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Managementul durerii

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SIGMED

L7, L22, L33, L34, L63

C-02.02.02.03. Managementul durerii acute sau cronice începe din etapa evaluării inițiale.

- 02.02.02.03.01 (L22,L33,L34,L63) - La nivelul spitalului este reglementată modalitatea de evaluare a durerii pe bază de scoruri.
- 02.02.02.03.02 (L7) - Spitalul are elaborate protocoale pentru terapia durerii.
- 02.02.02.03.03 (L7) - Farmacistul clinician este implicat în elaborarea protocoalelor pentru terapia durerii.
- 02.02.02.03.04 (L7) - La nivelul spitalului există analize semestriale a cazurilor care au necesitat management al durerii.

GHID PENTRU EVALUATORII DE SPITALE

CICLUL II DE ACREDITARE – REVIZIA I

2020

02.02.02.03. Managementul durerii acute sau cronice începe din etapa evaluării inițiale.

Previzită:

Ce trebuie să ceară evaluatorul?

✓ Statul de funcții

✓ 2-3 rapoarte de analiză cu privire la modalitatea de evaluare a durerii pe bază de scoruri

✓ dacă au existat analize a eficienței și eficacității aplicării protocoalelor pentru terapia durerii, se solicită 2-3 analize

Ce trebuie să vadă evaluatorul?

✓ există farmacist clinician în USP

✓ la elaborarea protocoalelor pentru terapia durerii a participat și farmacistul clinician

DUREREA – SCURT RAPEL TEORETIC

DEFINITIE

Durerea = experienţă senzorială şi emoţională neplăcută asociată cu leziune tisulară actuală sau potenţială, sau descrisă in termenii unei asemenea leziuni.

International Association for Study of Pain

SIGMED

CLASIFICAREA DURERII
Temporala

DUREREA ACUTĂ = asociată cu o leziune tisulară acută, traumatică sau sec unei boli / cu o disfuncţie a musculaturii sau a organelor interne care nu produce leziune (ex. spasm muscular), = rezultatul stimulării nociceptorilor periferici somatici sau viscerali.

Durerea acută durează de obicei atât cît durează afecţiunea care a provocat-o, sau cu ceva mai mult (zile sau săptămani).

Comportamentul bolnavului cu durere acută este caracteristic; agitatie / imobilitate + semne de stimulare a SNVS

Reacţia SNVS este promptă - (transpiratie, midriaza, tahicardie, tahipnee, suntarea vascularizatiei dinspre viscere spre muschi)

Durerea CRONICA

Durerea cronică = durere care persistă după vindecarea unei afecţiuni algogene acute / durerea produsă de o afecţiune cronică, care prin evoluţia ei produce stimularea permanentă a nociceptorilor / sau repetarea timp de luni sau ani a aceleiaşi dureri.

Clasificarea durerii
-Mec. Fiziopatologic-

Durerea nociceptivă

- prin stimularea nociceptorilor periferici (somatici, viscerali)

Durerea neuropatică

- prin afectarea cailor de conducere (periferice sau centrale)

CARACTERIZAREA DURERII

- Localizarea
- Intensitatea
- Caracteristicile temporale
- Calitatea
- ...

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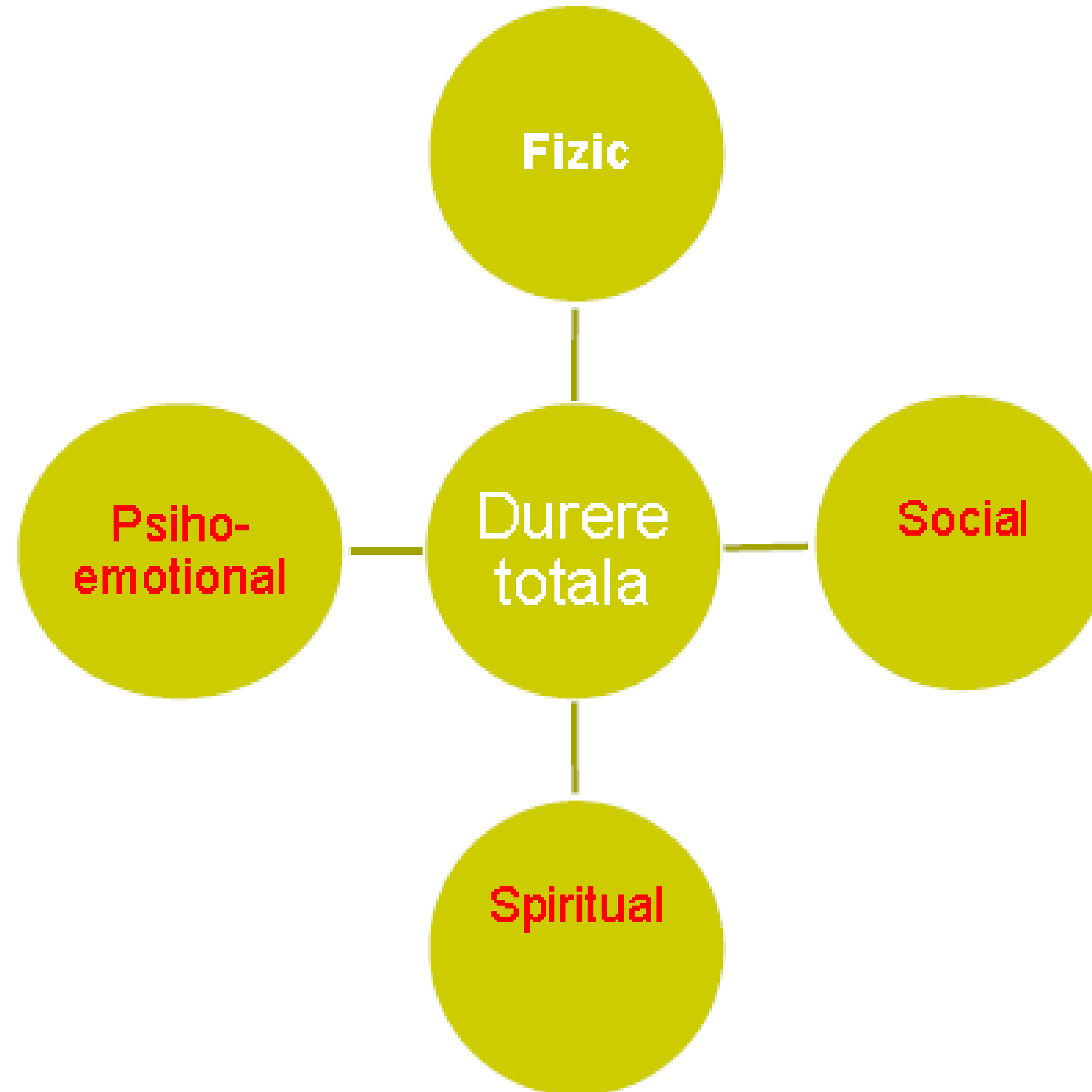
DUREREA TOTALA



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PRACTIC … IN SPITALE

Evaluarea durerii – Checklist:

- Intensitatea (severitatea)
- Localizarea, distribuția, iradiere
- Cronicitatea (de cand? cum a progresat?)
- Calitatea
- Durata; frecventa
- Factori favorizanți/amelioranți
- Etiologia durerii
- Mecanismul fizziopatologic al durerii
- Alti factori: psihologici, sociali, spirituali, culturali (durere totala)

Intensitatea durerii - evaluare

Scale uni- şi multidimensionale:

- ***unidimensionale:*** măsoară intensitatea, "cantitatea" de durere :

Ex: verbală (usoara, moderata, severa), numerică (0-10), analog vizuală (cea mai frecvent folosită)

Pentru copiii sub 8 ani : scale faciale

- ***multidimensionale:*** evaluează şi "calitatea" durerii:

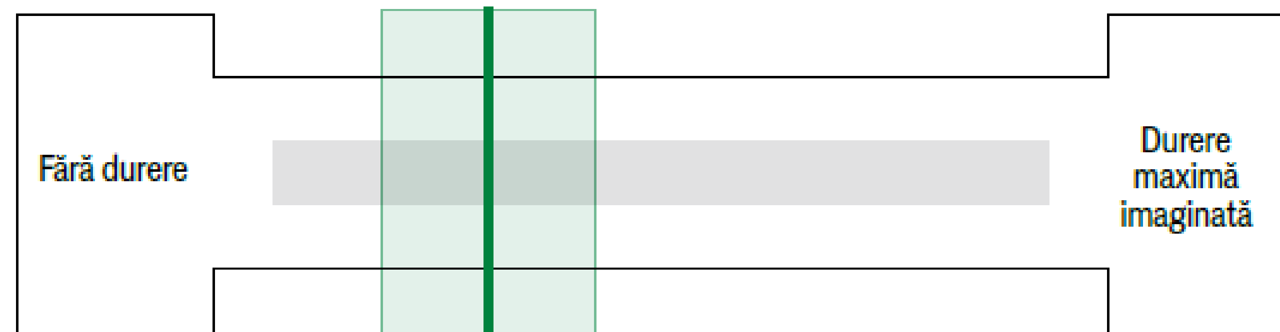
Ex: McGill Pain Questionnaire, Brief Pain Inventory,

