METHODS
The BestCARE project was implemented and included a five-day course on complementary therapies for 15 nurses from four hospitals in Italy. Holistic massage was chosen for implementation because of its flexibility and easy application within nursing settings. Over a four-month period (2015-2016), nurses were asked to massage at least four hospital inpatients offering each person four sessions of 20 minutes. A questionnaire collected data concerning nurse/patient perceptions of the massage experience, and a 30-item Therapy Impact Questionnaire (TIQ) before and after each massage session.

RESULTS
Patients (N=48) from primarily oncological, general medicine, and palliative care units were treated with 171 massage sessions. Symptom reduction included less anxiety, less pain, and normalization of breathing pattern. TIQ analysis showed a significant reduction of physical and psychological symptoms after treatments (p=0.001) and no differences among demographics of gender and age (p=0.674). In contrast to similar U.S. projects, as a result of this pilot study, massage has been officially incorporated within practice and nurses' documentation. Caring massage is a service every patient can request and receive benefit of 8 treatments by a trained nurse. A Community of Practice has been established as a group of 14 nurses from different hospital settings who meet to share concerns and learn to improve massage experiences.

CONCLUSION
Responses of nurses and patients involved with massage were positive. Sustainability of massage as a caring practice was enabled by the hospital's Community of Practice facilitating peer support to improve nurses' competence and commitment, and sanctioned Italian public funding for ongoing training and meetings.

C9 Reducing Opioid Use in Patients with Chronic Pain at Rancho Los Amigos National Rehabilitation Center

Judith Salazar BSN, RN, CHPN-BC, Robert Boucher MPA, PA. *Rancho Los Amigos National Rehabilitation Center*

BACKGROUND
About 75% of Spinal Cord Injury (SCI) patients report chronic pain and are treated with opioid analgesics. Complications related to opioid and sedative over-prescription began to be documented. We realized our SCI patients were over medicated with opioids.

OBJECTIVE
Our first goal was to reduce the percent of SCI outpatients on more than 30 mg/day of oral morphine equivalents and in turn decrease the risks associated with chronic opioid use.

METHODS
Creation of a Pain Support Clinic staffed by a Certified Pain Management Nurse and a Physician Assistant for the purpose of patient and provider education and support. Interventions included provider education on the risks of chronic opioid use, alternative adjunctive medications for pain, and opioid taper protocols. Emphasis was placed on the importance of checking CURES and implementation of an opioid use agreement. Patients seen in the RN/PA led support clinic to educate patients on risks of chronic opioid use and to initiate taper of opioids.

PRIMARY OUTCOME MEASURES
Change in Daily Morphine Equivalent Dose for Spinal Cord Injury patients. Change in the number of opioid medications dispensed from our outpatient pharmacy.

OUTCOMES
Change in average Morphine equivalent daily dose (MED) for a cohort of 99 clinic patients from January to December 2015. The average MED was 31mg/day for January, and 17mg/day for December. This is a 45% drop in average daily MED from January to December. Norco 10/325mg tablet is the most widely prescribed pain medication by clinic providers. In January 2015, 12,578 tablets were dispensed, and in December, 4,615 tablets were dispensed.

CURRENT STATUS
The project is ongoing with continued provider and patient education. The Pain Support Clinic is currently piloting an Interdisciplinary Pain Team to better address patients pain.

C10 Opioid Reversal: Improving Access to Naloxone Can Save Lives

Paula A. Kobelt DNP, RN-BC. *OhioHealth Grant Medical Center*

Improving public access to and knowledge of the opioid reversal agent naloxone are part of national, state, and community harm reduction recommendations to prevent death from overdose from prescription and illicit opioids. Naloxone is part of a comprehensive plan to address the opioid epidemic that includes prevention, treatment and recovery. The purpose of this presentation is to underscore the importance pain management nurses play in screening patients for risk for overdose and to provide options for obtaining naloxone. According to Substance Abuse and Mental Health Services Administration (SAMHSA) high risk individuals encompass more than those using illicit opioids or misusing prescription opioids and should also include those using opioids for treatment of chronic pain, opioid rotation, or reduced opioid tolerance. Since overdose often occurs at home and Emergency Medical Services response times vary, having naloxone available for those who would most likely be at the scene can save lives. The aim of the eight month pilot was to determine the feasibility of emergency department (ED) nurses and providers screening for and providing high risk ED patients with naloxone nasal spray (NNS) and harm reduction patient teaching at discharge. The setting included four EDs within one hospital system. Methods used included involving the ED staff in developing the protocol including workflow, order set, and patient teaching resources. Staff education was provided prior to implementation. Of the 154 patients in the pilot 140 (91%) took the provided NNS for home use, demonstrating the acceptability of the intervention and feasibility of the pilot protocol. The presentation will also include options for improving access to NNS for patients, families and communities; strategies to address stigma about and barriers to caring for patients with SUD and hospital-wide education on SUD. In addition, Good Samaritan laws, naloxone pharmacokinetics and resources for program implementation will be discussed.

