

9. Recommendations

Practice

- Use National Comprehensive Cancer Network (2004) or American Pain Society (2005) guidelines for general screening, evaluation, and treatment of cancer pain.
 - Screen for the presence of pain every time a patient is seen.
 - Quantify pain intensity using the Numeric Rating Scale, Verbal Rating Scale, or Faces scale.
 - If pain is present, a formal pain assessment must be performed.
 - Dosing guidelines are provided for NSAIDs, opioids, and adjuvant medications.
 - Reassessment of pain must be performed at specified intervals.
 - Psychosocial and educational support must be offered to patients.
 - Nonpharmacologic cognitive and physical modalities are recommended as adjuncts to analgesics.
- Use other guidelines cited in section 5 for specific issues related to pain management as appropriate (analgesic use, quality improvement, pain in older adults).
- Core indicators are recommended for quality improvement in pain management.
 - Pain intensity is documented at frequent intervals using a numeric or verbal rating scale.
 - Pain is treated using regularly administered analgesics as part of a multimodal approach.
 - The intramuscular route of administering analgesics is not used.
 - Pain is controlled to a degree that facilitates function and quality of life.
 - Patients are adequately informed and knowledgeable about pain management.

Education

- All patients with cancer should receive routine education about pain and its management.
- All cancer care providers need ongoing education about the management of cancer-related pain.

Research

- Recommendations for research regarding nursing interventions for pain
 - Tests of nursing interventions should use a randomized controlled design to provide stronger evidence of effectiveness.
 - Within-study comparisons of psychoeducational interventions are needed.
 - Many published studies of nursing interventions have used small sample sizes. Statistical advisement should be obtained to ensure adequate sample size and power.
 - Attention should be given to describing subject characteristics in reports of research findings.

- Duration of effects of nursing interventions on pain needs to be studied.
- Studies are needed to assess and compare the long-term effects, side effects, and cost-effectiveness of nondrug interventions.
- Multimodal interventions need to be studied to identify their effective components.
- Research is necessary to document patient preferences for pain treatment types when more than one has been demonstrated as effective.
- Effects of nursing interventions for pain need to be studied in specific cancer pain syndromes (bone pain, neuropathic pain, etc.).
- Recommendations for research regarding pain measurement in cancer
 - Current measures need to be evaluated in diverse populations.
 - Instruments used in chronic pain populations and in patients who are cognitively impaired should be evaluated for use in oncology populations.
 - Researchers need to study whether multiple-item measures of pain intensity provide any additional benefit over single-item measures.
 - More research is needed to assess patients' preference for specific measures of pain.
 - Farrar (2000) suggested that a change in pain intensity of 30% or two points on the 0–10 Numeric Rating Scale is clinically meaningful. Instruments should be evaluated to assess sensitivity to this change.