Memorial Pain Assessment Card

Durerea – Scale: *intensitate*

Scala analog vizuală (VAS):

- **durere ușoară** VAS < 4
- **durere moderată** VAS 4-6
- **durere severă** VAS ≥ 7

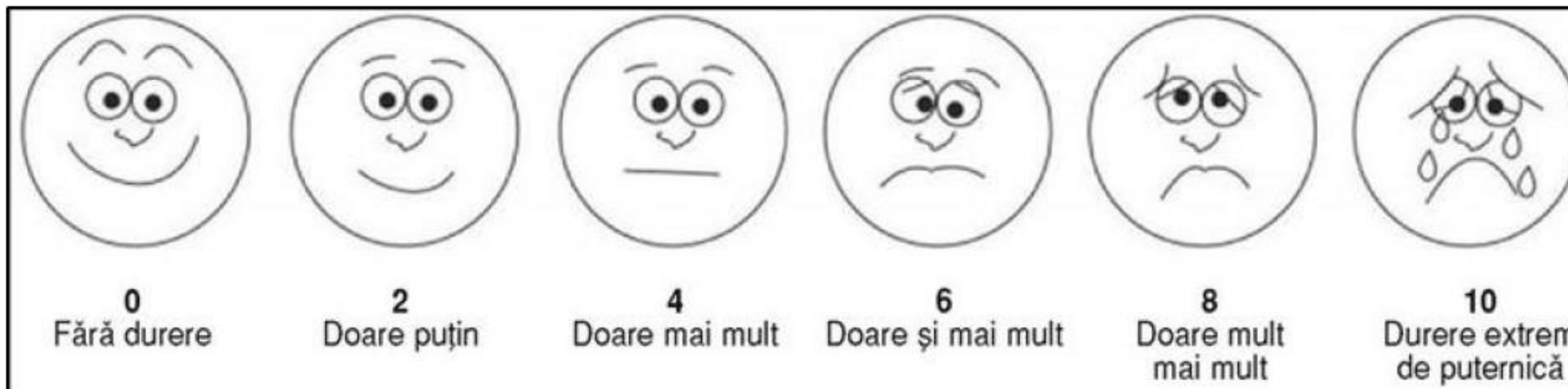


Durerea – Scale: *intensitate*

Scala analog vizuală (VAS):

- **durere ușoară** VAS < 4
- **durere moderată** VAS 4-6
- **durere severă** VAS ≥ 7

- **determinantă pentru impactul asupra bolnavului**
- **reperul pentru stabilirea puterii analgeticului administrat (ex. scala analgezie OMS)**



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Scala numerică

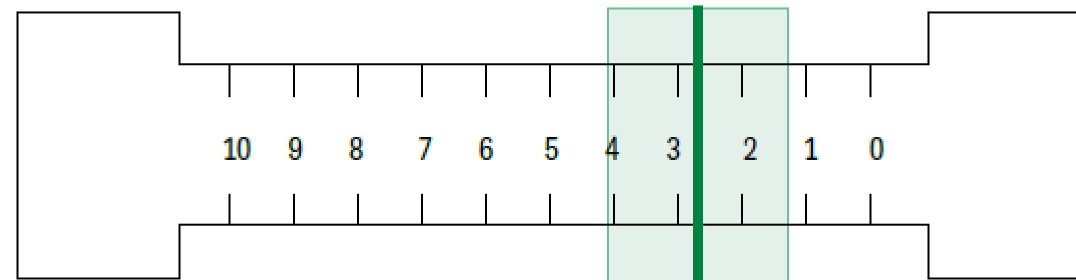
Pacientul cuantifică intensitatea durerii pe care o simte pe o scară de la 0 la 10, în care 0 reprezintă absenţa durerii, iar 10 reprezintă cea mai cumplită durere pe care şi-o poate imagina pacientul.

1 2 3 4 5 6 7 8 9 10

Scala numerică

Pacientul cuantifică intensitatea durerii pe care o simte pe o scară de la 0 la 10, în care 0 reprezintă absenţa durerii, iar 10 reprezintă cea mai cumplită durere pe care şi-o poate imagina pacientul.

Scala de evaluare numerică



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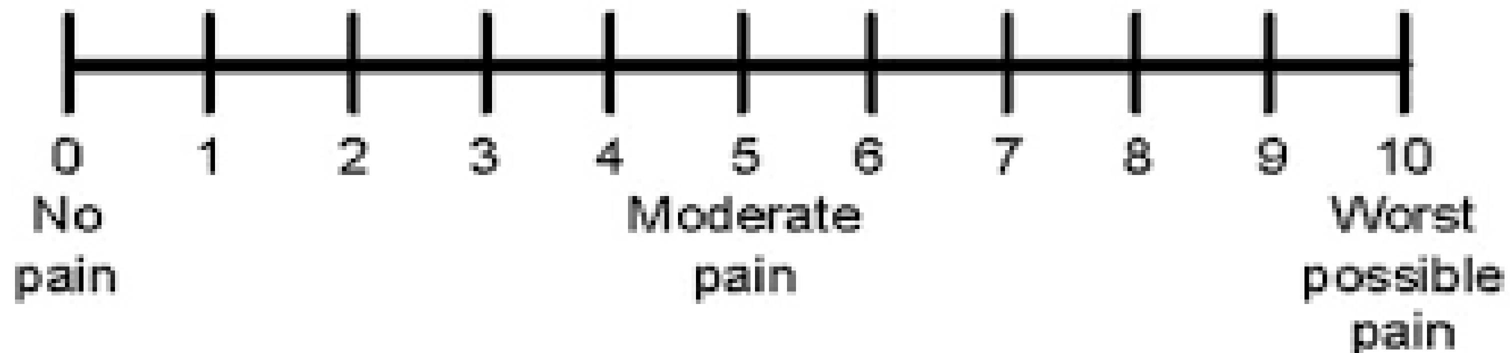
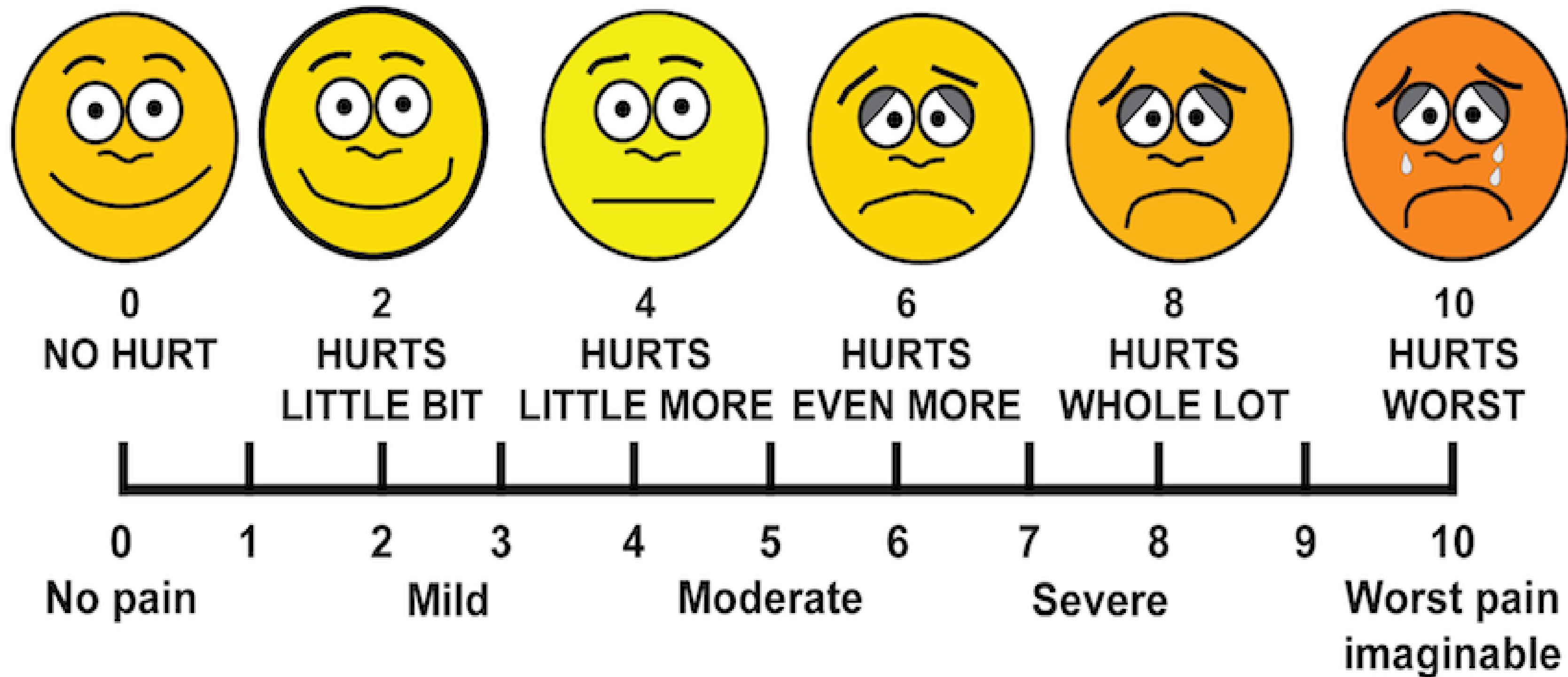
Visual Analog Scale (VAS) for pain severity measurement (not to scale)

No pain

Most pain



Scala faciala

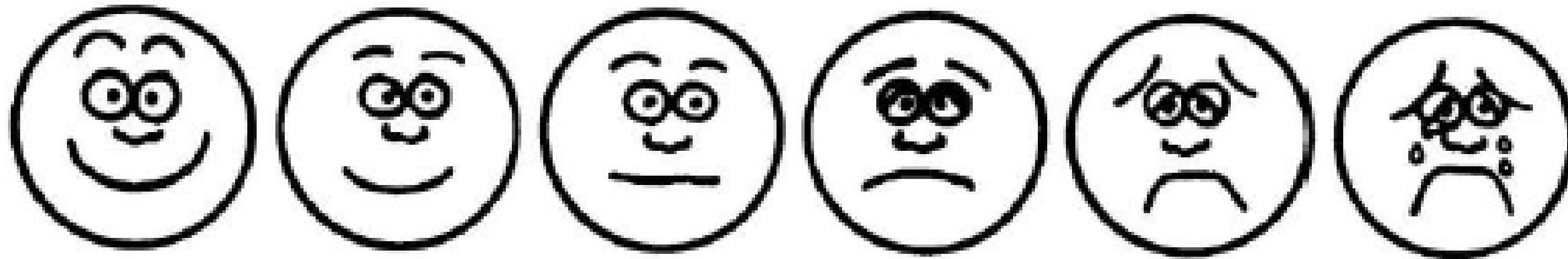


1. Evaluarea durerii la copiii care nu comunică – Scala FLACC (face, legs, activity, crying and consolability – față, picioare, activitate, plâns și consolare)

Față	0 – nicio expresie facială sau zâmbet 1 – grimasă sau încruntare ocazională, aspect retras, dezinteresat 2 – bărbie tremurândă frecvent sau constant, maxilar încleștat
Picioare	0 – poziție normală sau relaxată 1 – incomod, neliniștit, încordat 2 – lovituri cu piciorul sau membrele inferioare flectate pe piept
Activitate	0 – stă liniștit, poziție normală, se mișcă ușor, fără dificultăți 1 – agitație, mișcări înainte și înapoi, încordare 2 – trupul arcuit, rigid, convulsii
Plâns	0 – fără plâns (veghe sau somn) 1 – gemete sau scâncete; acuze ocazionale 2 – plâns constant, țipete sau suspine; acuze frecvente
Consolare	0 – mulțumit, relaxat 1 – se liniștește prin atingeri ocazionale, îmbrățișări sau când i se vorbește, i se poate distrage atenția 2 – greu de consolat sau alinat

2. Evaluarea durerii la copiii cu vârsta cuprinsă între 4-7 ani –

Scala facială WONG-BAKER



0	2	4	6	8	10
Fără durere	Doare puțin	Doare un pic mai mult	Doare și mai mult	Doare foarte tare	Cea mai mare durere

Cum alegem scala potrivita?...

5-17 ani

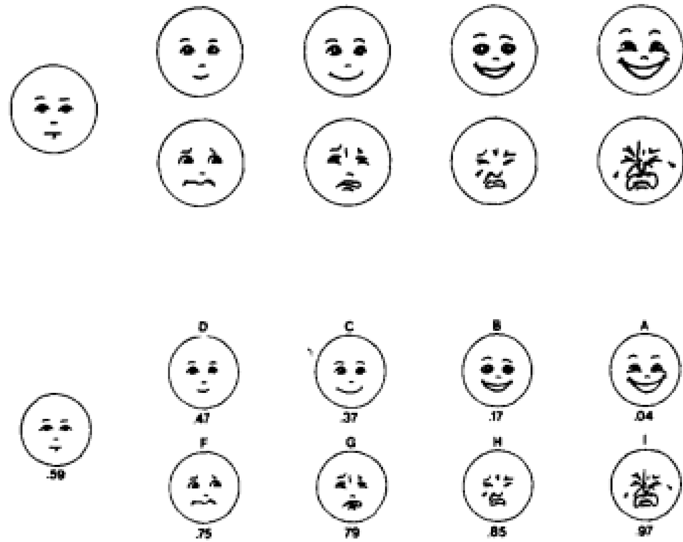


Fig. 3. The ordered FAS used by children in the CAS group to rate pain affect. (Top) Front of the FAS as seen by children. (Bottom) Back of the FAS which shows the numerical values (McGrath 1990).

McGrath PA, Seifert CE, Speechley KN, Booth JC, Stitt L, Gibson MC. A new analogue scale for assessing children's pain: an initial validation study. Pain. 1996 Mar;64(3):435-443. doi: 10.1016/0304-3959(95)00171-9. PMID: 8783307.

4-12 ani

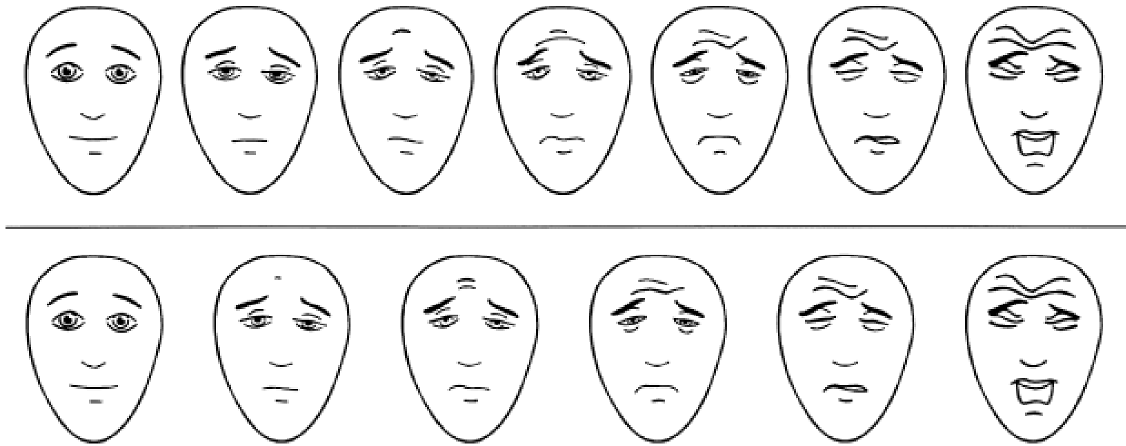


Fig. 1. Top: Faces Pain Scale (Bieri et al., 1990), scored 0 to 6. Bottom: Faces Pain Scale-Revised, scored 0-2-4-6-8-10 (or 0-1-2-3-4-5). Instructions: "These faces show how much something can hurt. This face [point to left-most face] shows no pain. The faces show more and more pain [point to each from left to right] up to this one [point to right-most face] - it shows very much pain. Point to the face that shows how much you hurt [right now]".

Hicks CL, von Baeyer CL, Spafford PA, van Korlaar I, Goodenough B. The Faces Pain Scale-Revised: toward a common metric in pediatric pain measurement. Pain. 2001 Aug;93(2):173-183. doi: 10.1016/S0304-3959(01)00314-1. PMID: 11427329.

Cum alegem scala potrivita?...

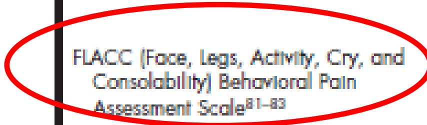
> 9 ani

Numerical Rating Scale:
"Please tell me how much it hurts using a number from 0 to 10. Zero means no pain and 10 is the most pain."
Most convenient tool because it requires no equipment, but it is not well researched with children.

