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Abstracts from the September 2018 American Society of Pain Management Nursing conference

General Sessions

Reducing Inpatient Opioid Consumption: Creating a Therapeutic Foundation with Breakthrough Analgesia Based on Patient Function

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Chad Dieterichs MD. *Capitol Anesthesiology Association/USAP Central Texas*

AIM OF INVESTIGATION

Implementation of a multi-modal pain management plan to reduce variation in prescribing, reduce opioid consumption, and individualize pain treatment to patient and provider goals while maintaining regulatory excellence.

METHODS

Seton Medical Center, Texas, developed a standardized pain management plan that included a multimodal foundation of scheduled non-opioid analgesics, medications for neuropathic pain and opioid effect maximization, and consistent use of integrative therapies as well as a plan for breakthrough pain. The care team partnered with the patient and family to identify Therapeutic Activity Goals (TAG) based on the patient's baseline level of function, treatments necessary for recovery (treatment pathway), activities of daily living, and ability to sleep and rest. Goals were reviewed daily during multidisciplinary rounds. The TAG was used as a method to evaluate need for PRN analgesics, set and reach treatment goals, and involve patients and caregivers in treatment.

RESULTS

The pain management plan was piloted with the orthopedic surgeons and obstetricians. Surgeons and nurses report patients met treatment goals, were less sedated, allowing for better participation in therapy, and required less opioid analgesics. They significantly decreased the use of patient-controlled analgesia since starting the pilot (8 months) and had less opioid-related over sedation events. Quantitative evaluation of opioid reduction is in progress. The TAG pain management plan has subsequently been implemented in all nine Ascension Texas hospitals. The pilot expanded to St. Vincent's HealthCare, Jacksonville with one orthopedic surgeon. Initial results demonstrated (n=275): 76% decrease in post-operative opioid use; Decrease in average pain score from 4.5 to 4; 52% decrease in number of opioids dispensed at time of discharge.

CONCLUSIONS

The standardized pain management plan drives compliance, promotes a foundation of evidence-based pain management and links opioid treatment to function which has demonstrated a reduction in opioid use and effective pain management.

The Impacts of Law, Regulation, and Enforcement on Pain Care: An Update

Wade Delk. *ASPMN Government Affairs Director*
Michael C. Barnes JD. *DCBA Law & Policy LLP*

Approximately 64,000 people died from drug overdose in 2016, which is the largest annual increase in U.S. history. As the drug overdose epidemic has reached new heights, opioid prescribers have fallen under intense scrutiny by lawmakers, regulators, and law enforcement. At the same time, suicide rates are at a 30-year high. People with persistent pain are twice as likely as the general population to end their lives by choice and need access to and coverage of comprehensive, medically-appropriate treatment. Yet, government action aimed at reducing the supply of prescription opioids and limiting prescriber discretion is becoming the new norm. Is the U.S. getting any closer to finding a middle ground between protecting public safety and improving public health? In this session, ASPMN's Government Affairs Director and the Managing Partner of a Washington, DC-based health law firm will discuss recent legislative and regulatory activity at the federal and state levels, and trends in criminal enforcement and payer coverage policies. They will analyze the anticipated benefits, drawbacks, and unintended consequences of such actions on people with pain and those who care for them, especially pain management nurses. Federal topics will include recent and anticipated legislation, including CARA 2, Jessie's law, and legislation that would authorize pharmacies to deliver controlled substances to prescribers; the opioid-focused initiatives of federal agencies, including FDA's Opioid Policy Steering Committee and updated blueprint for prescriber education for ER/LA opioid analgesics; and criminal enforcement trends. State-specific subjects will include initiatives aimed at requiring coverage of alternative treatment modalities; state opioid dosing and duration limits; legislative proposals to require coverage of treatment for persistent pain; and controlled medication opt-out legislation. The moderator, a former ASPMN president with three decades of pain-management practice and policy experience, will share her own perspectives and facilitate a lively discussion, drawing questions from session participants.

