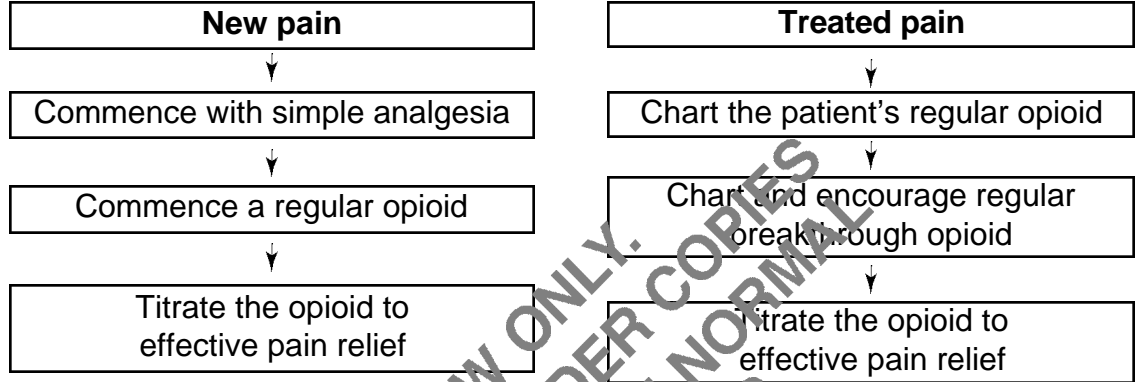


Die cut area



**Cancer Pain Management Plan**



**INSTRUCTIONS FOR USING MEDICATION CHART**

1. **Before ordering opioids on this chart, discontinue opioids on all other medication charts.**
2. The chart should be written against a hard surface, press firmly using a black ballpoint pen only.
3. Patient's details must be handwritten by medical officer.
4. All entries must be legible. **Use block letters** for drug names. Abbreviations are not permitted.
5. Use generic names of drugs, unless prescribing combination preparations or modified release opioids.
6. Each individual order is to be signed **separately**. Bracketing is not permitted.
7. Any drug reactions experienced by the patient previously should be entered and described in the drug reaction section. For no previous reactions, record as NIL KNOWN.
8. To discontinue a drug order, the prescriber will draw two oblique lines in the administration column at the day of discontinuation of the drug and sign and date it. **A single oblique line will also be drawn through the drug name.**
9. If **any** changes are made to a drug order — e.g. dose, route, frequency, a completely new order is to be written. No alterations should be made to the original order.
10. When ordering a dose using decimal notation write a zero (0) before it, eg. 0.125mg. Never write a zero (0) after a whole unit eg. 1.0 is incorrect.
11. Do not abbreviate micrograms, units or nanograms.
12. When using the regular medication chart for non-daily administration eg. once weekly methotrexate, specify the day of administration and on the "record of administration" cross out the days that the medication is **NOT** to be administered.
13. Prescriptions are valid for 7½ days from the date of the first prescription on the chart.
14. All medication which is to be continued for more than 7½ days past the date of the first prescription is to be represcribed on a new chart.

Cancer pain medication chart - Regular and breakthrough

**Instructions for use of the Cancer Pain Management Plan**

**Introduction**

Severe chronic pain due to malignant disease does not respond to analgesia on a 'PRN' basis. It does respond to appropriate combinations of analgesics and co-analgesics given on a regular basis.

**How to use this chart.**

1. This chart allows for opioids to be ordered on a regular basis with the allowance for breakthrough opioid to be given. The chart also enables the recording of pain score and pain site when each dose is given.
2. **Initiating treatment**  
Prescribing medical officers must complete the pain classification section prior to opioid commencement.
3. **Starting dose of opioid**
  - (a) Patients not already on an opioid:  
Commence an oral morphine equivalent dose of 5 - 10 mgs immediate release opioid.  
Elderly/cachexic, 2.5 mgs  
Depending on the severity of the pain, more may be required.
  - (b) Prescribe a breakthrough dose. The breakthrough dose is determined by halving the 4 hourly regular dose.
4. **Frequency**
  - (a) Immediate release opioids should be administered 4 hourly and slow release opioids 12 or 24 hourly. Fentanyl patches are administered 3rd daily.
  - (b) Once the patient is on regular slow release preparation, it is still necessary to have a breakthrough dose ordered. Breakthrough dose is 1/6 of the 12 hourly SR dose. It is given in the form of immediate release opioid.
5. **Pain scores**
  - (a) Recording of pain score + site is essential for each opioid dose administered to determine dose effectiveness.
  - (b) Pain score  
The patient is to be asked to rate their pain by a numeric scale  
0 = no pain  
10= worst pain you can imagine

**Notes:**

1. When first starting patients on opioid, advise patients and relatives of the possibility of initial drowsiness, nausea and constipation.
2. Utilise anti-emetics for vomiting related to the opioid.
3. Prescribe regular laxatives when commencing opioid.
4. Utilise co-analgesics as per pain presentation eg: NSAIDs for bone pain, paracetamol for tissue pain, tricyclic antidepressants or anticonvulsants for nerve compression pain.

Binding Margin - No Writing

DRUG REACTIONS (Specify type of reaction)

Other non-drug reactions

Title:Family Name:M.R.N.

Given names:Sex:DOB:

Body weight (kg):Height (cm):

Hospital: Auburn Blacktown Mt Druitt Westmead

Consultant:

Ward/Unit:

Die cut area

Number of current regular charts: of charts

Variable dose charts Please tick yes no If Yes please specify

Pain classification (To be completed by prescribing medical officer)

Pain 1 (site)Pain 2 (site)Pain 3 (site)Pain 4 (site)

Severity (0 - 10)Severity (0 - 10)Severity (0 - 10)Severity (0 - 10)

Quality

AchingStabbingBurningOther

AchingStabbingBurningOther

AchingStabbingBurningOther

AchingStabbingBurningOther

Each time medication is given record time given Pain score (0 - 10) Pain site (1-4)

Time Score Site

Time Score Site

Time Score Site

Time Score Site

Time Score Site

MEDICATION REGULAR

Pharmacy use only

Date

Drug name and form (Use generic name)

Dose

Route

Fre-quency

M.O. Signature (Surname block letters)

Medication time AM PM

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Record of pain score

Date

Date

Date

Date

Date

Date

Date

Date

Time Score Site

Time Score Site

Time Score Site

Time Score Site

Time Score Site

Time Score Site

Time Score Site

Time Score Site

Record of administration

Date

Date

Date

Date

Date

Date

Date

Date

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Signature

Print name

Employee No.

BREAKTHROUGH ADMINISTRATION

Pharmacy use only

Date

Drug name and form (Use generic name)

Dose

Route

Fre-quency

M.O. Signature (Surname block letters)

Indication

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Date

Date

Date

Date

Date

Date

Date

Date

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Signature

Print name

Employee No.

Prescriptions are valid for 7½ days from the date of the first prescription on the chart. All medication which is to be continued for more than 7½ days past the date of the first prescription is to be represcribed ON A NEW CHART

MEDICAL OFFICER TO RE-WRITE CHART BY MIDDAY