1 2 3 4 5 6 7 8 9 10

von Baeyer CL. Children's self-reports of pain intensity: scale selection, limitations and interpretation. Pain Res Manag. 2006;11(3):157-162. doi:10.1155/2006/197616

Name of Measure	Intended Age Group	Type of Pain	Dimension Measured	Type of Measure	Administered By	Psychometric Properties[a]
Adolescent Pediatric Pain Tool (APPT)[66,73,90,91]	8–17 y	Acute	Pain location, intensity, and quality	Self-report	Parents and health care professionals	Reliability: excellent Validity: excellent Responsiveness: adequate
Child Facial Coding System (CFCS)[79,92,93]	1–6 y	Acute	Pain intensity	Behavioral	Health care professionals	Reliability: adequate Validity: adequate Responsiveness: adequate
Children's Hospital of Eastern Ontario Pain Scale (CHEOPS)[80,94–97]	1–7 y	Acute	Pain intensity	Behavioral	Health care professionals	Reliability: excellent Validity: excellent Responsiveness: excellent
Coloured Analogue Scale (CAS)[72,98,99]	5 y and older	Acute, recurrent, and chronic	Pain intensity	Self-report	Parents and health care professionals	Reliability: excellent Validity: excellent Responsiveness: adequate
Faces Pain Rating Scale[69,95]	3 y and older	Acute	Pain intensity and affect	Self-report	Parents and health care professionals	Reliability: adequate Validity: adequate Responsiveness: poor
Faces Pain Scale (FPS)[62,68,98–101]	4 y and older	Acute	Pain intensity	Self-report	Parents and health care professionals	Reliability: excellent Validity: excellent Responsiveness: excellent
Faces Pain Scale-Revised (FPS-R)[61]	4 y and older	Acute	Pain intensity	Self-report	Parents and health care professionals	Reliability: excellent Validity: excellent Responsiveness: adequate
Facial Affective Scale (FAS)[63–65]	5 y and older	Acute, recurrent, and chronic	Pain affect	Self-report	Parents and health care professionals	Reliability: excellent Validity: excellent Responsiveness: adequate
FLACC (Face, Legs, Activity, Cry, and Consolability) Behavioral Pain Assessment Scale[81–83]	Infancy to 7 y	Acute	Pain intensity	Behavioral	Health care professionals	Reliability: excellent Validity: excellent Responsiveness: adequate
Hester Poker Chip Tool[65,70,71,102,103]	4–7 y	Acute	Pain intensity	Self-report	Parents and health care professionals	Reliability: excellent Validity: excellent Responsiveness: adequate
McGill Pain Questionnaire[75,76,104]	12 y and older	Acute, recurrent, and chronic	Pain location, intensity, and quality	Self-report	Parents and health care professionals	Reliability: excellent Validity: excellent Responsiveness: excellent
Neonatal Facial Coding System (NFCS)[77,78,105,106]	Preterm and full-term infants	Acute	Pain intensity	Behavioral	Health care professionals	Reliability: excellent Validity: excellent Responsiveness: excellent
Neonatal Infant Pain Scale (NIPS)[89,107]	Preterm and full-term infants	Acute	Pain intensity	Composite	Health care professionals	Reliability: adequate Validity: adequate Responsiveness: adequate



Deborah O'Rourke, The Measurement of Pain in Infants, Children, and Adolescents: From Policy to Practice, *Physical Therapy*, Volume 84, Issue 6, 1 June 2004, Pages 560–570, https://doi.org/10.1093/ptj/84.6.560

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Insa …

"Describing pain only in terms of its intensity is like describing music only in terms of its loudness."

CL von Baeyer. Children's self-reports of pain intensity: Scale selection, limitations and interpretation. Pain Res Manage 2006;11(3):157-162.

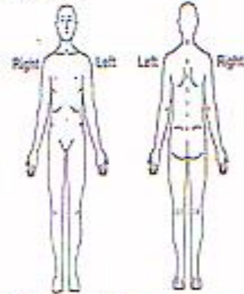
- Scale multidimensionale

Scurt Inventar al Durerii (Brief Pain Inventory)

Study ID ____________ Spital ____________
Data ____________
Ora ____________
Numele ____________

1. De-a lungul vietii, multi dintre noi am avut dureri din cand in cand (ex. mici dureri de cap, dureri de dinti). Ati avut astazi alt gen de dureri decat cele mai sus mentionate? 1. Da 2. Nu

2. Pe diagrama de mai jos, aratati zona in care simtiti durere. Puneti un X in zona care doare cel mai tare.



3. Evaluati durerea pe care ati avut-o in ultimele 24 ore, incercuind un numar care descrie cel mai bine durerea, la intensitatea cea mai mare.
0 1 2 3 4 5 6 7 8 9 10
Fara Durere — Durerea cea mai mare pe care ti-o poti imagina

4. Evaluati durerea pe care ati avut-o in ultimele 24 ore, incercuind un numar care descrie cel mai bine durerea, la intensitatea cea mai mica.
0 1 2 3 4 5 6 7 8 9 10
Fara Durere — Durerea cea mai mare pe care ti-o poti imagina

5. Evaluati durerea, incercuind un numar care descrie cel mai bine durerea pe care o aveti, ca medie.
0 1 2 3 4 5 6 7 8 9 10
Fara Durere — Durerea cea mai mare pe care ti-o poti imagina

6. Evaluati-va durerea, incercuind un numar care descrie cat de mare este durerea pe care o aveti acum.
0 1 2 3 4 5 6 7 8 9 10
Fara Durere — Durerea cea mai mare pe care ti-o poti imagina

7. Ce tratament sau medicamente primiti pentru durerea dumneavoastra?

____

____

8. In ultimele 24 de ore, cat de multa alinare v-au adus tratamentele si medicamentele administrate? Incercuiti un procentaj care arata alinarea primita.
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Fara Alinare — Alinare completa

9. Incercuiti un numar care arata, cat de mult, in ultimele 24 de ore, a interferat durerea cu:

A. Activitate generala
0 1 2 3 4 5 6 7 8 9 10
Nu intereferează — Interfereaza complet

B. Starea generala
0 1 2 3 4 5 6 7 8 9 10
Nu intereferează — Interfereaza complet

C. Abilitatea de a merge
0 1 2 3 4 5 6 7 8 9 10
Nu intereferează — Interfereaza complet

D. Munca normala
0 1 2 3 4 5 6 7 8 9 10
Nu intereferează — Interfereaza complet

E. relatiile cu alti oameni
0 1 2 3 4 5 6 7 8 9 10
Nu intereferează — Interfereaza complet

F. Somnul
0 1 2 3 4 5 6 7 8 9 10
Nu intereferează — Interfereaza complet

G. Fericirea
0 1 2 3 4 5 6 7 8 9 10
Nu intereferează — Interfereaza complet

Sursa: Pain Research Group, Department of Neurology, University of Wisconsin-Madison

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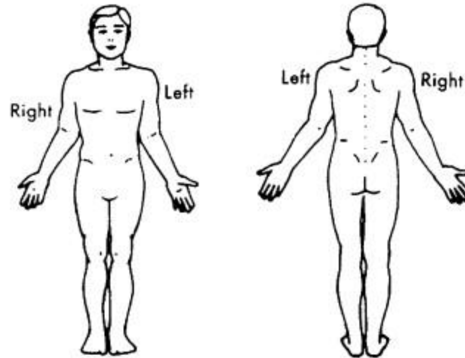
FORM 3.2 **Brief Pain Inventory**

Date____ / ____ / ____ Time:________

Name: ____________ ____________ ________
Last First Middle Initial

1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?
1. Yes 2. No

2) On the diagram shade in the areas where you feel pain. Put an X on the area that hurts the most.



3) Please rate your pain by circling the one number that best describes your pain at its **worst** in the past 24 hours.
0 1 2 3 4 5 6 7 8 9 10
No pain — pain as bad as you can imagine

4) Please rate your pain by circling the one number that best describes your pain at its **least** in the past 24 hours.
0 1 2 3 4 5 6 7 8 9 10
No pain — pain as bad as you can imagine

5) Please rate your pain by circling the one number that best describes your pain on the **average**
0 1 2 3 4 5 6 7 8 9 10
No pain — pain as bad as you can imagine

6) Please rate your pain by circling the one number that tells how much pain you have **right now**.
0 1 2 3 4 5 6 7 8 9 10
No pain — pain as bad as you can imagine

7) What treatments or medications are you receiving for your pain?
____
____

8) In the Past 24 hours, how much **relief** have pain treatments or medications provided? Please circle the one percentage that most shows how much releif you have received
0% 10 20 30 40 50 60 70 80 90 100%
No relief — Complete relief

9) Circle the one number that describes how, during the past 24 hours, pain has **interfered** with your:

A. General activity
0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

B. Mood
0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

C. Walking ability
0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

D. Normal work (includes both work outside the home and housework
0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

E. Relations with other people
0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

F. Sleep
0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

G. Enjoyment of life
0 1 2 3 4 5 6 7 8 9 10
Does not interfere — Completely interferes

- evaluarea durerii - pacienti care nu sunt capabili sa-si exprime nevoile.
- nu diferentiaza intre suferinta si durere - este esentiala monitorizarea eficacitatii interventiilor de control a durerii ("proba terapeutica")
- se utilizeaza in evaluarea in dinamica

Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise.

