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CANO/ACIO Position statement on the nursing care of persons living with cancer pain

Background

The need for a position statement on the nursing care of persons living with cancer pain is derived from CANO/ACIO's mission and values. CANO/ACIO's mission is to lead nursing excellence in cancer control for Canadians. Core values of this organization include promoting evidence-informed practice and knowledge exchange.

Quality nursing care of persons living with cancer pain is a high priority for oncology nurses because pain is common among cancer patients and is not always well-controlled (Fisher et al., 2010). Cancer pain is experienced by up to 85% of cancer patients especially in advanced disease (Jahn et al. 2010). Pain may be a consequence of the disease itself and/or associated treatments. Cancer pain often appears in a cluster with other symptoms and is responsible for significant distress among patients, their friends and families and health care providers (Barsevik, 2007; ISNCC, 2008). However, studies demonstrate that up to 90% of cancer pain can be relieved with appropriate and timely interventions (Jahn et. Al., 2010).

Barriers to optimal pain management exist in systems, organizations, with practitioners and with persons living with cancer pain (ISNCC, 2008, WHO 2010). There is no doubt that achieving optimal pain management is a goal for all stakeholders, but achieving this goal requires the strategic application of certain guiding principles:

- i. The experience of pain is unique to the individual
- ii. Pain management is an ongoing process

- iii. A variety of measures to evaluate and control pain are required
- iv. The best pain management comes from an inter-professional team that includes the patient
- v. These teams need supportive health care organizations accountable for resources and education
- vi. Members of the team are accountable for the work that they do including meaningful documentation.
- vii. Quality pain management requires the use of evidence-informed practice guidelines (NCCN, 2009).

CANO/ACIO first wrote a position statement on the nursing management of cancer pain in 2001. Many of the guiding principles of this position statement remain true today. Current literature on the nursing management of cancer pain and the position statements of other healthcare organizations (ONS, ISNCC, NCCN, ASCO, Canadian Cancer Society, Canadian Pain Society, CancerCare Ontario, WHO) were reviewed during the process of revising CANO/ACIO's original position statement. For clarity, the term used throughout the document: "persons living with cancer", refers to patients, families and significant others.

Position #1 Persons living with cancer pain are entitled to timely, individualized and evidence-based pain management

CANO/ACIO believes that persons living with cancer pain, have the right to the best possible pain relief and that all health care organizations caring for cancer patients are accountable. This belief is consistent with other national and international professional groups (Canadian Pain Society, 2010; ISNCC, 2008; ONS, 2010; WHO, n.d.).

CANO/ACIO believes pain management extends beyond the relief of physical pain to encompass the psychosocial, cultural and spiritual impact of suffering on quality of life and functional abilities (CANO/ACIO, 2001; Fisher et al. 2010, ONS, 2010; ISNCC, 2010). As individuals vary in response to diagnosis, stage of disease, treatment, life experiences and personal preference, so must pain management (CANO/ACIO, 2001). Nursing care related to pain management should adapt to meet the specific needs of

diverse and marginalized populations including infants and children, the elderly, First Nations people, the cognitively impaired and other vulnerable persons (CANO/ACIO, 2001). These rights extend to persons living with cancer pain in all settings and through transitions from setting-to-setting such as hospital admission to homecare, or hospice, and including procedural-related pain (Brennan, Carr & Cousins, 2007).

Position #2 Nurses have a vital, active and collaborative role in caring for persons with cancer pain

Nurses are uniquely positioned to play a key role in the management of cancer pain (CANO 2001; ISNCC, 2008; ONS, 2010). Nurses are involved across all stages of the cancer disease continuum and across all care settings. The interpersonal communication and assessment skills of nurses are invaluable to the management of cancer pain.

However, nurses do not function in isolation in regards to the management of cancer pain, but are an integral part of inter-professional teams. These teams include the persons living with cancer pain and may include physicians, pharmacists, physiotherapists, counselors, and others who work to prevent, monitor, moderate and evaluate the effects of cancer pain and related suffering.

Cancer pain can be well-controlled in the vast majority of patients if evidence-informed guidelines are considered (NCCN, 2010). Nurses have a pivotal role in advocating for and participating in the development of such guidelines.

