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A Clinical Pathway for Outpatient Cancer Pain Management

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Pain from recurrent and advanced cancer is present in 60 to 80 percent of patients, according to the World Health Organization (WHO).[1] However, the Outpatient Pain Needs Assessment Survey conducted in 1994 by the Eastern Cooperative Oncology Group revealed that 42 percent of those experiencing pain did not have adequate pain management.[2] Sixty-two percent of the patients who experienced pain stated that it was severe enough to prevent participation in activities of daily living (ADLs). Poor pain assessment was determined to be the greatest obstacle to effective pain management by 76 percent of physicians surveyed.

Competent pain assessment is paramount for effective pain control. When assessed inadequately, pain is undertreated.[3] The good news is that pain can be effectively diagnosed and treated with analgesics and adjuvant medications in approximately 95 percent of patients.[4]

Based on clinical experience and in the literature, outpatients experiencing cancer pain benefit from treatment protocols that are derived from the World Health Organization's analgesic ladder and the Agency for Health Care Policy and Research (AHCPR) clinical practice guidelines. As clinicians it is imperative that we be able to competently assist all patients experiencing pain.

Programmatic responses to cancer pain are essential. Effective cancer pain control in a freestanding outpatient treatment facility can be achieved with a clinical pathway specifically designed for cancer pain management. To provide comprehensive care to patients experiencing cancer pain, the author has designed a clinical pathway for the multidisciplinary management of cancer pain in a freestanding outpatient radiation facility. This tool can be adaptable to any outpatient setting that uses a team approach in treating patients experiencing cancer pain.

PAIN PATHWAY FOR RADIATION THERAPY

The pain management pathway provides a means to channel the knowledge required to treat cancer pain. The pain management strategies identified in the pathway were gleaned from protocols identified in clinical literature,[5,6] clinical experience, and retrospective chart reviews of patients who had received analgesics in the author's facility. It was then formatted to reflect components of pain management necessary to provide relief for patients receiving radiation therapy. The time frames vary from patient to patient; however, there is always daily contact with the patient by some member of the treatment team for a period of ten to thirty-six days in a radiation treatment facility. The standards listed define the interventions necessary, and measurable outcome criteria allow evaluation of the pain management strategies.

AHCPR guidelines stress the need for collaborative multidisciplinary approaches in cancer pain management. The pathway presented in this article was designed to facilitate the team member's alignment with desired treatment goals. It provides information to guide and promote communication of knowledge among members of the multidisciplinary team. Ultimately, the pathway was designed as a guide for nursing staff, as it is initiated by the nurse upon referral from the physician.

Due to the complexity of the cancer pain phenomenon and the known barriers to effective pain management, there will be exceptions to this pathway. The pathway design takes into consideration some of the variances that potentially impact the effectiveness of pain management. For example, patients come to an outpatient setting after other encounters with the health care system where pain may not have been addressed effectively. Inadequate assessments of pain may prevent definition of the pain etiology, which in turn results in inappropriate interventions or delays in treatment initiation. In addition, the user of the pathway must anticipate that the manner in which patients perceive previous pain experiences will color present and future interactions between patient and health care professional.

A competent pain assessment is imperative for effective pain control, regardless of treatment setting

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Pain Pathway for Patients Receiving Radiation Therapy