How to use scale : While observing the resident, score questions 1 to 6.

Name of resident : ....

Name and designation of person completing the scale : ....

Date : .... Time : ....

Latest pain relief given was..at.........hrs.

Q1. Vocalisation
eg whimpering, groaning, crying
Absent 0 Mild 1 Moderate 2 Severe 3 — Q1 ☐

Q2. Facial expression
eg looking tense, frowning, grimacing, looking frightened
Absent 0 Mild 1 Moderate 2 Severe 3 — Q2 ☐

Q3. Change in body language
eg fidgeting, rocking, guarding part of body, withdrawn
Absent 0 Mild 1 Moderate 2 Severe 3 — Q3 ☐

Q4. Behavioural Change
eg increased confusion, refusing to eat, alteration in usual patterns
Absent 0 Mild 1 Moderate 2 Severe 3 — Q4 ☐

Q5. Physiological change
eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
Absent 0 Mild 1 Moderate 2 Severe 3 — Q5 ☐

Q6. Physical changes
eg skin tears, pressure areas, arthritis, contractures, previous injuries
Absent 0 Mild 1 Moderate 2 Severe 3 — Q6 ☐

Add scores for 1 - 6 and record here ⇨ Total Pain Score ☐

Now tick the box that matches the Total Pain Score ⇨

0 - 2 No pain	3 - 7 Mild	8 - 13 Moderate	14 + Severe

Finally, tick the box which matches the type of pain ⇨

Chronic	Acute	Acute on Chronic

Abbey, J; De Bellis, A; Piller, N; Esterman, A; Giles, L; Parker, D and Lowcay, B.
Funded by the JH & JD Gunn Medical Research Foundation 1998 - 2002
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CUM DOCUMENTAM?

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Inițiale Pacient:………….. FO nr. ……….

Evaluare inițială ☐ **Reevaluare** ☐ Data (zz/ll/aaa) ☐☐ / ☐☐ / ☐☐☐☐

DURERE: Da ☐ Nu ☐

Caracterul durerii (cum resimte pacientul durerea):

……………………………………………………………

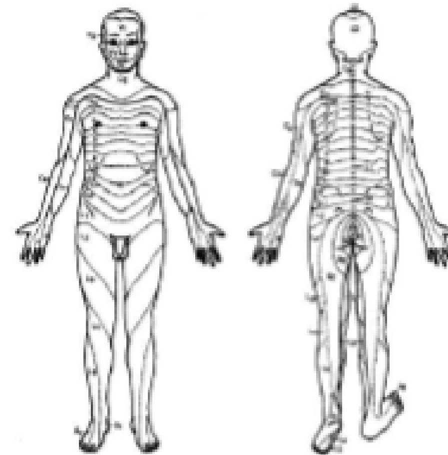
……………………………………………………………

Mecanism probabil

Durere neuropată: ☐ Prin compresie ☐ Prin distrucție

Durere nociceptivă: ☐ Viscerală ☐ Somatică

Localizare și iradiere



Intensitatea durerii (medie/24h, maxima)

……………………………………………………………………………………………

……………………………………………………………………………………………

Clasificarea temporală (De când e durerea?)

……………………………………………………………………………………………

……………………………………………………………………………………………

Ce produce / Ce agravează durerea?

……………………………………………………………………………………………

……………………………………………………………………………………………

Ce ameliorează? (medicatie: doza, frecventa administrarii, eficienta, toxicitate)

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

Ce consecințe are durerea?

Interferează cu starea generală ☐ Interferează cu abilitatea de a merge ☐ Indispoziție ☐

Limitează activitățile curente ☐ Interferează cu relațiile cu alte persoane ☐ Insomnie

Impiedică autoîngrijirea Altele …………………………………………………

Factori de durere greu tratabilă:

Neuropată ☐ Incidentă ☐ Componentă non-fizică de durere ☐

Pacient confuz ☐ Nu există ☐

Diagnostic durere:

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

Exemplu : Durere cronică hemitorace stg posterior, mixtă, prin invazie tumorală a peretelui toracic și leziuni nervi intercostali, intensitate medie, cu durere incidentă la tuse și mobilizare, suferință emoțională intensă.

ESAS (Scala Edmonton)

- Evalueaza 9 simptome + 1 la alegere:

1. Durerea
2. Astenia
3. Greata
4. Depresia
5. Anxietatea
6. Somnolenta
7. Apetitul
8. Starea de bine
9. dispneea
10. Alt simptom - la alegere

- Evaluarea se face zilnic, pe o scala numerica (0 – 10)

Edmonton Symptom Assessment Scale (ESAS)

Date of completion ______ Time ______

Please circle the number that best describes:

0	1	2	3	4	5	6	7	8	9	10

No pain — Worst possible pain

0	1	2	3	4	5	6	7	8	9	10

Not tired — Worst possible tiredness

0	1	2	3	4	5	6	7	8	9	10

Not nauseated — Worst possible nausea

0	1	2	3	4	5	6	7	8	9	10

Not depresses — Worst possible depression

0	1	2	3	4	5	6	7	8	9	10

Not anxious — Worst possible anxiety

0	1	2	3	4	5	6	7	8	9	10

Not drowsy — Worst possible drowsiness

0	1	2	3	4	5	6	7	8	9	10

Best appetite — Worst possible appetite

0	1	2	3	4	5	6	7	8	9	10

Best feeling of wellbeing — Worst possible feeling of wellbeing

0	1	2	3	4	5	6	7	8	9	10

No shortness of breath — Worst possible shortness of breath

0	1	2	3	4	5	6	7	8	9	10

Other problem

ESAS completed by:

☐ Patient ☐ Health professional ☐ Family ☐ Assisted by family or health professional

Version date December 11, 2002

Edmonton Symptom Assessment System Graph (ESAS)

Date	
Pain	
Tiredness	
Nausea	
Depression	
Anxiety	
Drowsiness	
Appetite	
Wellbeing	
Shortness of breath	
Other	
Mini-Mental (Normal ________)	
PPS	
Completed by P = patient C = caregiver A = caregiver-assisted	

Level of Education ____________________________

Cage Score ____________________________

Inițiale Pacient:…………..   FO nr. ……….

GRAFIC EVOLUTIE SIMPTOME

SIMPTOM	VERBAL	SAV/ DATA																														
DURERE	Sever	10																														
		9																														
		8																														
		7																														
	Moderat	6																														
		5																														
		4																														
	Usor	3																														
		2																														
		1																														
FATIGABILITATE (ROSU)	Sever	10																														
		9																														
		8																														
		7																														
STARE DE BINE (ALBASTRU)	Moderat	6																														
		5																														
		4																														
	Usor	3																														
DISPNEE (NEGRU)		2																														
		1																														
INAPETENTA (ROSU)	Sever	10																														
		9																														
		8																														
		7																														
GREATA/VOMA (ALBASTRU)	Moderat	6																														
		5																														
		4																														
	Usor	3																														
CONSTIPATIE (NEGRU		2																														
		1																														
ANXIETATE (ROSU)	Sever	10																														
		9																														
		8																														
		7																														
DEPRESIE (ALBASTRU)	Moderat	6																														
		5																														
		4																														
	Usor	3																														
INSOMNIE (NEGRU		2																														
		1																														
	Sever	10																														
		9																														
		8																														
		7																														
	Moderat	6																														
		5																														
		4																														
	Usor	3																														
		2																														
		1																														

Data	01. 11	02. 11	03. 11	04. 11	05. 11	06. 11	07. 11	08. 11	09. 11	10. 11
Durere										
Oboseală										
Somnolență										
Greață										
Lipsa poftei de mâncare										
Lipsa de aer										
Depresie										
Anxietate										
Stare generală										
Alt ___________										

SIGMED

Protocale durere - particularitati

1. Nu exista neaparat “cod diagnostic” - se refera in la un simptom specific, frecvent intalnit.
2. Eficacitatea – in cazul acestor protocoale ar trebui sa se refere la masura in care intensitatea perceputa a acelui simptom se modifica (variatie – scadere, eventual pana la disparitie, sau dimpotriva, creste) in urma aplicarii interventiei (de tip farmacologic sau non-farmacologic) descrisa in protocol.
3. Eficienta – masura in care costul efectuarii interventiei respective se incadreaza intr-o anumita limita/valoare stabilita anterior (de catre management) sau este comparabil cu costul aceleiasi interventii efectuata in alt serviciu similar – este realmente posibil?...

