



# PIG-NI NEWS

## Pain Interest Group Nursing Issues

Newsletter September 2015

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Newsletter sponsored by



All correspondence to newsletter editor:

Stuart Leckie

[stuart.leckie@health.nsw.gov.au](mailto:stuart.leckie@health.nsw.gov.au)



McGill Pain Questionnaire 2012, by Eugenie Lee

[eugenielee@gmail.com](mailto:eugenielee@gmail.com)

### Report from the Chair

Spring has come and it reminds me that changes and new life continues. This year PIGNI introduced a newsletter that can be accessed electronically. This is PIGNI's third electronic newsletter. Our chief newsletter editor Mr Leckie, and the newsletter team, have been working hard to bring interesting and updated information in this new format. We would be very grateful for suggestions, feed back and articles so that the newsletter can be further developed.



Have you put your application in to attend the PIGNI **Annual General Pain Conference on Friday 23th October at Le Montage in Lilyfield, Sydney?** The invitation is for nurses, medical and allied health professionals. The theme for this conference is JOINT PAIN. Attending this conference is a wonderful opportunity for staff to expand their knowledge of pain and network with other health professionals who have an interest in pain management. Topics on the program this year include:

- o Epidural analgesia
- o New techniques and advances in orthopaedic surgery
- o Physiotherapy models of care
- o Pain in the elderly post fractured neck of femur
- o Identifying chronic pain in post-operative paediatric patients
- o Cancer pain management

**For more information about the conference and to register,** contact DC conferences Pty Ltd.

Web: [www.dconferences.com.au/pigni2015](http://www.dconferences.com.au/pigni2015)

Email: [Pigni2015@dconferences.com.au](mailto:Pigni2015@dconferences.com.au)

Phone: 02 9954 4400 / Fax: 02 9954 0666

Following our conference is our annual AGM.....we normally have some 'champers' and we would love you to join us if you can.

Looking forward to seeing you at the conference.

**Sandi**

## Editor's Message September 2015

This issue focus on Mindfulness and what it can, or cannot do, for persistent pain.

Please watch the YouTube clip of the recent UniSA seminar on Morphine and Mindfulness. Prof Mark Hutchinson's talk on the mechanisms of pain is unprecedented.

Our immediate past Chair, Grazyna Jastrazb and Georgie Davidson, one of the keynote speakers at the above seminar, bring together their understanding of how Mindfulness can be utilised in the management of pain.

Along with our regular commentary by our Chair, Sandi Tutt and the ACI's Jenni Johnson, you will find two novel ways of manufacturing and producing opioids that will change our world.

Happy reading.

**Stuart**

[stuart.leckie@health.nsw.gov.au](mailto:stuart.leckie@health.nsw.gov.au)

## ACI Pain Network

### Fascia iliaca block: a method of preoperative pain management in older people with acute hip fractures

It is fairly common for people to fracture their hip in their later years. The aim of treatment is to ease pain and restore mobility as soon as possible, usually through surgery.

Fascia iliaca block is a nerve block that can be given soon after people with a fractured hip get to hospital, while waiting for surgery. It can ease pain for up to 12 hours, and can reduce the need for opiates.

The use of fascia iliaca block can reduce adverse outcomes, reduce the risk of delirium, reduce length of stay and improve both the patient experience and staff satisfaction.

The Agency for Clinical Innovation has produced a suite of resources to support the introduction of or increased use of fascia iliaca block in NSW hospitals. The suite comprises a guide to using fascia iliaca block, an implementation toolkit and a brochure for patients and carers. The final draft of the toolkit has undergone significant edits following extensive consultation and feedback and should be available on the ACI website by October.

