



PIG-NI NEWS

Pain Interest Group Nursing Issues

Newsletter June 2015

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Can mindfulness help alleviate pain? Find out in our September issue.

Report from the Chair

Winter has arrived and the next annual conference is looming. This will be PIGNI's 9th annual conference and will be held at Le Montage on the 23rd October 2015. This year's theme is Inside Joint pain and reflects the International Global Pain Society (IASP) them for 2015 – 2016, Joint Pain. The AGM follows this conference. The program promises to be interesting and we look forward to seeing you there.



For those new to PIGNI - NSW, you may be interested to know that PIGNI was founded in 1988. This is now 27 years ago. The aims of the group remain unchanged but were refined recently. These include the provision of an educational forum for members to promote the principles and practice of excellence in pain management in acute, chronic and cancer pain.

- To disseminate news items and information via a quarterly newsletter.
- To facilitate networking of healthcare professionals interested in nursing issues in pain management.
- To stimulate and promote clinical research in pain management and encourage members to present their findings at national and international pain society meetings.
- To retain a close liaison and sharing of ideas between the Australian Pain Society sub-committees.
- To organise an annual professional one day conference - 4.5 CPD points.
- Rural educational scholarships to the annual professional one day conference.

This is our second electronic newsletter and Stuart Leckie (Editor) and the editorial team are keen for feedback and any contributions.

On behalf of the PIGNI – NSW committee we hope you enjoy this edition.

Sandra Tutt
Chairperson

Newsletter sponsored by



All correspondence to
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Stuart Leckie

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ACI Pain Network

The PIGNI Pain Interest Group Nursing Issues is an extremely dynamic and valuable voluntary working group within the NSW Health system. Over the past four years of my involvement with them, they have supported the development of five Statewide forms that have been applied across NSW with the intention of improving safety and consistency of care for patients. Under the leadership of Emily Edmonds, the State Forms Committee has diligently and steadily reviewed the evidence and consulted widely with clinicians to facilitate the development of these forms. They are now available on

<http://www.aci.health.nsw.gov.au/resources/pain-management/acute-sub-acute-pain/acute-pain-forms>

Still under development are the Paediatric Patient Controlled Analgesia charts due to be finalised by the end of the year.

In the domain of improving perioperative pain management, the ACI has been working to develop a toolkit to implement Fascia Iliac Blocks for fractured neck of femur. An implementation toolkit and guide including a procedural video, audit tools and patient brochure were circulated to LHDs towards the end of last year for comment. Valuable feedback has been collated and the information is being finalised and should be uploaded onto the website within the next 2-3 months.

As a result of the state election, there are further, though modest resources being allocated to the provision of chronic pain services across the state. The Central Coast LHD which is an area of high need, will be the recipient of some funding to support the appointment of a Pain Specialist which will add capacity to the chronic pain team there. The Far West, Murrumbidgee and Southern NSW LHD currently receiving no funding for pain management, will also be provided with limited access to specialist pain clinics through a proposed telehealth and outreach model. This is a good endorsement of the work that has been undertaken by chronic pain services over the last 3 years of the pain plan.

Jenni Johnson
Manager, ACI PainNetwork



NSW Standardised Pain Forms

The Pain Interest Group Nursing Issues continues to work closely with the Agency for Clinical Innovation and clinicians throughout NSW in developing standardised pain charts for use in NSW public hospitals.

This work has provided a consistent framework and format for the prescribing, administration and the record of monitoring for patients receiving various pain management modalities.

These pain charts also include the 'track and trigger' principles of the between the Flags documentation which recognises the detection of the deteriorating adult patient associated with the administration of opioids.

During 2014, the charts for the modalities of PCA, Ketamine Infusions and single dose Neuraxial opioids, were revised after extensive consultation with users.

Revisions made to the charts saw improvements to the prescription format, additional space to record observations, simplified instructions for clinical care of patients who are in the Yellow or Red Zone in addition to many other alterations.

A revised format for the ketamine infusion chart enabled costs associated with printing to be halved.

