

**DEVELOPING A CANCER
PAIN MANAGEMENT
EARNING MODULE FOR
RNS IN PALLIATIVE
HOMF CARF**

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PROGRAM OVERVIEW: PALLIATIVE HOME CARE

Registered Nurses (RNs)

Palliative Care Physicians

Nurse Practitioner

Occupational Therapists

Continuing Care Aides

Psychosocial support team

Social Work

Volunteer and Bereavement Coordinator

GENERAL PROGRAM ELIGIBILITY

Cancer diagnosis

Require nursing services for pain and symptom management

Prognosis of six months of life or less

Full code or DNR (do not resuscitate) code status

PREVALENCE OF CANCER

Estimated 51% of Canadians will be diagnosed with cancer.

Estimated 25% of diagnosed individuals will die from the disease.

Cancer treatments are now provided in outpatient settings

Experts advocate for an early referral to palliative care services

Canadian Cancer Society, 2015; Statistics Canada, 2015

CANCER PAIN

Most feared symptom for newly diagnosed patients

Associated with treatment and disease progression

Approximately 64% of cancer patients will experience pain

Estimated 40% of these patients will not have optimal pain control

Deandrea et al., 2008; Keefe & Wharrad, 2012

CLINICAL PRACTICE SCENARIO

Diagnosed with cancer while pregnant

No family physician

Undergoing chemotherapy

Continued to increase long acting and short acting opioids with no relief

Neuropathic pain: started on adjuvant

PRACTICUM OBJECTIVES

1. Conduct a comprehensive literature review to determine cancer pain management education program content for RNs working in palliative home care.
2. Collaborate with key informants and stakeholders to identify gaps in nursing knowledge and cancer pain management program content.
3. Develop an educational program for cancer pain management in palliative home care based on nurses' needs and organizational resources.
4. Demonstrate an application of advanced nursing practice competencies in the following areas: clinical, research, leadership and collaboration.

LITERATURE REVIEW: SEARCH STRATEGY

Key Terms:

- Cancer Pain/ Nursing/ Home Care
- Cancer Pain/ Nursing/ Community

Results:

- Quantitative Studies
- Integrative Literature Reviews
- Clinical Practice Guidelines
- Grey Literature

Humanistic Nursing Theory (HNT)

(Deandrea, Montanari, Moja & Apolone, 2008).

LITERATURE REVIEW: FINDINGS

Comprehensive Pain Assessment

Pharmacological

- Principles of opioid management
- Adjuvants

Non Pharmacological

- Radiation
- Surgical Procedures
- Complementary alternative practices

COLLEAGUE CONSULTATIONS

Ethical approval from the Regina Qu'Appelle Health Region (RQHR)
Research Ethics Board.

Facilitated one focus group

One email questionnaire

Two interviews

FOCUS GROUP

Generate discussion

Informed consent (all participants)

