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

pain. Participants were then asked four open-ended questions addressing their thoughts on the technology. A majority of nursing students reported they believe the technology should be integrated into nursing curricula as an adjunct to traditional teaching methods. The participants reported they enjoyed interacting with the computer-generated faces and they thought it was more beneficial than traditional teaching methods related to pain recognition, especially in situations where verbal communication is impaired.

I1 Lofexidine for Treatment of Opioid Withdrawal Symptoms in Opioid-Dependent Adults

Marian Currens CRNP. *UMMC Midtown Campus - Center for Addiction Medicine*
Marc Fishman MD, FASAM. *Department of Psychiatry, Johns Hopkins School of Medicine, Maryland Treatment Centers*
Kristen Gullo BS, Thomas Clinch BS. *US WorldMeds, LLC*
Charles W. Gorodetzky MD, PhD. *US WorldMeds*

PURPOSE
Chronic opioid use leads to physiological dependence and highly distressing opioid withdrawal symptoms (OWS) during discontinuation. Chronic pain patients frequently report OWS as a barrier to discontinuation of opioid use or dose reduction. This study evaluated lofexidine, an alpha2-adrenergic receptor agonist for OWS treatment.

METHODS
This was a randomized, double-blind, inpatient study comparing lofexidine 2.4 mg (0.6mg QID) and 3.2 mg (0.8mg QID) to placebo treatment for 7 days after abrupt opioid withdrawal. Adults (N=603) dependent on short-acting opioids and seeking treatment were enrolled at 18 sites. IRB approval of the protocol was obtained at all sites. Short Opiate Withdrawal Scale of Gossop (SOWS-Gossop), the primary measure of efficacy, is a subject-rated, 10-item, quantitative, assessment of OWS. It has been validated as a sensitive and reliable instrument. Higher scores indicate worse OWS.

RESULTS
Decreases in overall SOWS-Gossop scores (over 7 days) were significantly greater for both lofexidine doses compared with placebo [pairwise differences in log-transformed, least-squares means = -0.21 for lofexidine 2.4-mg (P=.02) and -0.26 (P=.003) for lofexidine 3.2-mg]. Proportion of subjects completing the trial was higher for lofexidine-treated subjects versus placebo: 41.5% for lofexidine 2.4 mg (odds ratio =1.9, P=.007), 39.6% for lofexidine 3.2 mg (odds ratio =1.7, P=.02), and 27.8% for placebo. Overall adverse event rates were similar across groups. Hypotension-related events were most common for lofexidine but rarely led to study discontinuation.

CONCLUSION
In this study, lofexidine was effective and well-tolerated for treatment of OWS. The odds of completing the 7-day opioid withdrawal treatment were nearly doubled in the lofexidine groups compared with placebo. Lofexidine may provide a safe and effective non-opioid treatment option for subjects undergoing acute withdrawal from opioids, and could be accessible by all types of healthcare prescribers. Acknowledgments Supported by US WorldMeds, LLC, and National Institute on Drug Abuse (grant U01DA033276).

I2 Improving Inpatient Substance Use Screening to Inform Opioid Prescribing Risk in a Pediatric Hospital Setting

Sara Hahn MSN, RN, Sarah Nickels MSW, PhD, Ben Bernier MSN, RN, CCRN. *Children's Hospital Colorado*

AIM OF INVESTIGATION
Since 2013, nurses at Children's Hospital Colorado (CHCO) have conducted substance use screening with adolescent inpatients upon admission. In response to the opioid crisis, a multidisciplinary CHCO team aimed to leverage the screening data as part of a comprehensive risk assessment that could inform opioid prescribing practices. Specifically, the team aimed to increase adolescent screening rates and to implement new screening questions for caregivers of admitted patients.

METHODS
Twenty-eight inpatient nurses and nursing leaders were interviewed to understand the current state of the adolescent substance use screening process and to identify strengths and challenges of the process from a nursing perspective. Interview data was analyzed and presented to the opioid prescribing practices improvement team. Based on the interview data and best practices, the team modified the screening questions, optimized clinical decision support tools in the electronic medical record, and implemented a comprehensive education plan. The updated adolescent screening and new caregiver screening were implemented in December 2017 and we compared compliance to screening two months before and after implementation.

RESULTS
There was an increase in the percentage of adolescents screened after implementation of the comprehensive education plan from 49% (n = 484) to 55% (n = 500). Of those screened, 7% (n = 33) of adolescents screened positive. In addition, 77% (n = 2,498) of caregivers were screened in the first two months of implementation, with 2% (n = 52) of caregivers screening positive for substance use.

CONCLUSIONS
By understanding the substance use screening process from nurses' perspectives, the opioid team made improvements that are expected to improve screening compliance, data quality, and providers' ability to assess substance use risk when prescribing opioids. We anticipate additional improvements over time.

I3 Effectiveness and Safety of Intrathecal Ziconotide Use as the First Agent in Pump

Gladstone C. McDowell, II MD. *Integrated Pain Solutions*
Mark Wallace MD. *University of California, San Diego*
Richard L. Rauck MD. *Carolinas Pain Institute and The Center for Clinical Research*
Philip Kim MD. *Center for Interventional Pain and Spine*
I-Zhu Huang MD, Robert Ryan MS. *Jazz Pharmaceuticals*
Michael F. Saulino MD, PhD. *MossRehab*
Timothy Deer MD. *The Center for Pain Relief*

PURPOSE
The Patient Registry of Intrathecal Ziconotide Management (PRIZM) evaluated effectiveness and safety associated with intrathecal (IT) ziconotide use in clinical practice settings.

METHODS
PRIZM was an open-label, long-term, multicenter, observational study of adult patients with severe chronic pain who met ziconotide prescribing information criteria. This analysis reports change from baseline to month 18 in “average pain for the past 24 hours,” on the 11-point Numeric Pain Rating Scale (NPRS; primary efficacy measure).

RESULTS
The all-treated population included 93 patients; 51 (54.8%) received ziconotide as the first agent in pump (FIP+) and 42 (45.2%) did not (FIP-). Mean (SD) baseline NPRS scores were 7.7 (1.8) in all-treated (n=91), and 7.4 (1.9) and 8.0 (1.6) in FIP+ (n=50) and FIP- (n=41) patients, respectively. Mean (SEM) percentage change from baseline in NPRS score at month 18 was −24.7% (6.6%) in all-treated (n=26), −38.5% (10.5%) in FIP+ (n=14), and −8.6% (4.5%) in FIP- (n=12) patients. In the subset of patients who had NPRS scores at months 3, 6, 9, 12, 15, and 18 (n=21), mean (SD) baseline NPRS scores were 7.8 (1.4) overall, and 7.3 (1.3) and 8.4 (1.2) in FIP+ (n=12) and FIP- (n=9) patients, respectively. Mean (SEM) percentage change in NPRS score from baseline to month 18 was −26.2% (7.5%) overall, −39.7% (11.1%) in FIP+, and −8.1% (5.4%) in FIP- patients. The most common adverse events (≥15% of all-treated population) were nausea (25.8%), confusional state (22.6%), dizziness (20.4%), auditory hallucination (18.3%), and diarrhea (16.1%).

CONCLUSION
In PRIZM, greater treatment response (as assessed by the primary efficacy measure) was observed when ziconotide was initiated as first-line IT therapy versus second-or-later IT agent in pump. Data from study completers suggest a sustained treatment response for up to 18 months. The