Concurrent Sessions

1B Implementation of Overdose Education and Naloxone Distribution in a Health Care Setting: Part 1

Andrea Lyn Eickhoff MS, RN-BC,
Ani Marie Ellingson BSN, RN, Jessica L. Bernau BSN, RN,
Elizabeth M. Morice MSN, RN. *Mayo Clinic*

The opioid epidemic in the United States is an absolute crisis. Over 500,000 people have died of this epidemic between the years 2000-2015. Furthermore, the Center for Disease Control (CDC) reports that opioid overdose deaths have quadrupled since 1999. The CDC now recommends distributing naloxone for any patients with a morphine equivalent greater than 50 mg. Most available literature on naloxone distribution is related to substance abuse programs, focusing on heroin users and needle sharing programs. However, the CDC currently reports more than 6 out of 10 deaths are due to a prescription opioid overdose rather than heroin overdose. This demonstrates the importance of providing Overdose Education and Naloxone Distribution (OEND) training embedded within any health care setting in which clinicians prescribe opioids. The Mayo Clinic Pain Rehabilitation Center (PRC) is an interdisciplinary program for functional based pain management, reducing reliance on healthcare services and medications for chronic pain. Inspired by the loss of patients to the opioid epidemic, the nursing staff felt the need to provide education to prevent more tragedy. The PRC transformed the standard naloxone distribution from emergency response services to the people most likely to be the first responder, the family and friends of individuals using prescription

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opioids; patients themselves are also invited to participate in the training. The next phase of this project was to implement OEND training to other clinical settings within a major medical center. The focused clinical settings included were substance use disorder programs both residential and outpatient settings, emergency room department, and an interventional pain clinic. This presentation will discuss the process of initiating and implementation of OEND training programs within a large, Midwestern tertiary care center.

1C Amplified Pain Syndromes in Children: When It Hurts Too Much

Deborah Krepcio MSN, RN, CRNP, CPNP-PC.
The Children's Hospital of Philadelphia

Amplified pain syndromes encompass a wide spectrum of musculoskeletal pain disorders that includes pediatric fibromyalgia, localized and diffuse amplified pain, and complex regional pain syndrome. Amplified pain can severely affect physical function, socialization, daily activities and quality of life in children and adolescents. This negative effect on quality of life can lead to prolonged disability and a profound effect on their behavioral and cognitive health. Because it is important that children experiencing this condition begin to use their body in a normal way, treatment and management is aimed at breaking the abnormal pain reflex and returning the child to normal functional activities especially school, sports and social activities. There are still many unanswered questions about amplified pain syndromes, including its cause, and diagnosis, therefore, treatment can be challenging. We will discuss etiology, recognition and evaluation of this problematic disorder as well as share our experience and outcomes at The Center for Amplified Musculoskeletal Pain Syndrome at The Children's Hospital of Philadelphia using a non-medication, function-based approach to treatment that concentrates on returning children and adolescents to full function through exercise and psychological support.

1D Practice Stories Inspired a Multidimensional Comfort Model for Pain Management, Clinical Practice, and Research

Tara M. Nichols MS, APRN, CCRN, CCNS, AGCNS-BC. *Mercy Health*

PROBLEM STATEMENT

Pain is a global issue affecting an estimated 20% of the world population (Goldberg & McGee, 2011). The effectiveness of traditional pain management has come into question for many reasons (e.g. underassessment and treatment of pain, opioid crisis, chronic pain crisis). However, every day in healthcare systems all over the world, healthcare professionals discuss practice stories that generate hunches or theories related to patient's pain and comfort. How can practice stories be used to advance cultures of quality and safety and improve patient's comfort? Approach

Intentional analysis of stories from practice about pain and discomfort resulted in the proposed theoretical model. Delineated from these practice stories are recurring patterns and themes used to propose a central phenomenon— dimensions of comfort, and relationships between comfort, pain, internal, and external predictors.

RESULTS

The Nichols-Nelsons' Theoretical Model of Comfort (NNTMC) consist of seven dimension of comfort that can be impacted by both internal and external predictors and will guide clinical practice, interventions, and research. This model also proposes a paradigm shift from pain to comfort where the assessment and analysis of the clinician-patient relationship is central to pain management; focused on the lived pain experience. Also delineated from the practice stories was the need for a physiology of comfort.

