Using Pain Pumps in the Home

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Host and Moderator: Jeffrey Moat, CM

Presenter: Melina Perron, RNCHPCN (c)

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Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Health Canada Santé Canada

Project ECHO Palliative Care - Canada BY Pallium Canada

LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by CFPC and Royal College.

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LEAP CORE

Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Introductions

Host and Moderator

Jeffrey Moat, CM
CEO, Pallium Canada

Presenter

Melina Perron, RN, CHPCN (c)
Clinical Director, Home and Community Care Support Services, Central East, Ontario

Conflict of Interest

Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

Presenter

- Melina Perron, RN

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted, but there will be time during this session for questions and discussion.
- You are also welcome to use the chat function to ask questions and add comments, but we also encourage you to raise your hand
- This session is being recorded and will be emailed to registrants within the next week.
- Please remember not to disclose any Personal Health Information (PHI) during the session

Poll

Have you ever used a pain pump in the community for an end-of-life patient?

Yes, No, Not Applicable

What is Pain?

What is Pain?

- Pain is an unpleasant emotional and sensory experience
- Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does
- Pain can be psychological, physical, spiritual or a combination
- Pain is different for everyone
- Pain is common for people living with life limiting/or threatening illnesses, however some people won't have any pain at all
- Pain can fluctuate and become worse
- Not all pain is the same and requires assessment to determine treatment options

Knowledge Check

True or False: The following are all characteristics of pain: Stabbing, cutting, stinging, burning, boring, splitting, colicky, crushing, gnawing, nagging, gripping, scalding, shooting or throbbing. It may be dull or sharp, localized or general, persistent, recurrent, chronic or radiating?

Managing Pain

Assessing and Screening Pain

Managing pain begins with a careful assessment

Common tools used to screen and assess pain:

- Symptom Acronym: OPQRSTUV
- Brief Pain Inventory -short form (BPI-sf)
- Pain Assessment in Advanced Dementia Scale (PAINAD)
- Edmonton Symptom Assessment System (ESAS)
- Numerical rating scale (0-10)
- Abbey Pain Scale
- Spiritual Assessment Tool (FICA)
- Generalized Anxiety Disorder Assessment (GAD 7)

Knowledge Check

Total Pain consists of the following factors:

1. Physical, Social, Spiritual, Psychological
2. Physical, Consolability, Crying, Spiritual
3. Spiritual, Social, Behavioural, Location
4. Patient needs to experience pain all over their body in order to experience total pain

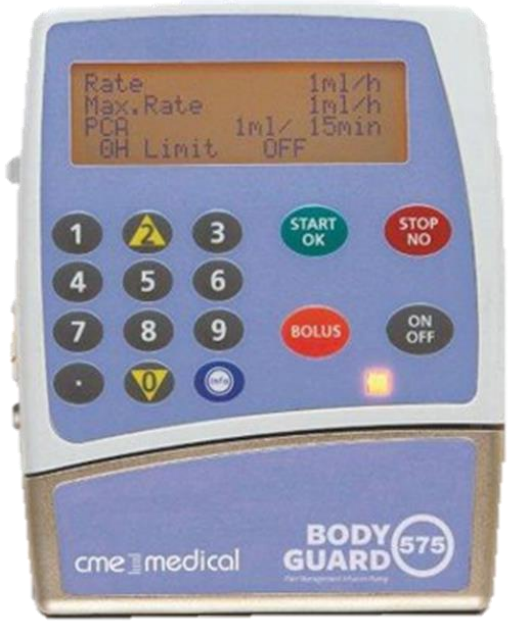
What is a Pain Pump?

What is a Pain Pump?

- A small, computerized device administered through the subcutaneous tissue which permits patients to receive a continuous infusion of pain medication
- It's used as the standard of care for managing moderate to severe pain or dyspnea when the oral/rectal route is unavailable and/or frequent dose adjustments are needed

Types of Pain Pumps

CADD®-Solis VIP



Supplies Required with a Pump

- Pain pump
- Pump Case and Carry bag
- Bolus cord (if needed)
- IV pole (if needed)
- Sharps container
- Pump Medication Administration Record
- Key for the pump
- Medication cassette or IV bag
- Filtered subcutaneous infusion line
- Subcutaneous infusion kit

When is a Pain Pump Used?

Unable to take medications orally as a result of:

- Persistent nausea and/or vomiting;
- Dysphagia;
- Severe weakness;
- Unconsciousness;
- Poor absorption of oral medications;
- Unwilling to take medicines by mouth;
- Have a malignant bowel obstruction where surgical intervention is inappropriate;
- Have head and/or neck lesions;
- Pill burden is excessive;
- Unpredictable/escalating pain patterns

Knowledge Check

True or False: Continuous Subcutaneous Infusion pumps can also be used to administer other medications to support other symptoms such as Nausea and Vomiting, agitation, seizures, etc.?

Advantages of Using a Pain Pump

- Ensures a steady infusion of drugs- concentrations are maintained, giving constant therapeutic drug levels over a 24-hour period
- Reliable absorption
- Typically no need for an intravenous access
- Increased comfort as repeated injections are not required
- Control of multiple symptoms with a combination of drugs

Practical advantages such as:

  - Easily titrated
  - Facilitates patient control
  - Reliable records of PRN dosing
  - May reduce nursing burden
  - Reduce risk of drug diversion

- Mobility maintained because the device is lightweight and can be worn in a holster under or over clothes

Disadvantages of Using a Pain Pump

- Limited number of opioid options
- Cost
- Burden of pump
- SC site irritation
- Possibility of frequent rotation of sites
- Staff training
- In emaciated/cachectic patients or those on long-term infusions skin, site availability may become a problem

Typical Opioids Used with a Pain Pump

Medication

- Hydromorphone
- Morphine
- Fentanyl

Pharmacokinetics

Drug	Route	Onset	Peak	Duration
Morphine or Hydromorphone	PO	30 min	60 min	4 hr
	SC	20 min	30 min	4 hr
	IV	10 min	30 min	3 hr
Fentanyl	SL	5 min	20 min	40 min
	IV	1 min	10 min	30 min
	SC	15 min	30 min	60 min
	TD	8 hr	24 - 72hr	72 hr

Prescribing a Pain Pump

Complete order requires:

- Drug
- Concentration
- Rate (mg/hr)
- Breakthrough doses
- Breakthrough intervals
- Cassette volume (if applicable)

Titrating the Pain Pump Dosing

- A patient's pain may increase, even though they're already taking opioids.
- Patients may experience acute episodes of pain superimposed on their constant or ongoing pain.
- Breakthrough pain can be predictable, or be spontaneous, it can happen from few to many times per day and can last seconds to hours.
- It is normal for patients with relatively good pain control to require 2-3 Breakthroughs per day.

Knowledge Check

- True or False: Breakthrough pain can be predictable or spontaneous?

Administering a Pain Pump

- Pain pumps are typically pre-programmed by the Pharmacies to deliver the medications as prescribed over continuous infusion
- An indwelling butterfly or subcutaneous needle is inserted in the subcutaneous tissue
- Can be left in place for several days
- Medication bags are monitored and changed when empty
- Subcutaneous line changes are done usually as per local policies
- Subcutaneous lines need to be clearly labelled, including medication name, concentration and date

General Care of a Pain Pump

- Check the area around the cannula.
- Keep the area around the site clean.
- Check the line to make sure it’s not twisted, trapped, or caught.
- Check there are no white particles along the tube.
- Place the pump in a safe and comfortable position.
- Use a carry bag to keep it safe and in a comfortable position, for mobile patients.
- Avoid getting the pump wet.
- Report immediately if the pump gets wet or is dropped.
- Do not position the pump in sunlight or anywhere it can get too hot

Troubleshooting the Pain Pump

- Always refer to the manufacturing information
- Contact the direct supervisor, manager, vendor if unable to troubleshoot the issue

Common reasons for troubleshooting:

- Low Battery- usually requires the device to be plugged in or batteries changed
- Air in the line

Conversations around the Pain Pump

- It's important to discuss why the pain pump is being considered with the patient/caregivers
- Pain pumps will not hasten a patients death
- Patients should always be involved in the decision making process
- Pain pumps are a safe and effective way to manage symptoms
- Opioids and other medicines are safe and effective when prescribed appropriately and administered correctly

Multidisciplinary Approach

A multidisciplinary team is simply the group of healthcare professionals of varied disciplines and roles, working together towards a common goal of providing optimal care for a patient and their caregivers

Examples:

- Care Coordinator – Support with service planning and system navigation
- Physiotherapy and Occupational Therapy – Provide non-pharmalogical interventions for pain management
- Radiation Oncology – Can assist with pain relief and preserve function
- Social Worker - Can manage some social and psychological issues
- Personal Support Workers - Support with daily care (light massages, monitoring of pain and reporting appropriately)

Questions?

Session Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat
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Thank You

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