



Winter 2019 Newsletter

Update from the Board Chairs

SaskPain board members have been busy raising awareness of the need for integrated health services for pain management in Saskatchewan. In November and December, Board Chairs, Dr. Susan Tupper and Glen-mary Christopher had three meetings with Saskatchewan Health Authority (SHA) operations leadership team members to present a strategy for pain management health services. This strategy was based on the feedback provided in two stakeholder dialogues held in 2014 and 2016. The SHA was very supportive and acknowledged the importance of addressing chronic pain as a complex health issue. Dr. Jackie Krushaar and Dr. Susan Tupper attended the Opioid Stewardship Program stakeholder dialogue on November 30th, 2018 and were pleased with the emphasis placed on interprofessional pain management as an important measure to prevent inappropriate opioid use. Glen-mary Christopher and Susan Koskie are completing the Canadian Revenue Agency (CRA) application for charitable organization status. While we were not successful with our grant application to the Community Initiatives Fund in December 2018, we are planning other grant applications to ensure that the work of SaskPain continues.

There are so many interesting people involved in SaskPain, and a lot of behind the scenes activities to improve the quality of pain management services in Saskatchewan. One of the main purposes of SaskPain is to provide a platform for sharing information about pain resources and events. In this newsletter we provide a summary of three pain research projects conducted by

Upcoming Events

ECHO © for Chronic Pain

Learn about pain management with other healthcare providers in a series of FREE webinars. Offered every other Wednesday from 5 to 7pm from January 16 to May 22, 2019. Earn continuing education credits. Upcoming topics include:

- Feb 13, 2019 Dr. Susan Tupper, PT, PhD
Prescribing Exercise for Chronic Pain
- Feb 27, 2019 Dr. Waill Khalil, MD
Gabapentinoids for Chronic Pain
- Mar 13, 2019 Dr. Radhika Marwah, MD
Opioid Tapering for People with Chronic Pain
- March 27, 2019 Dr. Paul Masiowski, MD
Headache Assessment and Management
- April 10, 2019 Loren Regier, BSP
Pharmacological Treatment for Chronic Nociceptive and Neuropathic Pain
- April 24, 2019 TBA
- May 8, 2019 Anshu Gupta, OT
Supporting Self-Management of Chronic Pain

To register email: echo@cps.sk.ca

researchers in the Department of Pediatrics and Department of Anesthesiology, Perioperative Medicine and Pain Management at the University of Saskatchewan. But first, a bit about pain in children.

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Update from the Board Chairs continued from page 1.

People who have limited ability to express pain, or express it in unexpected ways are sometimes **incorrectly** thought to be immune to pain. This misconception affects children, those with cognitive or communication impairments (e.g., dementia), and those who are more guarded or stoic in their communication style.

Unfortunately, inability to communicate about pain typically coincides with other factors that increase risk of under-managed pain. The central nervous system doesn't fully develop the ability to inhibit incoming noxious (nociceptive) information until mid-adolescence¹. Therefore hospitalized children are especially vulnerable to pain and stress resulting from diagnostic investigations or treatments such as blood draws, intubation, or surgery. A study published in 2011 reported that children in Canadian hospitals were exposed to an average of 6.3 painful procedures per day, yet pain management interventions were only documented for 28.3% of procedures². Painful procedures can have long-lasting negative impacts on the developing nervous system including altered sensory processing, increased risk of chronic pain, and impaired cognitive function^{3,4}. It is essential that we work together to minimize these risks by making every effort to minimize procedural pain and appropriately treat acute and chronic pain, particularly in those most vulnerable to under-recognition of pain.

Everyone has a role to play. Family caregivers can advocate for pain management for their child and be active participants in the use of positions of comfort or distraction. Clinicians can educate parents and children and take the time to minimize or eliminate pain with appropriate analgesics or distractions. Healthcare organizations can ensure that appropriate policies and practice supports are used.

The profiled research studies are three examples of departments working towards better pain management in children in Saskatchewan.

Susan Tupper and Glen-mary Christopher
SaskPain Board Chairs

Upcoming Events

Webinar: Gabapentinoids for Chronic Pain

Dr. Waill Khalil, MD, from the Department of Physical Medicine and Rehabilitation, and Colleen Donder from the Canadian Agency for Drugs and Technologies in Health (CADTH.ca) have partnered with SaskPain to offer a webinar that will summarize the research evidence and clinical considerations for gabapentinoids for chronic pain.

To register go to:

<https://attendee.gotowebinar.com/register/1081996804013226763>

References:

1. Walker SM. Persistent changes in peripheral and spinal nociceptive processing after early tissue injury. *Exp Neurol* 2016;275 Pt 2:253-60.
2. Stevens BJ, et al. Epidemiology and management of painful procedures in children in Canadian Hospitals. *CMAJ* 2011;183(7):E403-10.
3. Duerden EG, et al. Early procedural pain is associated with regionally-specific alterations in thalamic development in preterm neonates. *J Neurosci* 2018;38(4):878-886.
4. Taddio A, et al. Inadequate pain management during routine childhood immunizations: the nerve of it. *Clin Ther* 2009;Suppl 2:S152-67.

Pediatric Pain Research Profile

Although pain is a cause of increased morbidity and mortality in children, it is often undermanaged. Findings from three 2018 Deans' Summer Research Projects that examined pain management in pediatric departments are briefly summarized here.