The Epidural Analgesia and Continuous Opioid Infusion charts were both approved by the Medication Safety Expert Advisory Committee and the State Forms Committee and are now being printed.

Work continued throughout the year developing and finalising the Peripheral Nerve Infusion chart which will be available later this year.

A number of committee members from the Pain Interest Group are also involved in the development of a Paediatric PCA chart which is being designed for use in non-tertiary hospitals. You can view all the work that has been done with standardising pain forms on the ACI pain management Network website.

<http://www.aci.health.nsw.gov.au/resources/pain-management/acute-sub-acute-pain/acute-pain-forms>

Emily Edmonds
PIGNI Public Relations Officer

2015 Non Specific Treatment Effects in Pain

We are increasingly confronted with advances in technology that challenge us in our care of patients. There are epidural infusions, PCAs, regional nerve blocks all with ever changing delivery devices and multimodal oral analgesia to consider. We are being asked to treat more patients who are sicker and stay in hospital for shorter lengths of time.

An article that I often refer back to was published in 2011 as a clinical update for the International Association for the Study of Pain. The article provides interesting reading as it suggests that patients get better not because of the treatment but more so due to the interpersonal relationships the patient has with the clinician.

Improvements in treatment may be due to a number of factors, the specific effects for the treatment provided, the natural history of the disease. Many conditions will get better with time even when no treatment is provided. Non-specific treatment effects include attention from the nurse to reduce patient anxiety, increase optimism and improving coping to patients.

Most patients seek treatment for reassurance that their symptoms are not life threatening for their chronic pain. Further tests are ordered to rule out red flags such as cancer and infection. To continue to order further tests simply increases anxiety as the patient may feel that something has been missed. The major value of treatment lies with education, reassurance and counselling. Satisfaction with treatment is primarily influenced by the meaning and interpersonal experience associated with the treatment.

Evidence suggests that cancer patient's satisfaction with pain management related more to their relationship with the nurse and less with the severity of their pain. Further evidence suggests that medical expertise or competence alone does not account for a patient outcome. **Better outcomes are achieved when nurses demonstrate empathy, express understanding, show mutual respect, have an ability to diffuse negative emotions and ask open ended questions.**

Non-specific treatment effects can be further enhanced through making patients feel welcome and informed and feeling their basic needs will be met. Importantly patients want to know they are believed and their perspective is understood. I often hear patients reporting that people don't believe them when they discuss their chronic pain. Patients are more likely to feel that are being listened to when eye contact is maintained, interest is shown in what they are saying and non-verbal posturing is avoided.

Never underestimate your ability as a nurse through the use of these simple techniques to influence the management of pain for the patients you care for. These techniques may be used when caring for patients with acute, cancer and chronic pain. These techniques can be used as effectively by a new graduate nurse or a seasoned CNC or nurse practitioner with the same outcomes for the patient.

David Beveridge

Nurse Practitioner, Multidisciplinary Pain Management Clinic, Lismore Base Hospital



From the Editor

This issue sees promising action on pain from the ACI and the State Pain Forms Committee. We learn that making your patients feel at home can have non-specific treatment benefits and CIAP remains a great place to visit.

Also see regular contributions from our Chair, Sandi Tutt; Jenni Johnson ACi and Emily Edmonds State Pain Forms.

Each Australian State is brimful of talented pain nurses. We are connected nationally, both by group email and as sub groups of the APS. Can I suggest we work towards formalising this association to perhaps arrive at an Australian Pain Nurses association.

Happy reading; contributions and comments welcomed.

Stuart Leckie

New Neuropathic Guidelines from NeuPSIG of the International Association for the Study of Pain

The findings permitted a strong recommendation for use and proposal as first-line treatment in neuropathic pain for tricyclic antidepressants, serotonin-noradrenaline reuptake inhibitors, pregabalin, and gabapentin;

A weak recommendation for use and proposal as second line for lidocaine patches, capsaicin high-concentration patches, and tramadol;

A weak recommendation for use and proposal as third line for strong opioids and botulinum toxin A.