DISCUSSION

Practice stories delineate patterns in the lived pain experience that can broaden health care professionals' perspective of care needed in the moment. NNTMC proposes to study comfort as a process, an outcome, and a state of being: a mental and physical state for the patient and the embodiment of comfort by the clinician. Pain Management guided by NNTMC will focus on comfort, function, and safety and the clinician- patient relationship. Goldberg, D. S., & Mcgee, S. J. (2011). Pain as a global public health priority. BMC Public Health, 11(1). doi:10.1186/1471-2458-11-770.

1E.1. Influence of Biomedical Risk Factors on Chronic Low Back Pain among Women

Jennifer Kawi PhD, MSN, APRN, FNP-BC. *University of Nevada, Las Vegas, School of Nursing*

PURPOSE

Nurses and nurse practitioners are highly involved in managing patients with chronic low back pain (CLBP). Management remains challenging with persistent biomedical risk factors (e.g, high opioid use, Body Mass Index [BMI], chronic widespread pain). Due to pervasive pain care disparities among women, this quantitative pilot study evaluated biomedical risk factors among adult females with CLBP. Findings can assist in targeting risk factors to help address known undertreatment of pain in women.

METHODS

This IRB-approved, descriptive, and cross-sectional study was conducted in a pain center to identify significant associations of relevant biomedical factors with pain/pain-related variables. Self-report questionnaires were gathered for 50 females with CLBP; data were analyzed using SPSS 22.

RESULTS

Participant mean age was 50; 54% were Black, 34% white, with 10% Hispanics. Average CLBP duration was 11 years, pain intensity was 7.86/10, and number of pain sites (other than low back) was 3.64. Participants used a mean of 58.67 morphine milligram equivalent opioids/day. Average BMI was 32.02. Using Pearson Correlation, amount of opioid use was associated with duration of CLBP ($r=.341$, $p=.018$). BMI was correlated with pain intensity ($r=.295$, $p=.038$) and sleep ($r=.424$, $p=.002$). Number of pain sites was found to have several correlates so multiple regression was conducted to evaluate its predictors after controlling for age, ethnicity, and race. Significant regression equation was found ($p=.000$) with adjusted $R2=.435$. Predictors were age ($B=-2.838$, $p=.007$), total number of medical conditions ($B=2.732$, $p=.009$), total number of pain treatments used ($B=2.269$, $p=.029$), and physical function ($B=-2.079$, $p=.044$).

CONCLUSION

Unhealthy, modifiable risk factors like high opioid use and BMI are necessary targets for healthcare providers to address toward improving pain management particularly among women. Those with other co-existing pain sites are vulnerable. Further research is recommended to address pain care disparities and minimize undertreatment of complex conditions like CLBP.

1E.2. Use of Outpatient Lidocaine Infusions with Complex Chronic Pain Conditions: Successes and Issues Addressed

Janet Pennella-Vaughan MS, NP. *University of Rochester Medical Center*

This presentation would include a brief overview of lidocaine mechanism of action and pharmacokinetics and an outline of University of Rochester Medical Center approved protocol for Outpatient Lidocaine Infusions.

AIM OF INVESTIGATION

To evaluate efficacy of outpatient lidocaine infusions in reducing pain intensity, reducing pain medication use and improving function for complex neuropathic pain conditions.

METHODS

Retrospective review of all patients who have undergone outpatient lidocaine infusions from 2013-1/2018 (62 patients; > 280 encounters) at the Pain Treatment Center. Aggregate data reported on gender, age, pain diagnosis, medications (opioid and adjuvants) and changes in dosing, lidocaine infusion dosing, frequency of lidocaine infusions (ranging from Q4-Q24 weeks), functional assessment, pain reduction, efficacy timeframe, adverse events and reasons for discontinuing treatment.

RESULTS

Analysis is continuing from recent data obtained. Serial infusions have benefit with various outcome improvements (demonstrated reduction in pain and use of some medications) for some of patients. Conclusions will be outlined once all data reviewed and analyzed. This retrospective review