Pediatric Pain Audit: *What's not in the Chart* (Alex Senger, Casey McMahon, Dr. Krista Baerg)

Surveys and chart audits were conducted to examine pediatric pain in the pediatric ward (PW), emergency department (ED), and maternal services (MS) at Saskatoon's Royal University Hospital. A total of 84 patients/caregivers participated.

Of the PW patients ($n=41$), 88% experienced pain in the previous 24-hours in hospital. Pain was most frequently caused by needle pokes (28%), with an average pain scale rating of 6.1/10. Prior to needle pokes, topical lidocaine was used in only 7 of the 41 participants on the PW. In the ED ($n=23$), 78% of patients experienced pain, most frequently caused by patients' acute illness, with an average pain scale rating of 7.5/10. Participants in the PW and ED ranged in age from <1-18 years of age. In MS ($n=20$; all newborns), 75% of parents indicated their child experienced pain in the past 24-hours. Ninety-three percent of these painful experiences were caused by needle pokes, and resulted in an average pain rating of 5.4/10. These results demonstrate that more can be done to prevent pediatric pain in hospital departments.

The Health Authority is encouraged to support further efforts to implement their pain policy, including making topical lidocaine available to all pediatric patients prior to needle pokes.

Pediatric Practice Aid Initiative: *Needle Pokes don't have to hurt* (Madeline Parker, Casey McMahon, Dr. Krista Baerg)

Phlebotomists at Saskatoon's Royal University Hospital developed a practice aid aimed at improving pain management for pediatric patients attending outpatient labs through use of positions of comfort (e.g., breast feeding, cradling), distractions (e.g., light spinner, reading, blowing bubbles), and topical lidocaine prior to needle pokes. Phlebotomists are required to document strategies used on the practice aid, which includes a script for standardization. This study examined the effectiveness of the practice aid with 65 patients/caregivers and 26 phlebotomists participants.

Patients/caregivers reporting lower levels of pain ($\leq 4/10$) were more likely to report a higher degree of visit satisfaction, use of topical lidocaine, use of positions of comfort, and successful needle poke on first attempt. Lower levels of pain ($\leq 4/10$) were reported in the majority of children (60%), whereas moderate (5-7/10) and severe pain ($\geq 8/10$) were reported in 31% and 10% of children. Of those that provided feedback, 96% of families indicated a positive experience. Moreover, the practice aid significantly ($p=0.02$) improved phlebotomist job satisfaction from 8.4/10 to 9.0/10. Results support existing research indicating both children and healthcare workers benefit from pain control. Preliminary evidence supports the practice aid initiative as a novel framework by which pain control can be achieved.

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Member Survey

Thank you to those who have completed our survey to identify priorities for future SaskPain activities. So far 140 people have shared their great ideas. Many have signed up to take part in working group activities. The survey will remain open until April, 2019. At that time, board members will contact those who have indicated an interest in further involvement. If you have not yet completed the survey please go to the link below to have your say. The survey takes approximately 10 minutes to complete.

www.surveymonkey.ca/r/SaskPain

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Pediatric Sedation Outside the OR – How are we doing? (Trevor Krysak, Dr. Jonathon Gamble)

Pediatric procedural sedation is commonly done in the Emergency Department (ED), however if a procedure fails, the child requires a second sedation in the operating room (OR). Reasons for procedure failure are not well documented and guideline adherence is largely unknown. This study aimed to detail reasons for procedure failure and guideline adherence, as well as attitudes of pediatric emergency physicians towards guidelines. Information was collected on 114 participants through retrospective chart review (55% male, average age of 8 years). Prospective procedural data were collected from 8 participants with an average age of 7.6 years. Majority of sedations were for fracture reduction (68%). Five procedures failed that required re-sedation in the OR. Twenty-eight participants (24%) were not properly prepared for sedation specifically due to recent food/liquid consumption (i.e., they had not been NPO: nil per os, nothing by mouth for sufficiently long enough), with an average NPO time of 4 hours for those that did not meet this guideline criteria. Forty-nine patients (51%) did not have record of rescue drugs at bedside. The focus group was concerned about the length of time from registration to first analgesia as many cases had first analgesia at time of procedure start. Perceived barriers to guideline adherence were time concerns and interruption to work flow, while attitudes towards changes were positive. The most common reason for procedural failure was unsatisfactory fracture reduction. Pediatric ED physicians feel that procedural sedation in the ED is safe, but guideline adherence could be improved.

More Learning Opportunities

Save the Date for the **Western Canadian Pain Conference**. October 17-20, 2019. Lake Louise, Alberta. The Alberta Pain Society, SaskPain, PainBC, and representatives from Manitoba, Yukon, and the Northwest Territories are co-organizing a conference to share the latest information about pain assessment and management. For more information on speakers and to register go to: www.painab.ca/annual-conference.html



Calling all Occupational and Physical Therapists! Want to learn more about pain with your fellow rehabilitation therapists? Dr. Susan Tupper, JoAnn Nilson, and Alicia Carey are hosting a series of learning activities in the Winter and Spring of 2019. Attend in person or by WebEx. Contact joann.nilson@saskhealthauthority.ca or alicia.carey@saskhealthauthority.ca for more information.

Have an announcement to make? Want more information on SaskPain? We welcome your feedback on the newsletter and ideas for future editions. Email: info@saskpain.ca. We look forward to hearing from you.

Check out the SaskPain Website Go to www.saskpain.ca to find more information on SaskPain including our goals, reports, and links to other pain-related resources.