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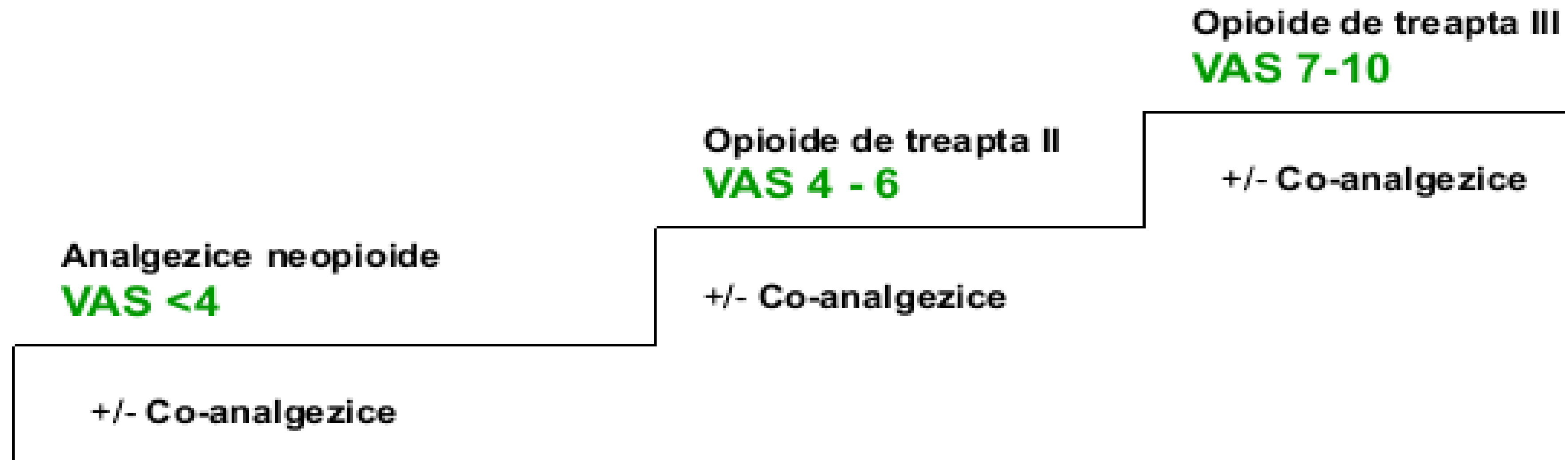
SIGMED

Scara de analgezie OMS



WHO Cancer Pain Relief 1980

Utilizarea scalei de analgeziei OMS duce la inlaturarea cu succes a durerii in peste 90% din cazuri.

Zech DFJ, Ground S, Lynch J.
Validation of WHO guidelines for cancer pain relief: a 10 –Year prospective study (Pain 1995)

Consider prophylactic laxatives to avoid constipation

Non-opioids	ibuprofen or other NSAID, paracetamol (acetaminophen), or aspirin
Weak opioids	codeine, tramadol, or low-dose morphine
Strong opioids	morphine, fentanyl, oxycodone, hydromorphone, buprenorphine
Adjuvants	antidepressant, anticonvulsant, antispasmodic, muscle relaxant, bisphosphonate, or corticosteroid

Combining an opioid and non-opioid is effective, but do not combine drugs of the same class.

Time doses based on drug half-life ("dose by the clock"); do not wait for pain to recur

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Medicatie

SIGMED

FOAIE DE OBSERVAȚIE CLINICĂ GENERALĂ - ÎNGRIJIRI PALIATIVE

Instrumente și Formulare adiționale – Foaie de medicație Spital. Formular Obligatoriu A1S

Nume și prenume ………………………………………………… FO …………………

MEDICAȚIE **Prescriere regulată** Medicație: L – Lipsă; I – Incapacitate; R - Refuz			Ora	Data / Semnătura
Medicație		Forma de prezentare		
Doza unică	Frecvența de administrare /zi	Comentarii		
Cale de administrare	Semnătura	Data de început		
Medicație		Forma de prezentare		
Doza unică	Frecvența de administrare /zi	Comentarii		
Cale de administrare	Semnătura	Data de început		
Medicație		Forma de prezentare		
Doza unică	Frecvența de administrare /zi	Comentarii		
Cale de administrare	Semnătura	Data de început		
Medicație		Forma de prezentare		
Doza unică	Frecvența de administrare /zi	Comentarii		
Cale de administrare	Semnătura	Data de început		
Medicație		Forma de prezentare		

Alergii medicamentoase: ……………………………………………………………………

Medicație la nevoie			Data	Ora	Doza	Cale	Semn.	Data	Ora	Doza	Cale	Semn.
Medicație		Doza										
Cale	**Max / 24h**	**Instr. speciale**										
Medic	Semnatura	Data de început										
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
Medic	Semnatura	Data de început										
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
Medic	Semnatura	Data de început										
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
medic	Semnatura	Data de început										
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
Medic	Semnatura	Data de început										

Medicatie

FOAIE DE OBSERVAȚIE CLINICĂ GENERALĂ - ÎNGRIJIRI PALIATIVE

Instrumente și Formulare adiționale – Foaie de medicație Spital. Formular Obligatoriu A1S

Nume și prenume .... FO ....

MEDICAȚIE Prescriere regulată Medicație: L – Lipsă; I – Incapacitate; R - Refuz			Ora	Data / Semnătura
Medicație		Forma de prezentare		
Doza unică	Frecvența de administrare /zi	Comentarii		
Cale de administrare	Semnătura	Data de început		
Medicație		Forma de prezentare		
Doza unică	Frecvența de administrare /zi	Comentarii		
Cale de administrare	Semnătura	Data de început		
Medicație		Forma de prezentare		
Doza unică	Frecvența de administrare /zi	Comentarii		
Cale de administrare	Semnătura	Data de început		
Medicație		Forma de prezentare		
Doza unică	Frecvența de administrare /zi	Comentarii		
Cale de administrare	Semnătura	Data de început		
Medicație		Forma de prezentare		

Alergii medicamentoase: ....

Medicație la nevoie			Data	Ora	Doza	Cale	Semn.	Data	Ora	Doza	Cale	Semn.
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
Medic	Semnatura	Data de început										
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
Medic	Semnatura	Data de început										
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
Medic	Semnatura	Data de început										
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
medic	Semnatura	Data de început										
Medicație		Doza										
Cale	Max / 24h	Instr. speciale										
Medic	Semnatura	Data de început										

Indicatori de eficiență și eficacitate – protocol DURERE

Indicatori de eficiență și eficacite ai aplicarii protocolului - DURERE		Limita / interval admisibil
Indicatori de eficacitate	Graficul evolutiei pe axa timp a scorurilor de evaluare a durerii	Graficul descrie o panta descendenta (informatia rezulta din formularele ESAS completate pentru fiecare pacient)
	Existenta abaterilor de la aplicarea protocolului si a justificarii acestora	Nu ar trebui sa existe abateri. Orice abatere trebuie justificata.
	Nr. abateri justificate de la aplicarea protocolului/ nr. pacienti la care s-a aplicat protocolul	< 5% din cazuri Argument: pe masura ce creste numarul de abateri justificate de la aplicarea protocolului, acesta poate fi considerat ineficace.
Indicatori de eficienta	Cost mediu al analgezicelor / pacient / luna	Incadrarea in limita stabilita anual de catre management.

SIGMED

02.02.02.03. Managementul durerii acute sau cronice începe din etapa evaluării inițiale.

Vizită:
Ce trebuie să ceară evaluatorul?
✓ FO

Ce trebuie să vadă evaluatorul?
✓ scorul utilizat de profesioniștii pentru evaluarea durerii este consemnat /atașat în FO

Ce trebuie să întrebe evaluatorul?
✓ ce scoruri de evaluare a durerii sunt utilizate în USP
✓ care au fost datele stabilite a fi colectate pentru analiza eficienței și eficacității aplicării protocoalelor pentru terapia durerii, care a fost periodicitatea colectării lor, câte cazuri au avut, care a fost eșantionarea, cum au fost centralizate datele, care au fost indicatorii de eficiență și eficacitate stabiliți pentru evaluarea acestora

Exemple scoruri durere: scara analogică vizuală SAV, scorul BOI compus (cuprinde incidență, severitate și durata durerii acute), Chestionarul McGill care utilizează trei mari clase de cuvinte care descriu durerea: cuvinte care descriu calităţile senzoriale, cuvinte care descriu calităţile afective şi cuvinte evaluative ce descriu întreaga intensitate subiectivă a experienţei dureroase (copii).