Dates	Day 1	Day 2	Day 3	2nd Week
Consults	Radiation oncology, pharmacy	Radiation & pharmacy consults completed.		Psychology, spiritual care prn.
Labs/Tests	Diagnostic workup based on probable cause(s) of pain. Appropriate diagnostic test scheduled.		Obtain results of diagnostic tests.	Blood sugar wkly if on steroids, hepatic, & renal function x 1 if on opioids. CBC for rad tx.
Assess/ Treatments	Assess location, type, temporal pattern, intensity, characteristics, exacerbating & relieving factors, coping measures, & past effects. Do analgesic inventory. Initiate right analgesic dose, schedule, route. Treat etiology of pain.	Assess & evaluate analgesic efficacy. Assess side effects & treat as necessary. Titrate meds up or down as indicated. Communicate collaboratively with physician re. pt status and response.	Assess effects of constant analgesic blood levels. Assess presence & severity of side effects. Assess bowel regime. Assess side effects not controlled or characteristics of pain control not to pt's liking. Consider adjuvant drugs & nonpharmacological.	Evaluate pain management program. Assess pain pattern & location of pain. Titrate meds as necessary. Assess side effects of all meds used in pain control. Teach appropriate nonpharmacological pain control measures. Assess bowel regularity & diet.
Medications	For mild pain, use NSAID; moderate pain, use NSAID + opioid (codeine/ hydrocodone); & severe pain, use opioid (morphine, hydromorphone, methadone). Provide rescue dosing. Initiate bowel regime with stool softeners, stimulants.	Monitor. Add antiemetics if indicated.	Monitor. Add NSAID for bone pain; steroids for inflammation, brain mets, & cord compression; tricyclics/anticonvulsants for neuropathic pain; & antispasmodics for visceral cramping.	Continue monitoring efficacy of meds.
Diet	Increase fluids & fiber.	Monitor. Add antiemetics if indicated.	Supplements prn.	Diet to include inc. fiber, calorie & protein intake & inc. flds.
Activity	Assess for incident pain. Up as tolerated.	Time patient's activities around peak times of analgesics. Consider the duration of the analgesic.	Monitor. Encourage activity.	Encourage pt self-care activities. If inactive, active & passive exercise program.
Pt/family education, counseling	Discuss issues of addiction, tolerance, & physical dependence. Instruct in side effects, how to cope with them & when and how to report. Allow time for pt/family discussion of concerns. Instruct in pain diary & pain scale. Verbal/ written instruct.	Review patient's pain diary & instruct pt on scheduling ADL's & treatment times. Instruct in preventative measures related to analgesic use. Assess & review pt/family understanding of pain management program.	Instruct in ongoing strategies for pain control including acute episodes. Provide written schedules including doses needed for breakthrough, incident, & acute episodes. Instruct as needed for maintenance of bowel regularity including use of supp. & enem.	Instruct in areas pt/ family voice concerns. Demonstrate exercise program. Verbal instruction regarding progressive activity schedule. Written pain management program provided. Assess pt/family support systems. If pain control is less than desired, assess for barriers to implementation.
Support	Affirm to pt/family belief that pain control is possible. Provide "presence."	Presence. Provide opportunity for expression of concerns.	Promote environment to facilitate expression of concerns. Continue presence. Be an active listener.	Continue active listening. Communicate commitment. Collaborate with team.
Outcomes	Reduction in pain intensity. Identified resource for drug procural. Pt/family teaching re. drug schedule, route, & administration understood. Identify nursing diagnoses.	Pain reduced further. Pain etiology determined & appropriate treatment initiated. Collaborate with physician.	Pain has been reduced to a 2-3 on scale of 0-10. Pt active participant in pain management program. Therapeutic relationship established. Normal bowel movement.	Pt understands drugs & side effects as well as the appropriate steps to take to prevent problems. Bowels regular. Diet adequate.

