Palliative Care Education Snap Sessions
Darling Downs – South Burnett
Cairns & Hinterland – Atherton Tableland
South West HHS

First session: Tuesday 28th June 2016
Last session: Tuesday 30th August 2016
14.30 – 14.50 hours each week
Housekeeping

- Pre-workshop survey?
- Have all attendees signed the attendance sheet?
- Please mute your microphone
- Questions will be taken at the end of the session
- Please let me know if you can not see the presentation

email for survey link: kym.griffin@health.qld.gov.au
Palliative Care Education Snap Sessions
Darling Downs – South Burnett
Cairns & Hinterland – Atherton Tableland
South West HHS

Other Options in Pain Management

Tuesday 2\textsuperscript{nd} August 2016
14.30 – 14.50 hours
1. is what the patient says hurts
2. is what the patient describes, not what others think it ought to be
Oxycodone

1. Synthetic opioid
2. Alternative to morphine
3. Works at kappa and mu opioid receptors
4. More potent than morphine on mg per mg basis
5. OxyContin 20mg bd = MS Contin 30mg bd
Oxycodone

1. Decreased opioid related adverse effects?
2. Less pruritus reported
3. Good metabolic profile
4. May be more effective in neuropathic or bone pain.
Hydromorphone

1. 5-7.5 times as potent as morphine
2. Morphine 30 mg/24hrs ~ Hydromorphone 6mg/24hrs
TRANSDERMAL FENTANYL

1. Semisynthetic opioid
2. Mu receptor agonist
3. Less constipating than morphine
4. Highly potent - relative potency compared with morphine 100:1
TRANSDERMAL FENTANYL

1. Analgesic effect 8–16 hours
2. Peaks at 24–72 hours
3. Patch removal - plasma concentration decreases by 50% by 13-22 hours
4. Important to remember when converting to or from patch
TRANSDERMAL FENTANYL

Contraindications
- Acute pain syndromes or unstable pain
- Allergy to the patch components

Cautions
- Febrile states
- External heat sources eg hot water bottles
• Available in varying doses - 200/400/600/800/1200/1600 ug
• Effective dose bears no relationship to regular opioid doses
• Start at 200ug
• Rub on buccal surfaces (inside of cheek) – rapidly absorbed
Abstral

- Sublingual tablet – dissolves quickly, is absorbed through sublingual mucosa to provide rapid analgesia
- For breakthrough cancer pain (BTcP)
- A BTcP episode is rapid in onset, short in duration, severe in intensity
- Can work as quickly as 10 minutes after administration
- Provides pain relief for at least 60 minutes
BUPRENORPHINE

1. Highly potent
2. Available as TD patch 5,10,20 mcg/hr; over 7 days
3. 5mcg patch = 10mg OME in 24hrs (suitable for opioid naïve patient)
4. Also as sublingual tablet
5. 200mcg sublingual = 15mg oral morphine
6. No dose adjustment for renal failure
7. No ceiling analgesic effect in clinically relevant doses
1. Synthetic opioid
2. First manufactured in Germany in 1938
3. Established as maintenance treatment for drug addiction 1960s
4. Increasingly used for pain relief in palliative care since early 1990s
METHADONE

1. Strong opioid
2. Long and variable half life (8-75hr)
3. Difficult to titrate with risk of accumulation and toxicity
4. However is also NMDA antagonist therefore can be very useful in treatment of difficult or neuropathic pain
5. Safe to use in renal impairment
KETAMINE
Ketamine Study: Primary Analysis

ITT analysis  p= 0.55
Ketamine 29/93 (31%)
Placebo 25/92 (27%)
OXYCODONE/NALOXONE
THE ROLE OF THE NURSE IN PAIN MANAGEMENT

1. Assessment
2. Knowledge and appropriate use of medications
3. Patient advocacy
4. Education
5. Collaboration, team approach
6. Individualised practice
7. Accurate documentation
8. Reassessment
Next week . . .

Difficult Conversations