INTRODUCTION AND PURPOSE

The care of persons with cancer and pain and their families presents unique challenges to a nurse at any level. The Nursing Education Committee of the Wisconsin Cancer Pain Initiative has developed these guidelines to provide direction for the education of undergraduate and graduate nursing students and the training of staff level nurses.

These guidelines have been written for two levels of nursing practice: beginning and advanced. The beginning competencies should be mastered by undergraduate students and nurses who have been in practice for less than one year, and the advanced competencies by nurses who have been in practice for at least a year and graduate nursing students.

COMPETENCY AREAS AND COMPONENTS

Knowledge of Basic Principles

The beginning level nurse or student should be able to:

1. Know that the person with the pain experience — not the health care provider, family, or friend — is the authority about the pain.
2. Describe the complexity of the pain experience, including the sensory and emotional components of pain.
3. Describe the differences between acute, chronic non-cancer pain and cancer-related pain.
4. Describe the major types of pain in the person with cancer: nociceptive (somatic and visceral) and neuropathic, and the differences in their quality and presentation.
5. Describe the impact of inadequately treated pain on physiological function, psychological status and quality of life.
6. Know the major patient-related barriers to adequate pain management:
   a. the belief that pain can’t be relieved
   b. not wanting to be a complainer
   c. not wanting to distract the doctor from treating the cancer
   d. the belief that pain is necessary for salvation
   e. fear of addiction
   f. fear of tolerance
   g. concerns about medication side effects, especially confusion and respiratory depression.

In addition, the advanced level nurse or graduate student should be able to:

7. Identify the regulatory issues that impact on pain management, for example, physician reluctance to prescribe, lack of emergency access to controlled substances, and disposal of controlled substances.
Assessment

The beginning level nurse or student should be able to:

1. Utilize a standard pain assessment tool to:
   a. document location, intensity, quality, pattern (e.g., radiating, intermittent or constant), alleviating and aggravating factors, medication history, responses to past treatments, and other relevant factors such as the patient’s lifestyle, impact of the pain on the patient’s life (ADL’s, sleep).
   b. provide accurate, objective and timely documentation of the pain assessment in the medical record.
2. Understand the importance of regular, ongoing reassessment:
   a. at least every eight hours or after every medication change in inpatient settings
   b. at every visit in home care
   c. on a more frequent basis if the patient’s pain goal is not met.

In addition, the advanced level nurse or graduate student should be able to:

3. Incorporate the critical aspects of pain assessment into their institution/agency’s documentation system.

Interventions

The beginning level nurse or student should be able to:

1. List the three major classes of analgesic drugs and their appropriate use either alone or in combination:
   a. non-opioids
   b. opioids
   c. adjuvants.
2. Use an equianalgesic dosing table to convert accurately from one opioid to another and/or from one route of administration to another.
3. Know the routes of opioid administration and the rationale for their use:
   a. oral (preferred unless patient can no longer swallow), rectal, sublingual, transdermal, subcutaneous and IV
   b. intramuscular route should be avoided.
4. Demonstrate and appropriately apply the following non-pharmacological interventions in clinical practice:
   a. positioning
   b. distraction
   c. relaxation
   d. heat and cold.
5. Describe the general principles that enhance optimal cancer pain management especially:
   a. matching the choice of analgesic to the intensity and type of pain.
   b. matching the frequency of administration to the duration of the medication’s effect.
c. the importance of around the clock dosing for constant pain.

d. the use of breakthrough medications.

e. desirability of simplicity of modality and dosage schedule. (For example, use the oral route before expensive parenteral routes are used; trial of opioids and adjuvants before anesthetic procedures are used.)

In addition, the advanced level nurse or graduate student should be able to:

6. Demonstrate and appropriately apply the following non-pharmacological interventions in clinical practice:
   a. imagery
   b. massage
   c. psychological support.

7. Include patient and family in all aspects of pain management, especially through ongoing education about pain, assessment, treatment, and the common barriers to adequate management.

8. Describe the role of anti-neoplastic therapy (radiation and chemo/hormonal therapy) in the management of cancer pain.

9. Describe the role of anesthetic procedures in the management of cancer pain, their indications and nursing implications:
   a. nerve blocks
   b. epidural catheters.

10. Demonstrate the ability to utilize high-tech equipment such as programmable pumps to manage cancer pain.

Side Effect/Risk Management

The beginning level nurse or student should be able to:

1. Describe the basic approaches to the management of the potential side effects of opioids such as:
   a. sedation
   b. constipation
   c. nausea and vomiting
   d. itching
   e. respiratory depression.

2. Define tolerance, physical dependence and addiction; and clearly describe the differences between them.

3. Know the major risks associated with the use of NSAID’s and that some of these may be more common in the elderly:
   a. gastric irritation and bleeding
   b. renal failure
   c. diminished platelet function.

4. Know that acetaminophen may cause liver toxicity at high doses.
In addition, the advanced level nurse or graduate student should be able to:

5. Recognize the common side effects of the adjuvant analgesics:
   a. antidepressants: dry mouth, constipation, urinary retention, orthostatic hypotension, drowsiness
   b. anticonvulsants: dose related bone marrow suppression with carbamazepine
   c. corticosteroids: Cushing’s Syndrome, hyperglycemia, weight gain, mood changes.

HELPFUL RESOURCES/REFERENCES:


