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Non-Medical Prescribing in Pain March 2nd 2023

As a Senior Nurse in Critical Care Outreach (CCO) I often systematically review and make management plans for patient with complex pain needs. These patients can be from a variety of different specialities, including, surgical, medical, trauma and orthopaedic. As a senior nurse in CCO, part of my professional development plan is working towards advance practice, the ability to be a non-medical prescriber is a key aspect of this role. I am also shortly due to undertake a new position as Rapid Response Lead Nurse – this service will include acute pain. I have been fortunate to attend the Non-Medical Prescribing in Pain virtual on line course in March 2023. The conference was hosted via Zoom, using a mix of lectures and “break out rooms” to keep candidates engaged. The virtual conferences also gave us the opportunity to network with colleagues from around the country and discuss our shared practice and experience. The British Pain Society (2021) state that “The management of pain is a fundamental human right, yet sadly there is a gap between what people need and what happens in practice” The aim of the conference was to bridge this gap.

The conference was nicely introduced by Carolyn Doyle, beginning with a short discussion in the importance of pain management within end-of-life care. We discussed the benefits vs burden and the importance of be honest with patients as well as managing expectations. Pain can impact every part of daily life. A holistic approach is best practice, social, emotional, and spiritual. Fear can exacerbate pain, so managing this is really important. I found this presentation very thought provoking. Even though my speciality is critical care and not palliative care, the two often cross.

Next session was presented by Sally Gilborson (NMP Lead) and Rhea Crighton (CNS). They outlined the key messages and changes from the national competency framework. Royal Pharmaceutical Society (2021) state its implementation and maintenance are important in informing and improving practice, development, standard of care and safety (for both the prescriber and patient). The speakers highlighted key issues surrounding patient safety, education and maintaining CPD. Rhea talked about an interesting case of abdominal pain where all members of the clinical team had to think outside the box. This case outlined the challenges of prescribing for pain when a patient is in a drug addiction programme or may have drug dependency.

Chloe Millar’s discussion emphasised the importance of thorough patient examination. Why is the patient in pain, what can we do to make that better? She talked about the need for pain services and NMPs in order to prevent “bounce back” and readmissions. Ward round prescribing and collaborative working.

Again I found Melinda’s session very though provoking, her expertise being in end of life and palliative care. She talked about the importance of managing the side effects that may come with using strong opiates. I found the concept of patients keeping a pain diary very interesting.

Next session was presented by Stephanie Meachin. Stephanie had lots of exciting and innovative ideas. She talked about the reduction of “just in case” prescribing, and avoiding patients going home with opioids. This prevents circulation of opiates within the community. She also highlighted the cost implication of repeat prescriptions that may not be necessary. If medications are not working, explore other options. I loved the idea of Free at 3, ad hoc education at ward level.

We touched again on the pain management in palliative care with a session hosted by Dr Andrew Tweddle, looking at the conversion of different opiates. We discussed 3 clinical cases, exploring our ideas in a break out room.

Dr Bhaskar’s presentation was pre-recorded. He talked about using motivation to treat pain. Not everyone that is in pain needs medication, not everyone that cries in in pain. He talked about counselling patients in the side effects. Again, exploring the subject of risk vs benefit.

Dr Wang discussed the challenges of managing pain in the older adult. Cognitive impairment adds another layer of complexity.

Diarmuid Denny closed the day by discussion the issues surrounding chronic pain.

I found the conference extremely informative and well run. I have collated lots of ideas and tips that I can take forward with me in my new role as Rapid Response / Acute Pain Lead Nurse. Thank you to Healthcare Conferences UK and BACCN for the opportunity to join. I would highly recommend any BACCN Members to see what conference or sessions would be of benefit to them and embrace the opportunity to attend free of charge.