In Ingrijirea Paliativa

L49; C-02.08.01.04. Durerea şi celelalte simptome specifice bolilor cronice progresive sunt controlate prin metode adecvate.

- 02.08.01.04.01 - La nivelul spitalului este reglementată modalitea de monitorizarea a durerii în bolile cronice progresive.

- 02.08.01.04.02 - Adaptarea tratamentul cu morfină orală, cutanată (plasture) și injectabilă a pacientului cu nevoi de îngrijiri paliative este documentată în FO.

In Ingrijirea Paliativa – L49

C-02.08.01.04. Durerea şi celelalte simptome specifice bolilor cronice progresive sunt controlate prin metode adecvate.

- 02.08.01.04.01 - La nivelul spitalului este reglementată modalitea de monitorizarea a durerii în bolile cronice progresive.

- 02.08.01.04.02 - Adaptarea tratamentul cu morfină orală, cutanată (plasture) și injectabilă a pacientului cu nevoi de îngrijiri paliative este documentată în FO.

02.08.01.04. Durerea şi celelalte simptome specifice bolilor cronice progresive sunt controlate prin metode adecvate.

Previzită:

Ce trebuie să ceară evaluatorul?

- ✓ 2-3 rapoarte de analiză cu privire la modalitatea de monitorizarea a durerii în bolile cronice progresive dacă USP afirmă că a fost analizată
- ✓ planificarea SMC de evaluare a nivelului de implementare al reglementărilor, aprobată de conducerea spitalului

Ce trebuie să vadă evaluatorul?

- ✓ reglementarea conține precizări referitoare la resursele tehnico-materiale necesare aplicării acesteia
- ✓ reglementarea conține indicatori de eficacitate și eficiență
- ✓ pentru calcularea indicatorilor, reglementarea are stabilite datele care trebuie înregistrate și periodicitatea de culegere a acestor date
- ✓ formalizarea (vizată de Consiliul medical, aprobată)

Ce trebuie să întrebe evaluatorul?

- ✓ au fost analizați indicatorii de eficacitate și eficiență a reglementării cu privire la modalitea de monitorizarea a durerii în bolile cronice progresive

02.08.01.04. Durerea şi celelalte simptome specifice bolilor cronice progresive sunt controlate prin metode adecvate.

Vizită:

Ce trebuie să ceară evaluatorul?

√ 2-3 FO a pacienților cu nevoi de îngrijiri paliative, tratați cu morfină orală, cutanată (plasture) și injectabilă

Ce trebuie să vadă evaluatorul?

√ reglementarea a fost difuzată, există dovada instruirii persoanelor care o utilizează și este cunoscută de aceștia
√ resursele tehnico-materiale necesare aplicării reglementării există la nivelul USP
√ estă analiza periodică (6 luni) a indicatorilor de eficacitate și eficiență stabiliți în reglementare
√ respectarea planificării SMC de evaluare a nivelului de implementare al reglementării și dacă este cazul, propunerea de măsuri pentru îmbunătățirea acesteia
√ reglementarea este accesibilă personalului medical utilizator
√ modificările tratamentului cu morfină orală, cutanată (plasture) și injectabilă a pacientului cu nevoi de îngrijiri paliative este documentată în FO

Ce trebuie să întrebe evaluatorul?

√ care este modalitea de monitorizarea a durerii în bolile cronice progresive
√ care sunt datele stabilite pentru a fi culese în vederea analizei modului de monitorizarea a durerii în bolile cronice progresive, care este periodicitatea de analiză, care sunt indicatorii stabiliți pentru măsurarea aplicării acesteia, ce măsuri au implementat.

In Ingrijirea Paliativa – L49

C-02.08.03.01. La primirea pacientului în unitatea cu paturi de îngrijiri paliative se efectuează o evaluare comprehensivă a pacientului/familiei/aparţinătorilor.

- 02.08.03.01.03 - La nivelul secției/compatimentului de îngrijiri paliative există reglementare cu privire la evaluarea impactului durerii pe calitatea vieții pacientului.

02.08.03.01. La primirea pacientului în unitatea cu paturi de îngrijiri paliative se efectuează o evaluare comprehensivă a pacientului/familiei/aparţinătorilor.

Previzită:
Ce trebuie să ceară evaluatorul?
✓ 2-3 rapoarte de analiză cu privire la evaluarea impactului durerii pe calitatea vieții pacientului dacă USP afirmă că a fost analizată

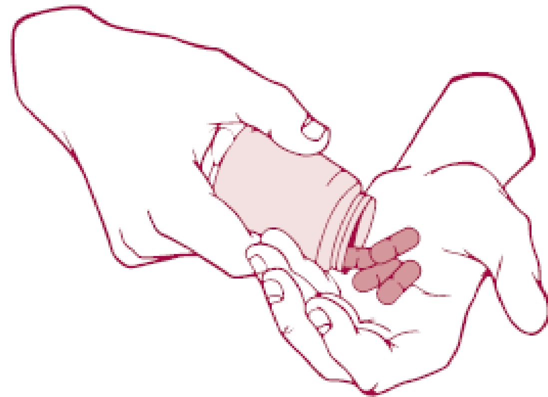
Vizită:
Ce trebuie să ceară evaluatorul?
✓ 2-3 FO ale pacienților cu îngrijiri paliative

Ce trebuie să întrebe evaluatorul?
✓ cum este evaluat impactul durerii pe calitatea vieții pacientului
✓ care sunt datele stabilite pentru a fi culese în vederea analizei modului de evaluare a impactului durerii pe calitatea vieții pacientului, care este periodicitatea de analiză, care sunt indicatorii stabiliți pentru măsurarea aplicării acesteia, ce măsuri au implementat

GHID PENTRU EVALUATORII DE SPITALE CICLUL II DE ACREDITARE – REVIZIA I 2020

Ghiduri

WHO GUIDELINES FOR THE PHARMACOLOGICAL AND RADIOTHERAPEUTIC MANAGEMENT OF **CANCER PAIN** IN ADULTS AND ADOLESCENTS



https://www.who.int/publications/i/item/9789241550390

WHO guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents

ISBN 978-92-4-155039-0

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Ghiduri

Annex 7: Network Meta-Analysis of Evidence Comparing Analgesics for Cancer Pain Management Initiation & Maintenance and for Breakthrough Cancer Pain

Guidelines for the
Medical Management of Cancer Pain
in Adults and Adolescents

Annex 3: Systematic Review Evidence Profiles & Evidence-to-Decision tables

Guidelines for the
Medical Management of Cancer Pain
in Adults and Adolescents

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ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

CLINICAL PRACTICE GUIDELINES

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doi:10.1093/annonc/mdy152
Published online 24 July 2018

Management of cancer pain in adult patients: ESMO Clinical Practice Guidelines†

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†Approved by the ESMO Guidelines Committee: December 2004, last update April 2018. This publication supersedes the previously published version—Ann Oncol 2012; 23(Suppl 7): vii139–vii154.

Incidence

Pain is common in cancer patients, particularly in the advanced stage of disease when the prevalence is estimated to be more than 70% [1], contributing to poor physical and emotional well-being. The most comprehensive systematic review indicates pain prevalence ranging from 33% in patients after curative treatment, to 59% in patients on anticancer treatment and to 64% in patients with metastatic, advanced or terminal disease [2]. Pain has a high prevalence earlier in disease in specific cancer types such as pancreatic (44%) and head and neck cancer (40%) [3].

Increased survival with either life-prolonging treatment or curative treatment results in increased numbers of patients experiencing persistent pain due to treatment or disease, or a combination of both [4]. Approximately 5%–10% of cancer survivors have chronic severe pain that interferes significantly with functioning [5].

Despite guidelines and the availability of opioids (the mainstay of moderate to severe cancer pain management), undertreatment is common.

European studies [6] confirmed these data from the United States, showing that different types of pain or pain syndromes were present in all stages of cancer (Table 1) and were not adequately treated in a significant percentage of patients, ranging from 56% to 82.3%.

According to a systematic review published in 2014 [7] using the Pain Management Index (PMI) [8], approximately one-third of patients do not receive appropriate analgesia proportional to their pain intensity (PI).