Topical agents and botulinum toxin A are recommended for peripheral neuropathic pain only.

Nanna B Finnerup*, Nadine Attal*, Simon Haroutounian, Ewan McNicol, Ralf Baron, Robert H Dworkin, Ian Gilron, Maija Haanpää, Per Hansson, Troels S Jensen, Peter R Kamerman, Karen Lund, Andrew Moore, Srinivasa N Raja, Andrew S C Rice, Michael Rowbotham, Emily Sena, Philip Siddall, Blair H Smith, Mark Wallace

<http://www.ncbi.nlm.nih.gov/pubmed/25575710>

The Review was published as: Pharmacotherapy for neuropathic pain in adults: a systematic review and meta-analysis; published in Lancet Neurology in February 2015. It can be accessed via CIAP at work.

Paracetamol Overdose

Accidental overdose is of increasing concern. Toxicity can occur even at doses lower than the recommended daily maximum dose. Gaps in patient knowledge, particularly around the perceived safety of paracetamol, are contributing factors to paracetamol misuse and accidental overdose.

Paracetamol was the most commonly misused over-the-counter analgesic in Australia in 2013.

¹In 2009–2010 around 14% of all accidental poisoning cases were due to non-opioid analgesics, antipyretics and antirheumatics, with the majority of these cases caused by paracetamol. ²Furthermore, between 1997 and 2005, paracetamol was implicated in around 5% of drug-related deaths in Australia.³

With the increasing concern over the risk of misuse and accidental overdose with over-the-counter paracetamol, changes to recommendations for use of paracetamol (eg, limiting dosage strengths, updating paediatric dosing instructions) have been made in the USA and UK.

What can be done.

- Educate patients on how to identify paracetamol as the active ingredient in single and combination medicines.
- Discuss hazards and risks of overdosing through simultaneous use of multiple paracetamol-containing medicines. Inform patients of the maximum total dose and number of tablets permitted in a 24 hour period.

⁴⁻⁶The TGA considered these changes in 2013 but to date has not made recommendations to change dosing.

<https://www.tga.gov.au/community-qa/recommended-paracetamol-doses>



Pain: Meeting the Challenge

2016 Australian Pain Society

36th Annual Scientific Meeting

13 - 16 March 2016

Perth Convention and Exhibition Centre

First prize in the draw for full Registration to APS 2016 in Perth, went to **Stuart Leckie, Dubbo NSW**. The prize was chosen at random from the 181 delegates who completed the APS 2015 post-conference survey.

Finland Emphasis on Patient Participation

Quality Pain Management in the Hospital Setting from the Patient's Perspective

Pain management is a crucial issue for patients, and patients' perception of care is an important quality outcome criterion for health care institutions. Pain remains a common problem in hospitals, with subsequent deleterious effects on well-being.

Pain was both prevalent and severe in the hospital, but patient participation in decision making was related to better outcomes.

Optimal pain management, with emphasis on patient participation in decision making, should be encouraged in an effort to improve the quality of care in hospitals.

Pain Practice Volume 15, Issue 3, pages 236–246, March 2015

CIAP - A Great Place for Clinical Information

The Clinical Information Access Portal (CIAP) provides all healthcare professionals in the NSW public health system with free access to clinical information and resources to support evidence-based practice and clinical decision making.

A good starting place for information on pain management is the **Anaesthesia/Pain Specialty Guide**, which can be found by selecting 'Specialty Guides & Links' from the left menu on the CIAP homepage. A variety of resources that provide good coverage of anaesthesia and pain management topics can be found in the guide, along with a selection of online books and journals and websites that

provide support and information about these topics.

Resources currently available on CIAP include medication resources MIMS and Micromedex, evidence-based practice tools Joanna Briggs Institute and the Cochrane Library, citation databases MEDLINE, EMBASE and PsycINFO, clinical decision support tools BMJ Best Practice, PEMSsoft and Nursing Consult, as well as more than 2000 online journals and over 400 online textbooks. Health professionals can also access dictionaries, guidelines, clinical tools and patient handouts through CIAP.