3rd Week	4th Week	5th Week	6th Week	F/U Visit at 4-6 wks.
Psychology, PT., & spiritual care prn.	Psychology, PT., & spiritual care prn.	Psychology, PT., & spiritual care prn.	Home care/hospice prn.	Referring/family physician informed of pain strategies.
Blood sugar if on steroids. CBC if on rad tx.	Blood sugar if on steroids. CBC if on rad tx.	Blood sugar if on steroids. CBC if on rad tx.	Blood sugar if on steroids. CBC if on rad tx.	Ongoing lab work based on pain meds, anticonvulsant levels, CBC, BUN, hepatic function.
Evaluate pain management program. Assess pain pattern & location of pain. Titrate as needed. Assess for side effects of all meds used in pain control. Continue instruction in beneficial nonpharmacological pain relief measures. Assess diet and bowel regularity.	Evaluate pain management program. Assess pain pattern, location, & intensity. Titrate meds as needed. Assess bowel regularity & diet. Assess side effects & treat accordingly. Collaborate with physician. Assess disease process status.	Evaluate pain management. Assess pattern, location, & intensity of pain. Assess bowel, diet, & activity status. Assess for side effects from pain meds. Titrate accordingly. Assess disease status. Collaborate with physician.	Reassess & change strategies prn for pain control & bowel management. Assess disease status. Collaborate with physician.	Assess & evaluate pain control strategies. Titrate accordingly. Assess disease status, diet, activity level, & bowel regime.
Continue monitoring efficacy of meds.	Continue monitoring efficacy of meds. Collaborate with physician for necessary changes/additions.	Monitor.	Monitor. Ensure adequate supply of meds.	Ensure adequate supply of meds.
Monitor.	Monitor.	Monitor.	Monitor.	Assess.
Facilitate increasing pt independence. Assess home environment for safety & adaptive device needs.	Monitor. Assess & encourage pt self care.	Monitor. Instruct in energy conservation strategies.	Monitor & continue encouragement of activity & independence as able.	Assess & encourage continued pt participation in living.
Review & evaluate pain management program. Instruct & provide written & verbal materials for any changes in plan. Assess pt/family resources. Review exercise program & instruct prn. Assess bowel regularity & diet. Monitor disease status.	Review & evaluate pain management. Assess bowel, diet, & activity status. Continue psychosocial & spiritual assessment. Adapt nonpharmacological pain interventions as needed.	Review & evaluate pain management program. Instruct in areas identified as problems. Assess bowel, diet, & activity status. Monitor disease status.	Review all management strategies for pain, bowel, diet, & activity. Provide written materials regarding strategies, individualized guidelines.	Review & evaluate pain program. Provide written protocols for withdrawal of meds, breakthrough, incident pain, & alternate routes.
Maintain therapeutic relationship. Collaborate with team. Provide positive feedback.	Maintain therapeutic relationship. Monitor home support system. Collaborate with team.	Counsel as indicated. Collaborate with team. Maintain therapeutic setting.	Provide closure &/or ensure continued counseling to meet pt goals. Arrange scheduled phone follow-up to assess pain program.	Assess psychosocial & spiritual status, home support systems. Initiate appropriate referrals.
Pt's pain is controlled with minimal side effects. Bowel regularity maintained. Functional status improved.	Pt experiences increased activity level. Pt able to provide self care when possible. Bowels regular. Diet adequate.	Pt/family verbalize understanding of pain management programs. Pt verbalizes knowledge of when to call for assistance.	Optimal comfort level achieved. Pt participating in life as desired. BM every 3 days. Adequate diet. Pt/family verbalizes understanding of disease process as it relates to pain experienced.	Optimal comfort level achieved. Pt providing self care. Pt verbalizes understanding of pain protocols. Pt/family verbalize knowledge of how & when to access health care.

or the patient's point of entry in the system. While assessing and initiating treatment for the patient's pain experience, a clinician should try to develop good rapport and trust. For a variety of reasons, there may be unaddressed concerns regarding addiction, tolerance, and physical dependence that may not surface until therapeutic relationships are established.

Strategies to address pain control will not always be successful. Instructions won't always be followed by the patient. There can also be a hesitancy to report the presence and intensity of pain. Some patients are fearful of distracting the physician from treating the cancer, while others worry about disappointing the team by pointing out unrelieved pain.[7] It has been reported in literature and it has been the author's experience that patients tend to undermedicate as a means of monitoring the progression of the disease.[8] At times, the choice of medication is not individualized and ineffective dosing and scheduling further compromises the prescribed drug regimen. These issues are acknowledged and addressed by interventions included on the pathway and serve to assist clinicians in assessing and monitoring the patient's response to the pain management strategies.

AN INDIVIDUALIZED TOOL

Use of the pathway will help to uncover other variances, and with acknowledgment, practitioners can address the quality and appropriateness of the care delivered. Negative variances translate into unrelieved pain that can necessitate emergency hospitalization, treatment delays, prolonged suffering for the patient/family, and a disheartened treatment team. Identified variances should serve to heighten team awareness.

It is noted in the literature that use of a pathway based on national standards will lead to decreased variance in practice, more appropriate resource utilization, and an ability for the team to improve cost controls and quality.[9,10,11] Developing and establishing standards for effective pain control in the outpatient setting creates the environment necessary for successful pain management. It is important for clinical providers to accept responsibility for the achievement of high-quality, cost-effective outcomes for the populations they serve. Implementation of a pathway to guide in the care of patients experiencing pain heightens the awareness of the problem, provides information to assist the team in caring for the patient, identifies variances early, provides measurable patient outcomes, and improves quality of life. The pathway encourages collaboration and communication among team members, including the patient.

Nurses are responsible for initial and periodic assessment, monitoring, evaluation, collaboration, and coordination of pain management interventions. The pathway is specifically designed for the oncology nurse well versed in pain control techniques, although other team members also contribute. If the nurse fails to accept accountability for identifying inadequate pain relief, all interventions fall short. It is the author's intent in developing the pathway to provide the oncology nurse with a tool to assist in planning and evaluating the efficacy of cancer pain treatments delivered in a radiation facility. However, the tool can readily be adapted to facilitate any treatment time frame necessary. Use of the pathway will provide a consistent, well-defined response to cancer pain that in turn will translate to a quality, cost-effective pain management program.

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