C11 Buprenorphine Pharmacology and Patient Case Series of Rapid and Comfortable Ambulatory Transitions to Buccal Buprenorphine

Cynthia Sandberg MAN, APRN, CNP, Jennifer Hiemenz PharmD. *CentraCare Health*

AIM OF INVESTIGATION
Buprenorphine (Butrans, Belbuca), a partial opioid agonist, is FDA-approved to treat chronic pain and offers several benefits over treatment with full-agonist opioids. The advantages of buprenorphine for chronic pain include significantly reduced risk of respiratory depression and other side effects, and excellent analgesia.1,2 Current literature exists on transitioning patients from full opioid agonists to buccal buprenorphine (BBUP, Belbuca).3 However, there is a paucity of data on transitioning to BBUP in an ambulatory setting. Tapering to a lower morphine equivalent dose (MED) in outpatient settings is difficult, as patients fear withdrawal and increased pain. This case series describes a method of transitioning to BBUP overnight. Methods This case series presents five patients diagnosed with chronic pain syndrome of various origin and length of chronic opioid analgesic therapy. IRB and patient consent obtained. Prior MED of 67.5 to 285 mg was converted to BBUP induction doses of 150 to 300 mcg. Patients stopped their opioid medication the night before induction. Vital signs and clinical opiate withdrawal scale (COWS) were assessed, and then one-half film of BBUP was administered.4 The assessment and dose were repeated in two hours. Patients departed one hour later after a final assessment. Results All patients experienced mild to moderate withdrawal symptoms, and two patients required clonidine during the appointment. COWS scores decreased to 1-7 points for all patients before departure. No patients required additional medical attention nor higher level of care for withdrawal symptoms. Conclusions Patients can rapidly and safely transition to

BBUP in an ambulatory clinic setting. This limits the time a patient experiences discomfort from withdrawal and unmanaged pain, and improves their medication safety profile. Acknowledgements The authors report no disclosures.

C12 Sharing the Legacy of Pain Management Nursing through Storytelling

Connie A. Luedtke MA, RN-BC, Kaylie Guderian BA. *Mayo Clinic*

Sharing our nursing history is essential because nursing is more than the physical care we provide. Our profession provides us opportunities that no other does. We are with patients during their most vulnerable times from birth to death. Throughout the steps of the nursing process we form human connections that impact both the nurse and the patient. Nurses are one of the most trusted professions, often being remembered long after patients return home, and perhaps even generations down the line through stories shared about care and kindness received. This presentation offers a template to document personal nursing histories, or to be used for institutional nursing history projects. Some sample nursing stories will be shared as case compilations, so no identifying nurse/patient information will be divulged. Some Questions include: What contributing factors helped you make a decision to become a nurse? Can you identify ways in which nursing practice has changed significantly throughout your tenure, as well as areas in which it has not changed much at all? Describe a memorable interaction with one of your patients? Sharing nursing history is important because it inspires young people to grow up to be nurses. It tells us where we were, where we are, and where we are going as a profession. The nursing field crosses the lifespan from labor and delivery to hospice, and the continuum of care from public health to intensive care, and psychiatry to transplant, and every area in between. Each offers a vastly different and unique nursing experience. Since every nurse is a pain care nurse, our stories are invaluable to the field. Your personal nursing history is important; it is your professional legacy. Every piece helps tell the collective story of why nurses do what we do. Come start the process of telling your story!