CIAP can be accessed at work and at home, providing 24/7 access to



clinical information whenever it's needed.

CIAP training opportunities are available from the Learning Centre, where staff can access live online training sessions, self-paced education modules and other video tutorials and user guides to help increase their CIAP skills and knowledge.

Learn more about navigating the homepage and which resources to use by watching the short video tours available at the bottom right of the CIAP homepage.

To access CIAP, visit the website www.ciap.health.nsw.gov.au

A screenshot of the CIAP website interface. On the left is a vertical navigation menu with blue buttons and white icons, listing categories: Medications, Evidence-Based Practice, Guidelines, Diseases & Conditions, Emergency Care, Journals, Books & Dictionaries, Databases, Tools, Patient Education, and Specialty Guides & Links. A dotted line connects the 'Specialty Guides & Links' button to the text in the main article. To the right of the menu is a list of resources, each with a blue arrow icon and a link: MIMS (Australian Drug Information | Interactions | Pill ID | Patient Info (CMI)), Micromedex (Drug Information | Interactions | I.V. Compatibility | Calculators), Australian Medicines Handbook (AMH), Therapeutic Guidelines (eTG), Australian Immunisation Handbook (AIH), Australian Injectable Drugs Handbook (AIDH), Pharmaceutical Benefits Scheme (Government Subsidised Medicines), New South Wales Therapeutic Advisory Group (NSW TAG), Natural Medicines (Complementary Medications, Foods & Therapies), Australian Medicines Handbook (AMH) Aged Care Companion (AMH Aged Care), Australian Medicines Handbook (AMH) Children's Dosing Companion (AMH Children), BNF for Children (British National Formulary for Children), TOXINZ (Australian & NZ Poisons Information & Toxicology), and TOXNET (Toxicology Information including Breastfeeding). A green 'more »' button is located at the bottom right of the resource list.





Professional Development
1-Day Program

A sub-group of the Australian Pain Society



Friday 23 October 2015 | Professional Development 1-Day Program

Program

	Registration from 8.00am
8.45am	Welcome and opening
9.00	Epidural analgesia
9.40	Orthopaedic joint surgery: New techniques
10.20	MORNING TEA
11.00	Joint pain: Physiotherapy models of care
11.40	Pain in the elderly post fractured neck of femur
12.30pm	LUNCH
1.40	Identifying chronic pain in post-operative paediatric patients
2.25	Cancer pain management
3.15	Annual General Meeting All PIGNI members welcome



Friday 23 October 2015 | Professional Development 1-Day Program

Registration

Only online registration and payment will be accepted.
Please visit www.dcconferences.com.au/pigni2015

Registration Fees

Early Bird: Before 20 September 2015

PIGNI member	\$120
Non member	\$170

After 20 September 2015:

PIGNI member	\$150
Non-member	\$200

Note: By paying \$50 to become a member of the Pain Interest Group Nursing Issues at the time of registration, you are eligible to pay the (lower) member's rate.

Cancellation Policy

Notification of cancellation must be in writing. No refund is available, however the registration may be transferred to another delegate at no additional cost.

CPD Points

Continuing Professional Development: 4.5 hours

Public Transport

To plan your trip to the venue by train, bus, ferry or light rail, visit www.transportnsw.info

Inside Joint Pain

Friday 23 October 2015
Le Montage, Lilyfield



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G O L D S P O N S O R S



"A sub - group of
The Australian Pain Society"

RURAL SCHOLARSHIP APPLICATION

To attend the professional development one-day program

Inside Joint Pain
Friday October 23, 2015

SCHOLARSHIP INFORMATION

Expressions of interest from nurses working in rural areas of New South Wales who have a special interest in the specialty of pain management.

The committee members of the Pain Interest Group Nursing Issues are offering a scholarship to two successful applicants to attend the above Professional Development Day.

This is an excellent opportunity for nurses to expand their knowledge of pain and to network with other health professionals who have an interest in pain management.

