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

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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

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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

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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