

# How' YOU Doin' Grid

April 2004

## Pain

**Instructions:**

1. Test your knowledge. Ask yourself and at least 5 colleagues the following questions.
2. Indicate in the boxes whether you answered the questions correctly (Y) or were not (N).
3. **Return your results to Darice Stephenson (10/8N223) by April 23, 2004.**

We thank you for taking the time to share your expertise.

Critical Issue	1	2	3	4	5	6
1. When is a patient screened for pain?						
2. List the 2 pain screening questions assessed on admission to the Clinical Center.						
3. When would you conduct a comprehensive pain assessment?						
4. Please demonstrate where you can locate all 6 pain intensity tools.						
5. Mr. Gelly Spine has a medical order to receive <b>Oxycodone 5-10 mg</b> p.o. every three hours. Describe how you would select the initial dose for this patient.						
6. Miss Cobbler has a medical order got Oxycodone 5 mg p.o. <b>every 3-4 hours</b> . Describe how you would select an appropriate time interval for this patient.						
7. When working with a range order, when would you consult with the LIP and/or the treatment team?						
8. When would you re-assess the patient after giving an oral analgesic?						
9. When would you re-assess the patient after giving an IV analgesic?						
10. When would you re-assess the patient after giving a transmucosal analgesic?						
11. What does equianalgesic mean?						
12. Your patient is receiving <b>Hydromorphone IV 0.2 mg per hour as a continuous infusion</b> . Calculate a conversion to the long-acting MS-Contin orally BID.						
13. Describe how you would dispose of a transdermal patch (Duragesic®).						
14. Describe how you would dispose of a transmucosal unit (Actiq®).						

# How' YOU Doin' Grid

April 2004

## (The Answer Sheet)

1. When is a patient screened for pain? a. Within 2 hours of an inpatient admission b. On the initial outpatient visit c. Within 1 hour of a transfer or admission to a special care unit, ie., ICU, PACU d. Change in condition or status e. Pre- and post-painful procedure
2. List the 2 pain screening questions assessed on admission at the Clinical Center. a. Are you having pain now? b. Are you currently being treated for pain?
3. When would you conduct a comprehensive pain assessment? Whenever the patient affirms they are in pain now and/or currently being treated for pain.
4. Please demonstrate where you can locate all 6 pain intensity tools. Navigate to the Nursing Intranet ( <a href="http://intranet.cc.nih.gov/nursing/">http://intranet.cc.nih.gov/nursing/</a> ); click on Nursing Resources and then, Pain Intensity Scales.
5. Mr. Gelly Spine has a medical order to receive <b>Oxycodone 5 - 10 mg p.o.</b> every 3 hours. Describe how you would select the initial dose for this patient. a. The objective is to achieve maximum analgesia with the smallest analgesic dose. b. <b>The initial opioid dose selected is the lowest dose permitted within the order.</b> A nurse's clinical decision to administer a larger dose should be based on a patient's analgesic requirement history, pain presentation, and physical findings. c. <b>When pain relief is not achieved, a nurse may ↑ subsequent doses within the constraints of the ordered range dose.</b> The dose may have been insufficient and subsequent doses should be increased within the constraints of the prescribed range. d. When pain relief is not achieved at the expected peak time, a nurse may give a supplemental analgesic dose earlier than the prescribed administration interval as long as it is not greater than the dose previously administered and it is within the constraints of the range orders.
6. Miss Spoke has a medical order to receive Oxycodone 5 mg p.o. <b>every 3 - 4 hours.</b> Describe how you would select an appropriate time interval for this patient. a. <b>The initial opioid schedule selected is the longest interval permitted within the order.</b> A nurse's clinical decision to administer a dose within a shorter interval should be based on a patient's analgesic requirement history, pain presentation, and physical findings. b. <b>A nurse may ↓ subsequent administration intervals within the constraints of the ordered range interval if pain consistently recurs before the end of a dosing interval.</b> The longest interval initially selected may have been too long.
7. When working with a range order, when would you consult with the LIP and/or the treatment team? a. When the maximum analgesic dose and shortest time interval have been employed with suboptimal results or, b. When a nurse needs assistance in selecting an appropriate dose or time interval.
8. When would you re-assess the patient after giving an oral analgesic? a. Oral analgesic . . . within 60 minutes
9. When would you re-assess the patient after giving an IV analgesic? a. IV analgesic . . . within 15 minutes

# How' YOU Doin' Grid

## April 2004

10. When would you re-assess the patient after giving a transmucosal analgesic?

- a. Transmucosal analgesic . . . within 20-25 minutes

11. What does equianalgesic mean?

- a. Equianalgesic means "approximately equal analgesia" when:

- ☑ Switching from one route to another
- ☑ Switching from one drug to another

12. Your patient is receiving **Hydromorphone IV 0.2 mg per hour as a continuous infusion**. Calculate a conversion to the long-acting **MS-Contin orally BID**.

- a. The answer is **MS Contin 30 mg p.o. BID**. Here's how we made the conversion:

- ☑ Calculate the total daily IV hydromorphone requirement ( $0.2 \times 24 \text{ hours} = 4.8 \text{ mg}/24 \text{ hours}$ ).
- ☑ Convert IV hydromorphone to po ( $4.8 \times 5 = 24 \text{ po hydromorphone}$ ).
- ☑ Convert to DOME ( $24 \times 4 = 96 \text{ mg DOME}$ ).
- ☑ Consider Cross-Tolerance Conversion when switching from one route or drug to another, 50% - 70% ( $96 \times 0.7 = 67.2$ ). We've rounded down to 60 . . .
- ☑ Patient needs ~ 60 mg oral morphine daily . . . MS Contin 30 mg p.o. BID

13. Describe how you would dispose of a transdermal patch (Duragesic®).

- a. When a transdermal controlled substance is removed from a patient, it is cut into several pieces and discarded in a sharps container for patient/visitor safety in the presence of a witness. The date/time of the action and name of the witness are recorded in the medical record.

14. Describe how you would dispose of a transmucosal unit (Actiq®).

- a. The handle of a fully consumed transmucosal unit is discarded in a sharps container for patient/visitor safety.
- b. A partially consumed transmucosal unit is dissolved in running hot water in the presence of a witness. The date/time and name of the witness are recorded in the medical record. A nurse additionally documents in the medical record that the administered drug was only partially consumed. The handle is discarded in a sharps container.
- c. An opened but unused transmucosal unit is dissolved in running hot water in the presence of a witness. The date/time and name of the witness are recorded in the Pyxis Medstation as a wasted drug. The handle is discarded in a sharps container.