

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

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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

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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

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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

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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

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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