C13 Bringing Safety to Pain Patients and Their Communities

Sara Darr RN. *VP of Clinical Services, Pain Management Group*

By establishing high-quality, accountable, balanced outpatient pain management programs, hospitals can mitigate the safety risks that are rampant given the current opioid crisis in our communities. In this presentation, we discuss a case study that shows how our expertise, resources, guidance, and partnership significantly reduced hospital risk of inadequate accountability, poor quality, inefficiency, and poor communication. Through implementing the standard processes and practices of PMP checks, utilizing the opioid risk tool, urine drug screening, pill counts, identifying red-flag behaviors, and establish patient-physician treatment agreements, hospitals can experience transformative turnaround in the patient outcomes and program efficiency that are helping keep communities safe.

C14 Holistic Care of the Pain Patient

Felicia M. Wallace MSN, FNP-BC, APHN-BC, RN-BC. *St. John Providence Health System*

AIM

The aim of this presentation is to explore the role of evidenced based integrative practices and modalities when treating persons experiencing pain.

METHODS

A review of the literature on integrative practices/modalities including aromatherapy, mindfulness, compassion practices, and nutritional therapies has been conducted. This writer has used many of these therapies in her own practice- and will provide patient stories to highlight and support the evidence reported.

RESULTS

Though more research is needed, a growing body of evidence supports the efficacy of the aforementioned integrative practices in treating persons suffering with pain.

CONCLUSIONS

In light of the current opioid epidemic, it is crucial for pain practitioners to be at the forefront of integrating and implementing evidenced based complementary practices into the treatment plans of our pain patients.

R1 APS Patient Outcome Questionnaire: Measure Development & Validation for Use in the Pediatric Population

Kimberly Wittmayer MS, APN, PCNS-BC, AP-PMN, Kristi Waddell MSN, APN, PPCNP-BC. *Advocate Children's Hospital*

AIM

A multisite IRB approved study was designed to develop and validate a comprehensive measure of pediatric pain and pain outcomes. An interdisciplinary group of pediatric pain experts from several US hospitals adapted the APS-POQ-R specifically for pediatrics. The aims of this study are to: 1) evaluate the feasibility and understandability of the pediatric APS-POQ with hospitalized children and their parents; 2) validate the pediatric APS-POQ in a large, diverse sample of hospitalized children and their parents; 3) describe pain and pain management outcomes from the perspectives of patients and their parents in US hospitals.

METHODS

This study was conducted in two phases. The first phase, addressed Aim #1, to evaluate the feasibility and understandability of the child and parent versions of the Pediatric APS-POQ, for which a group of experts in pediatric pain revised the original APS-POQ-R for pediatrics. The updated Pediatric APS-POQ, child and parent versions, were then pilot tested at Boston Children's Hospital. Several patients and parents had difficulty understanding 3 items, and these items were revised based on feedback from the patients and parents by a process of expert consensus. Phase two involved validating the measure (Aim #2) and obtaining a comprehensive description of pain and pain management outcomes in pediatric patients in hospitals in the US from the perspective of pediatric patients and their parents (Aim #3).

RESULTS/CONCLUSIONS

Data collection has just ceased and we are currently in the process of analyzing the data. Therefore, results and conclusion are still pending, however they will be ready by the time of the conference.

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R2 Recognizing Pain Using Novel Simulation Technology

Kelly D. Allred PhD, RN, BC. *University of Central Florida*
Justin Charles Grace RN, BSN, CPEN, CPN. *Golisano Children's Hospital of Southwest Florida*

Effective pain management and time to treatment is essential in patient care. Despite convincing evidence and a renewed emphasis on addressing pain as a priority, pain management continues to be an unresolved issue. As a member of the health care team, nurses are integral to optimal pain management. Currently, nursing schools have limited innovative or alternative methods for teaching pain assessment and management. Simulation in nursing education provides a unique opportunity to teach with the potential to expose students to realistic patient situations and allow them to learn and make mistakes, without causing harm. However, modern low- and high-fidelity simulation technology is unable to physically display emotion, pain, or any facial expression. This limits training and education of conditions that rely on the identification of symptoms that might be partially based on the alteration of facial appearance, such as pain or stroke. The technology is especially useful in teaching recognition of pain in patients with conditions where verbal communication is either limited or nonexistent. This research explored student nurses' perception of a new technology that displayed computer-generated faces, each expressing varying degrees of physical expressions of pain. Fifteen nursing students participated in the study. Participants were asked to interpret four faces on a scale of 0-10, with 0 representing no pain, and 10 representing severe