Letter of application to include: the benefits for the applicant and to their place of employment, a short curriculum vitae and current copy of registration with APHRA (Australian Health Practitioner Regulation Agency).

SCHOLARSHIP INCLUDES

Registration fee and contribution to accommodation and travel expenses. **Total value up to \$500.00**
(Terms and conditions apply. Receipts for expenses must be provided)

The two successful applicants will be required to write a brief report for the Pain Interest Group Nursing Issues on their experience of the day which will be published in the PIGNI newsletter.

PROGRAM HIGHLIGHTS:

- **Theme: Joint Pain**
- Epidural analgesia
- Orthopaedic joint surgery new techniques
- Pain in the elderly fractured neck of femur
- Joint pain: physiotherapy models of care
- Identifying chronic pain in post-operative paediatric patients
- Cancer pain management

SEND APPLICATIONS TO:

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Lismore Base Hospital. Email:
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Vickie Croker, CNC Tamworth Integrated Pain
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OR
Stuart Leckie, CNS Acute Pain Service,
Dubbo Base Hospital.
Stuart.Leckie@health.nsw.gov.au

CLOSING DATE:

Monday 3rd August 2015

For more information about applying ring
David Beveridge 02 6620 7253

For information about the day go to the
DC Conferences website:
www.dcconferences.com.au/pigni2015

PAIN... Let's talk about it

Feedback from people living in pain has a consistent major theme - It is the invisible burden that we don't want to talk about - Let's break the silence and reduce the stigma of living with chronic pain.

This year the National Pain Week team is in two cities, Brisbane and Sydney and again riding around in the Big Red Bus.

Chronic Pain Australia has invited pain clinics in Sydney and Brisbane to get involved during National Pain Week. 2015 will be the second year of our Snapshot Survey.

For a full report on the findings from 2014's surveys go to the National Pain Week website.

What you can do:

1. If you work in a pain clinic in Sydney or Brisbane, contact us to explore how we can work together with you and your patients to showcase what you are doing for people in pain. No cost!
2. If you are in Sydney, join us for lunch, music, conference and Q and A panel at the State Library of NSW on 24th July. Professor Phil Siddall, Petrea King and a host of other guests will be speaking about the issues for people living with chronic



pain – don't miss out as tickets are limited \$15 or \$10 early bird.

3. Spread the word among your patients and network – National Pain Week – get involved

Let's start talking:

npw@chronicpinaustralia.org.au

www.nationalpainweek.org.au

In conjunction with Pain Week, there will also be a second "Snapshot" survey, aiming to track how Australians are managing their pain each year.

It is aimed at those either living with Chronic Pain, or caring for someone with Chronic Pain.

Here is the Snapshot link:

<http://www.chronicpinaustralia.org.au/index.php/2013-09-04-07-55-27/chronic-pain-surveys>

WHAT'S ON

Acute Pain Management Nursing Seminar Day 8 August 2015, Mercure Hotel Parramatta

Pigni Conference 23 October 2015, Le Montage

Pain: Meeting the Challenge 13-16 March 2016 Australian Pain Society 36th Annual Scientific Meeting, Perth Convention and Exhibition Centre

If you wish to advertise an event please send details to the editor.



Acute Pain Management Nursing Seminar Day

Saturday 8th August 2015

The Mercure Hotel Parramatta

For programs details visit our website at www.acutecareeducation.com.au or email us at admin@acutecareeducation.com.au or phone us on (02) 8678 6494.

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Hospira is a specialty hospital pharmaceutical company offering sterile injectable pharmaceuticals, infusion devices and acute-care pharmaceuticals. Through these highly specialised products, Hospira ANZ offers unique solutions to the challenges faced by healthcare professionals in their clinical practice. Hospira ANZ has offices in Melbourne, Sydney and Wellington, and manufacturing and research and development sites in Mulgrave, Victoria and Adelaide, South Australia. Hospira has significant heritage in Australia and New Zealand dating back to 1845 when FH Faulding opened a pharmacy in Adelaide. Learn more at www.hospira.com.au