4 STAS 3 - 4	<p align="center"><b>Does the patient meet the criteria for the Liverpool Care Pathway?</b></p> <p align="center">_____ <b>YES</b> _____</p> <ul style="list-style-type: none"> <li>• Align with LCP</li> <li>• Assess daily as minimum</li> <li>• Mobilise all services and equipment as required</li> <li>• Inform person responsible for the case load, GP and other services involved</li> <li>• STAS may go down if symptoms settle</li> <li>• Record actions</li> <li>• Current care package should remain in place, daily nursing assessment of patient /family needs as a minimum</li> </ul> <p align="center">_____ <b>NO</b> _____</p> <ul style="list-style-type: none"> <li>• Assessment and evaluation at each visit</li> <li>• Address symptoms, will require a GP visit</li> <li>• Record actions and inform person responsible for the case load</li> <li>• When STAS in this range <b>re-visit within the same working day</b></li> <li>• If symptoms unresolved within 2 visits consider referral / phone call for <b>urgent</b> advice to appropriate service - GP, specialist Palliative Care Service, site specific clinical nurse specialist or oncology team and continue to monitor the patient.</li> <li>• STAS scores may go down if symptoms settle, may return patient to lower tier</li> <li>• Current care package should remain in place, daily nursing assessment of patient / family needs as a minimum</li> </ul>



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**SUPPORT TEAM ASSESSMENT SCHEDULE**

STAS is a five point rating scale 0–4

<b>High scores</b>	=	<b>Many problems</b>
<b>Low scores</b>	=	<b>Few problems</b>
<b>Score</b>	=	<b>9 if an item can't be assessed</b>
e.g. 0	=	None
1	=	An occasional problem
2	=	Moderate distress or disability
3	=	Severe distress or disability
4	=	Severe and continuous distress or disability (unable to think of other matters)

Diagnosis: ..... Date of Diagnosis.....

Symptom	Date	Date	Date	Date	Date	Date	Date
1. Pain (see Pain Tool on pages 7 & 8)							
2. Anorexia / Lack of appetite							
3. Nausea / Feeling sick							
4. Vomiting / Being sick							
5. Dysphagia / Swallowing							
6. Weight Loss							
7. Oral Status / Mouth							
8. Cough / secretions							
9. Dyspnoea / Difficulty breathing							
10. Constipation							
11. Diarrhoea							
12. Urinary							
13. Incontinence							
14. Oedema/Lymphoedema / Swelling							
15. Pressure Sores/Skin							
16. Mobility							
17. Weakness							
18. Sleep							
19. Confusion							
20. Pruritis / Itching							
21. Patient Anxiety							
22. Family Anxiety							
23. Communication between family/patient							
24. Financial							
25. Spiritual							
26. Patient Insight							
27. Communication between professionals							
Initials							
Tier							