For more information, please contact:

ACI Pain Network Manager

**Jenni Johnson**

**Manager, ACI PainNetwork**



**ACI** NSW Agency  
for Clinical  
Innovation



## Morphine & Mindfulness Seminar

<https://www.youtube.com/watch?v=rPDuNkqzIcY>



University of  
South Australia



## ePPOC National Report 2014

The electronic persistent pain outcome collaboration (ePPOC) is growing exponentially since its inception in NSW just a few years ago. About 50 pain services from NSW, Vic, Qld, WA, and NZ have joined the collaboration with most now contributing data for adults, adolescents and children.

<http://ahsri.uow.edu.au/eppoc/reports/index.html>

**ePPOC**

electronic persistent pain  
outcomes collaboration

## Bits and Bobs on Mindfulness

In 1979, Jon Kabat-Zinn, a Professor of Medicine from the University of Massachusetts Medical School, started an experimental stress reduction program based on meditation adapted from Buddhist teachings. He looked at mindfulness from a secular perspective and started clinical scientific research, progressing to randomised clinical trials on this topic.

In one of his earlier publications (1985), he looked at the clinical use of mindfulness meditation for the self-regulation of chronic pain<sup>1</sup>, claiming positive results:

*"Ninety chronic pain patients were trained in mindfulness meditation in a 10-week Stress Reduction and Relaxation Program. Statistically significant reductions were observed in measures of present-moment pain, negative body image, inhibition of activity by pain, symptoms, mood disturbance, and psychological symptomatology, including anxiety and depression. Pain-related drug utilisation decreased and activity levels and feelings of self-esteem increased. Improvement appeared to be independent of gender, source of referral, and type of pain. A comparison group of pain patients did not show significant improvement on these measures after traditional treatment protocols. At follow-up, the improvements observed during the meditation training were maintained up to 15 months post-meditation training for all measures except present-moment pain. The majority of subjects reported continued high compliance with the meditation practice as part of their daily lives."*

Fast forward to the 21st century and we have seen the secular form of mindfulness introduced in schools and preschools, where staff and students share the experience. Mindfulness has helped regulate emotions in adolescents and universities have embedded mindfulness into a mandatory core curriculum for all students. Mindfulness in the workplace is seen as highly beneficial to organisations and their employees, with even politicians in parliament pausing for mindfulness practice. And of course, there are plenty of mindfulness apps now available, making mindfulness practice a mere click away.

Mindfulness would not be here today if not for the science. The discovery of neuroplasticity and the availability of functional and structural neuroimaging has largely contributed to the success of mindfulness in healthcare, aiming to help everyone - patients, clinicians and administrators - to achieve better results.



In a review of recent neuroimaging studies, William Marchand provides insight into the neural mechanisms of mindfulness<sup>2</sup>:

*"A review of this literature revealed compelling evidence that mindfulness impacts the function of the medial cortex and associated default mode network as well as insula and amygdala. Additionally, mindfulness practice appears to effect lateral frontal regions and basal ganglia, at least in some cases. Structural imaging studies are consistent with these findings and also indicate changes in the hippocampus."*

This demonstrates how the brain can be shaped by experience and how it is now possible to understand neural processes that underlie the cognitive and emotional benefits of a mindfulness practice.

Is mindfulness helpful for patients with chronic pain?

The latest systematic review and meta-analysis<sup>3</sup> looked at eleven studies of mixed methodological quality. Chronic pain conditions included: fibromyalgia, rheumatoid arthritis, chronic musculoskeletal pain, failed back surgery syndrome and mixed aetiology. The main outcomes reported were pain intensity, depression,

physical functioning, quality of life, pain acceptance, and mindfulness. The conclusion stated:

*"There is limited evidence for effectiveness of mindfulness-based interventions for patients with chronic pain. Better-quality studies are required."*

This is not surprising - the nature of mindfulness/meditation training makes methodological issues particularly difficult. There could not be a control group receiving a sugar pill, double-blind design is impossible and the subjects would know if they were receiving or training in mindfulness.

