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

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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

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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

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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

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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