High prevalence has also been documented in haematology patients at diagnosis, during therapy and in the last month of life [9]. These data reinforce the recommendation that patients with advanced or metastatic cancer require management within an integrated system for palliative care [7]. Cancer-related pain may be presented as a major issue of healthcare systems worldwide: ~14.1 million new cancer cases and 8.2 million deaths occurred worldwide in 2012, based on GLOBOCAN estimates [10] and incidence will be > 15 million in 2020, based on projections [11].

Assessment

Initial and ongoing assessment of pain should be an integral part of cancer care and indicates when additional comprehensive assessment is needed (Table 2). The regular self-reporting of PI with the help of validated assessment tools is the first step towards effective and individualised treatment. The most frequently used standardised scales [12] are reported in Figure 1 and are the visual analogue scale (VAS), the verbal rating scale (VRS) and the numerical rating scale (NRS).

Assessment of the pain descriptors improves the choice of therapy. Pain can be:

(i) Nociceptive: caused by ongoing tissue damage, either somatic (such as bone pain) or visceral (such as gut or hepatic pain); or
(ii) Neuropathic: caused by damage or dysfunction in the nervous system, such as in brachial plexopathy or in spinal cord compression by tumour [13].

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https://www.annalsofoncology.org/article/S0923-7534(19)31698-9/pdf

ASCO GUIDELINES™

Management of Chronic Pain in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline

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https://www.asco.org/sites/new-www.asco.org/files/content-files/practice-and-guidelines/documents/2016-chronic-pain-slides.pdf

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Adult Cancer Pain, Version 3.2019

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ABSTRACT

In recent years, the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Adult Cancer Pain have undergone substantial revisions focusing on the appropriate and safe prescription of opioid analgesics, optimization of nonopioid analgesics and adjuvant medications, and integration of nonpharmacologic methods of cancer pain management. This selection highlights some of these changes, covering topics on management of adult cancer pain including pharmacologic interventions, nonpharmacologic interventions, and treatment of specific cancer pain syndromes. The complete version of the NCCN Guidelines for Adult Cancer Pain addresses additional aspects of this topic, including pathophysiologic classification of cancer pain syndromes, comprehensive pain assessment, management of pain crisis, ongoing care for cancer pain, pain in cancer survivors, and specialty consultations.

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NCCN CATEGORIES OF EVIDENCE AND CONSENSUS

Category 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A: Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B: Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3: Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

All recommendations are category 2A unless otherwise noted.

Clinical trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

PLEASE NOTE

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a statement of evidence and consensus of the authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult the NCCN Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network® (NCCN®) makes no representations or warranties of any kind regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

The complete NCCN Guidelines for Adult Cancer Pain are not printed in this issue of *JNCCN* but can be accessed online at NCCN.org.

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Disclosures for the NCCN Adult Cancer Pain Panel

At the beginning of each NCCN Guidelines Panel meeting, panel members review all potential conflicts of interest. NCCN, in keeping with its commitment to public transparency, publishes these disclosures for panel members, staff, and NCCN itself.

Individual disclosures for the NCCN Adult Cancer Pain Panel members can be found on page 1007. (The most recent version of these guidelines and accompanying disclosures are available at NCCN.org.)

The complete and most recent version of these guidelines is available free of charge at NCCN.org.

file:///C:/Users/Vladimir/Downloads/[15401413%20-%20Journal%20of%20the%20National%20Comprehensive%20Cancer%20Network]%20Adult%20Cancer%20Pain,%20Version%203.2019,%20NCCN%20Clinical%20Practice%20Guidelines%20in%20Oncology.pdf

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NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Adult Cancer Pain

Version 2.2021 — June 3, 2021

NCCN.org

https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf

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Surgery and Opioids: Best Practice Guidelines 2021

March 2021

https://fpm.ac.uk/sites/fpm/files/documents/2021-03/surgery-and-opioids-2021_4.pdf

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Guide to Pain Management in Low-Resource Settings

Edited by Andreas Kopf and Nilesh B. Patel

INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN®

https://iaspfiles.s3.amazonaws.com/production/public/2021/IASP-Guide_to_Pain_Management_in_Low-Resource_Settings-English.pdf

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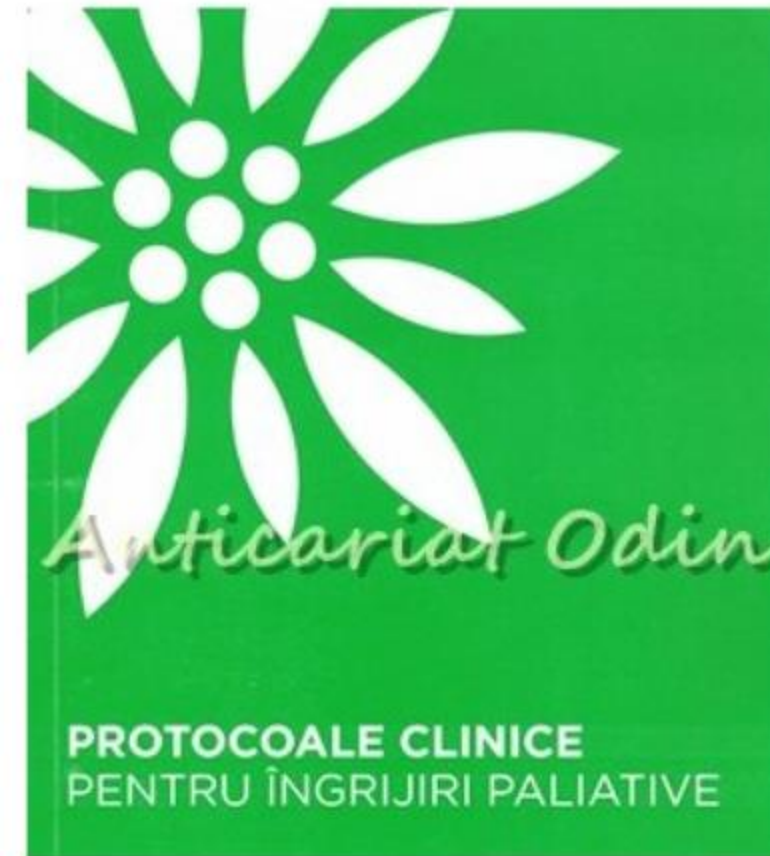

http://www.studiipaliative.ro/wp-content/uploads/2015/06/Ghid-HCS-acreditare-servicii-paliatie-2016.compressed.pdf

MINISTERUL SĂNĂTĂȚII, MUNCII ȘI PROTECȚIEI SOCIALE AL REPUBLICII MOLDOVA

Îngrijiri paliative – durerea în cancer

Protocol clinic național

PCN - 135

Chișinău, 2020

https://msmps.gov.md/wp-content/uploads/2021/04/PCN-135-Ingrijiri-paliative-durerea-in-cancer.pdf

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Workplace Violence Prevention

Pain Assessment and Management Standards

Access the program-specific Requirement, Rationale, and References (R3) reports on the Pain Assessment and Management standards below.

- Ambulatory Care
- Behavioral Health Care
- Critical Access Hospitals
- Hospitals

https://www.jointcommission.org/resources/patient-safety-topics/pain-management-standards-for-accredited-organizations/#a98ee961a3184ec899b62579053a24a7

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission   Issue 11, August 29, 2017

Published for Joint Commission-accredited organizations and interested health care professionals, *R³ Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R³ Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R³ Report* may be reproduced if credited to The Joint Commission. Sign up for email delivery.

Pain assessment and management standards for hospitals

Effective Jan. 1, 2018, new and revised pain assessment and management standards will be applicable to all Joint Commission-accredited hospitals. These standards — in the Leadership (LD); Medical Staff (MS); Provision of Care, Treatment, and Services (PC); and Performance Improvement (PI) chapters of the hospital accreditation manual — are designed to improve the quality and safety of care provided by Joint Commission-accredited hospitals. The new and revised standards accomplish this by requiring hospitals to:

- Identify pain assessment and pain management, including safe opioid prescribing, as an organizational priority (LD.04.03.13).
- Actively involve the organized medical staff in leadership roles in organization performance improvement activities to improve quality of care, treatment, and services and patient safety (MS.05.01.01).
- Assess and manage the patient's pain and minimize the risks associated with treatment (PC.01.02.07).
- Collect data to monitor its performance (PI.01.01.01).
- Compile and analyze data (PI.02.01.01).

Engagement with stakeholders, customers, and experts

In its ongoing guidance to health care organizations in improving the quality of patient care and safety, The Joint Commission began a project to revise its pain assessment and management standards in 2016. In addition to an extensive literature review and public field review, research undertaken included the following:

https://www.jointcommission.org/resources/patient-safety-topics/pain-management-standards-for-accredited-organizations/#a98ee961a3184ec899b62579053a24a7

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