Nevertheless, mindfulness remains popular as a research topic and the body of evidence is growing. A randomised controlled clinical trial, published in 2014, investigated the effects of mindfulness meditation on chronic pain.<sup>4</sup> A total of 109 patients with nonspecific chronic pain were randomly allocated to either a standardised mindfulness-based stress reduction meditation program or to a wait list control. The SF36 vitality scale was chosen as the primary outcome measure. Pain, physical function, mental function, pain acceptance, and health-related quality of life were measured. Data were compared at baseline, after completion of the course/waiting period, and at the 6-month follow-up. The results showed significant effect on the SF36 vitality scale. On the secondary variables, significant effects were observed for lower general anxiety and depression, better mental quality of life (psychological well-being), feeling in control of the pain, and higher pain acceptance. Small and no significant effect sizes were observed for pain measures. Results just after the intervention were no significantly different from the measures at the 6-month follow-up.

The authors concluded, *"A standardised mindfulness program contributes positively to pain management and can exert clinically relevant effects on several important dimensions in patients with long-lasting chronic pain"*.

Would a mindfulness program developed specifically for people with chronic pain be even more effective? Vidyamala Burch has developed and published<sup>5</sup> a unique meditation program called Breathworks, which aims to relieve chronic pain and the suffering and stress of illness. This program ascended out of her experience using mindfulness to manage severe pain following spinal injuries. A pilot study<sup>6</sup> of the impact of the Breathworks mindfulness-based pain management programme established that, *"Significant positive change was found on self-report measures of depression, outlook, catastrophising and pain self-efficacy... Particularly large effects were found for pain acceptance. These results support the short-term efficacy of the Breathworks programme and reinforce the importance of acceptance for positive outcome with chronic pain patients."*

A study looking at neural mechanisms of mindfulness<sup>7</sup> determined that only participants with the greatest amount of mindfulness training practice showed improvements in the cognitive-affective neural plasticity outcome measures.

It appears that the old proverb "practice makes perfect" is the key to successful mindfulness!

**by Grazyna Jastrzab**

Citations:

1. Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of behavioural medicine*, 8(2), 163-190.
2. Marchand, W. R. (2014). Neural mechanisms of mindfulness and meditation: evidence from neuroimaging studies. *World journal of radiology*, 6(7), 471.
3. Bawa, F. L. M., Mercer, S. W., Atherton, R. J., Clague, F., Keen, A., Scott, N. W., & Bond, C. M. (2015). Does mindfulness improve outcomes in patients with chronic pain? Systematic review and meta-analysis. *British Journal of General Practice*, 65(635), e387-e400.
4. la Cour, P., & Petersen, M. (2015). Effects of mindfulness meditation on chronic pain: a randomised controlled trial. *Pain Medicine*, 16(4), 641-652.
5. Burch, V., & Penman, D. (2013). *Mindfulness for Health: A practical guide to relieving pain, reducing stress and restoring wellbeing*. Hachette UK.
6. Cusens, B., Duggan, G. B., Thorne, K., & Burch, V. (2010). Evaluation of the breathworks mindfulness-based pain management programme: effects on well-being and multiple measures of mindfulness. *Clinical psychology & psychotherapy*, 17(1), 63-78.
7. Allen, M., Dietz, M., Blair, K. S., van Beek, M., Rees, G., Vestergaard-Poulsen, P., ... & Roepstorff, A. (2012). Cognitive-affective neural plasticity following active-controlled mindfulness intervention. *The Journal of Neuroscience*, 32(44), 15601-15610.

# How can mindfulness change the lives of people with chronic pain?

G Davidson

**Mindfulness is purposefully paying attention in a non-judgemental way to what is going on in your body, your mind and in the world around you.**

Since 1979 mindfulness has been weaving its way into western healthcare. Jon Kabat-Zinn, a pioneer in this field, taught the first Mindfulness Based Stress Reduction (MBSR) course at the University of Massachusetts Medical School, to people who were suffering despite receiving the best medical care (Kabat-Zinn 1990). Over thirty years later there is now considerable clinical and physiological evidence for the efficacy of MBSR for a range of health issues. The surge of interest in the last decade coincides with the advancement of technologies that have enabled researchers to discover more about the brain and how it changes with mindfulness practice.