4 RNs

- 2 experienced RNs
- 2 novice RNs

INTERVIEWS/ EMAIL CONSULTATION

Clinical Nurse Specialist

Palliative Care Medical Director

Email consultation: Program Development Educator

DATA COLLECTION AND ANALYSIS

Field notes

Constant comparative analysis

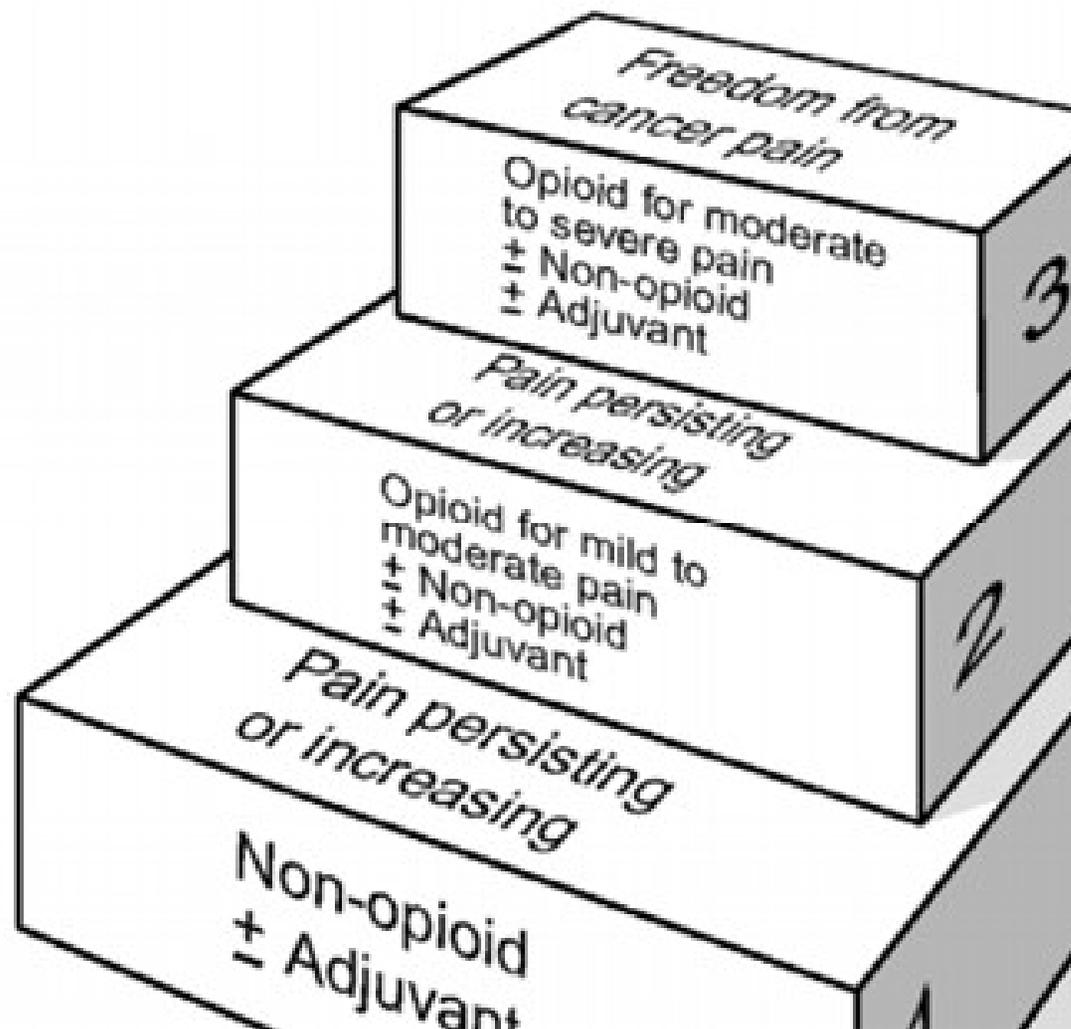
Summarizing themes

Seeking clarification

Elements of action research methodology

CONSULTATIONS

1. “Focus on assessment”
2. “Under medicated”
3. “Not following directions”
4. “Fears of the nurse”
5. **“Know the client, know the community”**



LEARNING MODULE OBJECTIVES

1. RNs will identify aspects of a comprehensive pain assessment.
2. RNs will describe principles of opioid management for cancer pain.
3. RNs will list adjuvant medications and non-pharmacological interventions for cancer pain management.
4. RNs will describe how to complete an independent double check when preloading medications in a community setting.

IMPLICATIONS FOR NURSING

1. Assessment/ Interventions
2. Communication/ Teaching
3. Medication Administration
4. Saskatchewan Drug Plan

FURTHER CONSIDERATIONS

BC Interprofessional Palliative Symptom Management Guidelines
(2017)

- Opioid Misuse Risk
- Patient and Family Teaching

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- Program Director, Palliative Care Services

Focus group and interview participants

- Palliative Home Care Program

QUESTIONS/ COMMENTS

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