Nurses assess quality of life and the functional ability of persons living with cancer and have an ethical obligation to explore all options within their scope of nursing practice to reduce the burden of cancer pain (CANO, 2001; Brennan, Carr & Cousins, 2007). The role of oncology nurses in the management of cancer pain includes, but is not limited to, the following:

- Screening all patients to determine who might be in distress (CPAC, Screening for Distress, 6th Vital Sign, 2010)

- Comprehensive assessment throughout all stages of the disease trajectory (prevention, diagnosis, treatment, survivorship and palliation) which includes careful consideration of the patient's developmental and cognitive level.
 - Assessment of pain includes:
 - History: location, quality, frequency and duration, aggravating and relieving factors
 - Effects of pain and pain-interventions on activities of daily living
 - Adverse effects and side effects of current treatment
 - Meaning of pain for persons living with cancer pain (CANO, 2001).
 - Each presentation of pain should be assessed separately as it may be evidence of a new or progressive medical problem or indicative of pain related to treatment. Likewise, changes in the quality, duration, location, or timing of pain require specific assessment
 - Studies demonstrate that evaluating the ability to function and perform daily living activities, is a more sensitive outcome measure for pain management than pain-rating scales alone (Miaskowski, 2010). This can be achieved through a variety of methods, including self-report (Canadian Pain Society, 2010). Therefore, in-depth history taking skills, tools to measure functional ability and intensity rating scales all support the nurse's ability to effectively influence cancer pain management.
- Planning, coordinating and implementing a variety of evidence-informed pharmacological and non-pharmacological interventions to minimize cancer pain. This includes:
 - Advocating to minimize system barriers to the provision of effective pain management (ISNCC, 2008)
 - Recognizing and responding to the predisposing, enabling and reinforcing factors that pose barriers to successful pain management (Jahn et.al, 2010)
 - Ensuring that persons living with cancer pain have adequate knowledge of and access to, available resources for the inter-professional, supportive management of cancer pain (CANO, 2001; ONS, 2010; WHO, n.d.)

- Engaging family members and significant others in the process of pain and symptom management through education, coaching and support.

Position # 3: The nursing care of persons with cancer pain requires specialized knowledge, skill and judgment. Both nurses and health care organizations are accountable to ensure pain management standards and competencies guide clinical practice.

Nurses should use evidence-informed best practice to screen for, assess and manage cancer pain. This includes the use of recognized tools for screening, assessment, interventions and documentation. Validated and reliable tools (e.g. WHO Pain Ladder, Edmonton Symptom Assessment Scale) improve nurses' ability to assess and manage cancer pain (Ang & Chow, 2010). Evidence informed nursing practice incorporates professional publications/studies, organizational protocols, clinical experience and patient/family beliefs and priorities as well as formal documentation tools to ensure continuity of care.

Acquiring and maintaining knowledge, skill and judgment in the nursing management of persons living with cancer pain is the responsibility of individual nurses. CANO/ACIO maintains, however, that health care agencies are accountable to provide a supportive environment in which nurses can engage in on-going learning and practice excellence. CANO/ACIO also asserts that oncology nurses should advocate for this system support and take on leadership and team roles within organizations.

Oncology nursing education programs need theoretical, clinical and evaluation components related to cancer pain. CANO/ACIO encourages oncology nurses to review the CANO/ACIO Standards and Competencies for the Specialized Oncology Nurse (CANO/ACIO, 2006) as a tool for reflective practice and in determining individual learning goals on an annual basis. Education programs for oncology nurses should include core components on improving pain management (Ang & Chow, 2010; Aubin et al, 2010; Coleman et al, 2010). Research shows that certification in oncology nursing

improves the management of patient symptoms (Coleman et al, 2010). Therefore, CANO/ACIO supports CNA certification in oncology nursing. Basic education of oncology nurses on the management of cancer pain includes the following:

- Cancer biology and basics of diagnosis and treatment
- Mechanisms and nature of cancer pain including but not limited to:
 - Acute versus chronic
 - Neuropathic versus inflammatory
 - Treatment and diagnosis-related
- Comprehensive assessment
- Reliable and valid tools for assessment and monitoring of pain
- Pharmacological interventions to treat cancer pain including:
 - Commonly used adjuvant analgesics as well as doses appropriate for those cared for by the nurse (e.g., infants, children, adults, elderly)
 - Dosing of analgesics relevant to the nature and mechanism of cancer pain (in contrast to doses for post operative pain and trauma-pain etc.)
- Understanding the clinical implications of the difference between addiction, dependence, and tolerance to analgesics
- Non-pharmacological measures such as radiation treatment and complementary approaches (e.g., relaxation and biofeedback techniques, acupuncture)
- Recognition and treatment of adverse effects and toxicity caused by analgesics

Summary

Although cancer pain is considered a major concern among persons living with cancer, much of this pain can be mitigated with expert knowledge, an inter-professional approach, and recognition of the basic human right to have access to and information about pain control. Collaboration between all health care practitioners on the interdisciplinary team ensures the best possible assessment and treatment. Nurses are vital to the process of managing cancer pain because of their extensive knowledge and training as well as participation in wide-spread clinical and leadership roles. Sustaining

evidence-informed practice, knowledge exchange, nursing research and professional development in this area is of primary importance to CANO/ACIO. CANO/ACIO is committed to supporting its members and all nurses who care for persons living with cancer, to successfully manage cancer pain.

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