How can a practice that sounds simple and 'non medical' help the complex and often treatment resistant issue of chronic pain? To answer this question we need to better understand the nature of chronic pain and this is best explained with a case study.

## KATE'S PAIN STORY

This is Kate's story but with 1 in 5 people in Australia with chronic pain, it could be your story too.

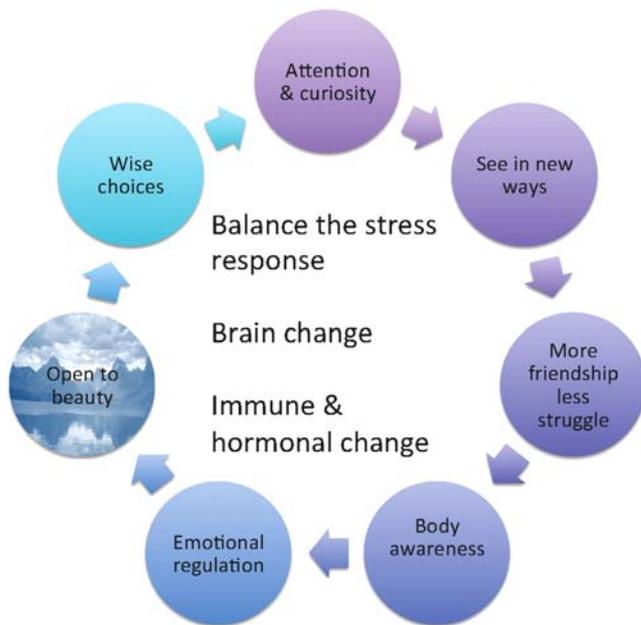
**Kate has had back pain every day for over two years.** It started when she slipped and jarred herself at work. At the time she didn't think it was that bad and continued working through the day. The next day, however, she awoke with back and leg pain and became really worried. Her friend's pain started this way and it changed her life in unfortunate ways. Kate feared that her back would follow the same pattern. She visited her GP and one week later had a scan that showed a disc bulge. Now she was really worried feeling that she had a serious problem that would last a long time. This perceived threat to her body, her ability to work, finances, relationships and future goals caused Kate's body automatically to move into protection mode. Stress hormones flushed through her system causing her muscles to tense, she moved differently to protect herself and her thinking was focused on trying to work out what, why and how this happened. She was on the pathway to chronic pain - not because she was at fault in any way but because she was human and her body was primed for protection.

Sadly, no one told Kate that pain after an injury is normal as the body protects itself to enable it to heal; that disc bulges occur in most people and are often painless; and that after the initial period of healing it is our protective mechanisms that contribute to the persistence of pain. But now after two years of multiple visits to specialists and health professionals with conflicting advice and an array of treatments, Kate is stuck in a place of pain, anxiety and low mood. Brain scans at this stage would likely show alterations in the connection between different areas of the brain, an altered inner map of the body, and changes in the density of brain tissue in the areas of problem solving, attention regulation, interoceptive awareness, emotional regulation, memory and threat detection. These changes in the hardwiring of the brain lock in the traumatic memory of the pain, prime the body for stress reactivity and trigger the sensory experience of pain. This happens in the same way that the brain compiles information to create experiences of sight, sound, smell and taste. When the body-mind interpret danger the brain triggers the experience of pain. **Pain can then be generated by anything that is interpreted as danger: the memory of the injury, the smell of the workplace where the injury occurred, protective movement patterns, thoughts such as 'this is going to last forever'.**

## HOW CAN MINDFULNESS HELP?

Mindfulness offers a person in pain a way to pay attention to what is happening in their body-mind. When an attitude of approach and curiosity is brought to the investigation, new ways of seeing the situation arise with a more accepting relationship to pain. There is less struggle and with less struggle there is a calming of the stress response, balancing of hormones and immune factors and an improved brain environment for new connections to form. The normal human response to challenge is to try to problem solve with lots of thinking. This doesn't work when the problem is in the body. Ruminating thought processes actually trigger the danger response causing more pain. Mindfulness offers a switch from thinking to feeling, with a tuning into the sensations of the body. Noticing sensations during the practices of body scan meditation, sitting meditation and mindful movement can help to shift patterns of emotional reactivity. Structural changes occur in the brain in regions responsible for attention and emotional regulatory processes, memory,

self-referential processing, empathy, self-compassion and perspective taking (Holzel et al 2011a,b). More flexible connections in the brain occur so there is less getting stuck in automatic patterns of reverberating pain or worrying thoughts (Kerr et al 2013). This offers a new perspective with space for appreciation of beauty, engagement in creative pursuits and personal empowerment.



A question often asked is - why would someone with pain want to observe it? It's a good question because it does sound quite cruel to ask someone to inhibit their natural reaction to get away from pain. When we turn away from feeling our present moment physical and emotional pain we also turn away from truly feeling our full range of sensory and emotional experiences. The present moment is the space of seeing the colours of the sunrise, feeling the gentle warmth of the sun on your skin, hearing the symphony of birdsong. It is the experiencing of peace and joy. It is the learning about personal patterns that may trigger or exacerbate the pain. It is the seeing of pain as a medley of shifting moment to moment sensations rather than being the rigid truth. It is the place of forming an accepting and compassionate relationship to oneself. Not being able to access the richness, the beauty and the full potential that life has to offer - that is cruel. Mindfulness is certainly not an 'easy' path to follow but for many it's a worthwhile journey.

## HELPING KATE

There are a number of ways mindfulness can assist Kate. I refer to these as mindfulness informed, mindfulness facilitated and mindfulness training. In the first two mindfulness is not taught but is imparted by the presence and skill of the carer. Mindfulness taught by someone without a personal practice and rigorous training is likely to be ineffective and in some cases harmful.

### Mindfulness informed

The health professional who has a personal mindfulness practice can support Kate. This person can help Kate to sit with her suffering and be a mirror to her potential.

### Mindfulness facilitated

The mindful health practitioner can assist Kate to better understanding her experience and relate to her pain in new ways. A cognitive / emotional based approach, a bodybased approach or a combination of both may be engaged.

### Mindfulness training

Kate is taught mindfulness practices by an experience practitioner who is able to evaluate the suitability of the practice for her. It is not for everyone. The evidence base lies in the 8 week MBSR course.

Mindfulness is offering a new approach within our health care system. We are still at the threshold of understanding how it can be helpful for people with chronic pain but we have exciting times ahead. Mindfulness may offer a pathway to decreasing the massive burden to our society created by the epidemic of chronic pain. It offers hope to people like Kate.

Georgie Davidson is a physiotherapist, yoga teacher and mindfulness facilitator. She teaches the following courses:

### **For the general public and health care professionals**

*Mindfulness Based Stress Reduction (MBSR)*

*Positive Neuroplasticity*

### **Courses for health care professionals**

*Preventing Chronicity*

*Mindfulness for Chronic Illness and Pain*

*Embodiment and Presence: Teaching mindful movement safely in clinical and community settings*

For more details please view [www.mindfulmovement.net.au](http://www.mindfulmovement.net.au) or email [georgie.davidson@mindfulmovement.net.au](mailto:georgie.davidson@mindfulmovement.net.au)

Holzel, B. K. et al., 2011a. Mindfulness practice leads to increases in regional gray matter density. *Psychiatry Research: Neuroimaging* Vol 191, 36-43.

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Kabat-Zinn, J. 1990. Full catastrophe living: using the wisdom of your body and mind to face Stress, Pain and Illness., Delta.

Kerr, C.E. et al., 2013. Mindfulness starts with the body: somatosensory attention and topdown modulation of cortical alpha rhythms in mindfulness meditation. *Frontiers in Human Neuroscience*, 2, pp.1-15.

## National Health Service of UK

Pathway through Pain. Guided Meditation, a core component of the Pathway through Pain online course for people with Chronic Pain:

<https://www.meditainment.com/pain-management>

## Curtin University - Mindfulness Study

How nurses can be more Mindful in their practice:

<http://healthtimes.com.au/hub/nursing-careers/6/guidance/kk1/how-nurses-can-be-more-mindful-in-their-practice/1108/>

## FDA Approves the First 3D Printed Drug Product

<http://www.theguardian.com/artanddesign/architecture-design-blog/2015/aug/05/the-first-3d-printed-pill-opens-up-a-world-of-downloadable-medicine>

## Scientists use bioengineered yeast instead of poppies to make opioids

<http://www.reuters.com/article/2015/08/13/us-science-opioids-idUSKCN0QI27J20150813>

## Smiling Mind - DIY Mindfulness

<http://smilingmind.com.au/blog/>

## PIGNI Membership Application

The Pain Management Group-Nursing Issues is a dedicated group of health professionals committed to promoting and providing optimal care to patients in pain. Education, research, advocacy and the setting of standards are the mechanisms through which these goals are achieved.

Apply to be a member of this active group and advance Pain Management in your local setting.

Applications online at <https://pigni.360membership.com.au/onlineApplication/>



## 2015 PIGNI Committee List

### **Sandra Tutt** **Chairperson**

Pain Medicine and Research Centre,  
Concord Repatriation General Hospital  
Acute Pain: 9767 6327 &  
Chronic Pain: 9767 7830  
Via switch T 9767 5000 Page 61402,  
[sandra.tutt@sswahs.nsw.gov.au](mailto:sandra.tutt@sswahs.nsw.gov.au)

### **Bernadette Bugeja** **Alternate Chairperson**

Department of Pain Management  
Prince of Wales Hospital.  
Work: 9382 2876 or 9382 2222  
page 44378  
[Bernadette.Bugeja@sesiahs.health.nsw.gov.au](mailto:Bernadette.Bugeja@sesiahs.health.nsw.gov.au)

### **Denise Wilson** **Secretary**

Pain Medicine and Research Centre,  
Concord Repatriation General Hospital  
Work: 9767 5000 pager 60265  
[denise.wilson@sswahs.nsw.gov.au](mailto:denise.wilson@sswahs.nsw.gov.au)

### **Lee Beeston** **Alternate Secretary**

Co-ordinator Adapt Pain  
Management Program  
Pain Management & Research Centre  
Royal North Shore Hospital  
Work: 9463 1510  
[Lee.Beeston@health.nsw.gov.au](mailto:Lee.Beeston@health.nsw.gov.au)

### **Sonia Markocic** **Treasurer/Mailing List** **Co-ordinator**

Acute Pain Service,  
Wollongong Hospital  
Work: 4253 4426 or 4222 5000  
page 185  
[Sonia.Markocic@sesiahs.health.nsw.gov.au](mailto:Sonia.Markocic@sesiahs.health.nsw.gov.au)

### **Sue Lee** **Alternate Treasurer/Mailing List** **Co-ordinator**

Pain Management Unit,  
St George Hospital  
Work: 9113 1623 or 9113 1111  
page: 5114  
[Susan.Lee@sesiahs.health.nsw.gov.au](mailto:Susan.Lee@sesiahs.health.nsw.gov.au)

### **Emily Edmonds** **Public Relations Officer**

Acute Pain Service  
Blacktown Hospital  
Work: 9881 7649 or 9881 8000  
page 7998  
[Emily.Edmonds@health.nsw.gov.au](mailto:Emily.Edmonds@health.nsw.gov.au)

### **Toula Kranitis** **Alternate Public Relations Officer**

Acute Pain Service  
Canterbury Hospital  
Work: 9787 0442  
[Toula.Kranitis@sswahs.nsw.gov.au](mailto:Toula.Kranitis@sswahs.nsw.gov.au)

### **Stuart Leckie** **Newsletter Editor**

Acute Pain Service, Dubbo Hospital  
Direct 6885 7885  
Mobile 0428 696 238  
[stuart.leckie@health.nsw.gov.au](mailto:stuart.leckie@health.nsw.gov.au)

### **Linda Pope** **Newsletter Assistant**

aljm@bigpond.net.au  
**David Beveridge**  
**Newsletter Assistant**  
Multidisciplinary Pain Management  
Clinic, Lismore Hospital  
Work: 6620 7253  
[David.Beveridge@ncahs.health.nsw.gov.au](mailto:David.Beveridge@ncahs.health.nsw.gov.au)

**James Tekiko**  
**Newsletter Assistant**  
Department of Pain Management,  
Prince of Wales Hospital  
Work: 9382 2280  
[James.Tekiko@sesiahs.health.nsw.gov.au](mailto:James.Tekiko@sesiahs.health.nsw.gov.au)

**Amal Helou**  
**Committee Member**  
Pain Management Centre QEII,  
Royal Prince Alfred Hospital  
Work: 9515 9739  
[amal.helou@sswahs.nsw.gov.au](mailto:amal.helou@sswahs.nsw.gov.au)

**David Lehmann-Monck**  
**Committee Member**  
Department of Anaesthetics,  
Royal Prince Alfred Hospital  
Work: 9515 6303 or 9515 6111  
page 87868.  
[david.lehmann-monck@email.cs.nsw.gov.au](mailto:david.lehmann-monck@email.cs.nsw.gov.au)

**Vickie Croker**  
**Committee Member**  
Tamworth Integrated Pain Service,  
Tamworth Rural Referral Hospital  
Work: 6767 7134  
[vickie.croker@hnehealth.nsw.gov.au](mailto:vickie.croker@hnehealth.nsw.gov.au)

**Kathie Baker**  
**Committee Member**  
Acute Pain Service,  
Tamworth Hospital  
Work: 0427 624 259  
[Kathleen.Baker@hnehealth.nsw.gov.au](mailto:Kathleen.Baker@hnehealth.nsw.gov.au)

**Lynda Gundry**  
**Committee Member**  
Central Coast Local Health District  
Work: 4320 2654 page 18254  
[lynda.gundry@health.nsw.gov.au](mailto:lynda.gundry@health.nsw.gov.au)

**John Turner**  
**Committee Member**  
Pain Management & Research Centre,  
Royal North Shore Hospital  
Phone: (02) 94631525 pager 42373  
[John.Turner2@health.nsw.gov.au](mailto:John.Turner2@health.nsw.gov.au)

**Jacqui Jensen**  
**Committee Member**  
Department of Pain Medicine  
St Vincent's Hospital  
Work: 0428 649 628  
[Jacqueline.Jensen@SVHA.org.au](mailto:Jacqueline.Jensen@SVHA.org.au)

**Michelle Cook**  
**Committee Member**  
RPAH Pain Management Centre  
Royal Prince Alfred Hospital  
Work: 9515 9744  
[Michelle.Cook3@sswahs.nsw.gov.au](mailto:Michelle.Cook3@sswahs.nsw.gov.au)

**Kate Lancaster**  
**Committee Member**  
Acute Pain Management  
St Vincent's Health Network  
Ph: 8382 2151 Pg: 6154  
[Kate.Lancaster@svha.org.au](mailto:Kate.Lancaster@svha.org.au)



## About Hospira ANZ

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](http://www.hospira.com.au)