

# Palliative Care NCEC guidelines

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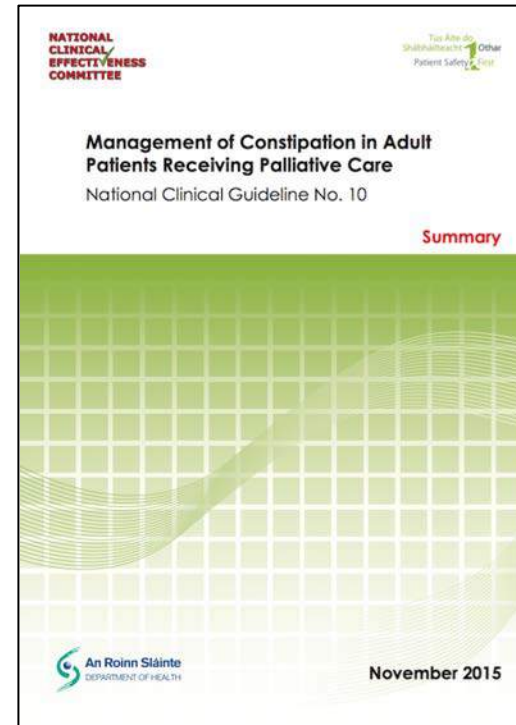
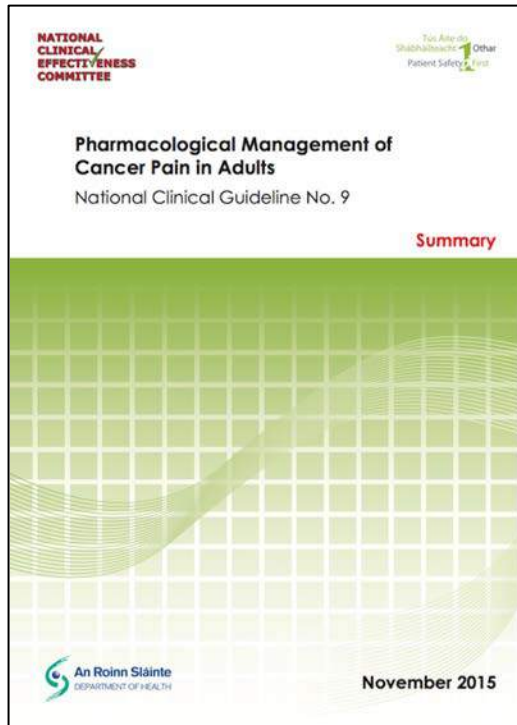
Professor Karen Ryan, Mater Misericordiae University Hospital and St Francis Hospice, Dublin  
Clinical Lead, National Clinical Programme for Palliative Care



**PALLIATIVE  
CARE**

# National Clinical Effectiveness Guidelines- Palliative Care

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# Aim and Scope of the Cancer Pain guideline

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- To benefit patients with cancer by reducing pain and improving quality of life.
- Healthcare professionals involved in the management of cancer pain.
  - Includes Palliative Care staff, Physicians, Surgeons, General Practitioners, Pharmacists and Nursing staff in hospital, hospice and community-based settings.
- The guideline recommendations indicate where specialist advice should be sought.
- The Guideline does not apply to cancer survivors, to patients who do not have a cancer diagnosis or to other forms of acute or chronic non-malignant pain.
- The Guideline does not apply to children.

# Aim and Scope of the Constipation guideline

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- To benefit patients with life-limiting conditions by reducing constipation and improving quality of life.
- Healthcare professionals providing generalist or specialist palliative care in hospital, hospice and community-based settings.
  - Includes specialist palliative care providers, physicians, surgeons, general practitioners, nurses, pharmacists and dietitians.
- The guideline recommendations indicate where specialist advice should be sought.
- The Guideline does not apply to children.

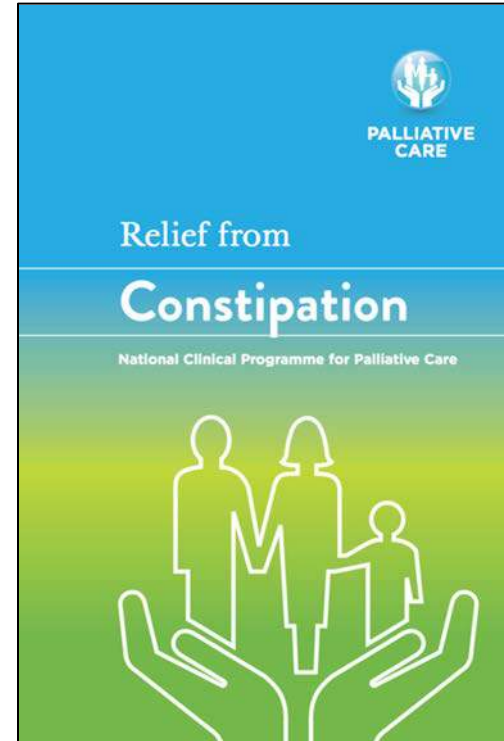
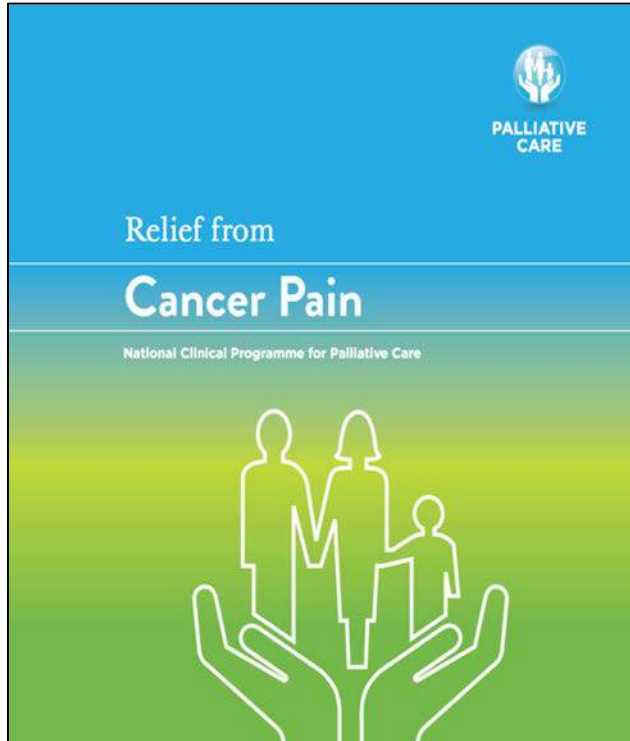
# Implementation- the challenge....within existing resources

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- Phase 1
  - Concentrated on promotion of the guideline, dissemination and production of supporting resources
  - ‘Light touch’....?
- Phase 2


# Patient Information Leaflets

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# Quick User Guides

**NATIONAL CLINICAL EFFECTIVENESS COMMITTEE**



PALLIATIVE CARE

**Pharmacological Management of Cancer Pain in Adults**

Quick Reference Guide

Opioids

November 2015


**Introduction**

This document is a user guide based on the key findings and recommendations of the NCEC National Clinical Guideline No. 9 "Pharmacological Management of Cancer Pain in Adults" which can be found at [www.health.gov.ie/patient-safety/ncec](http://www.health.gov.ie/patient-safety/ncec) and <http://www.hse.ie/palliativecareprogramme>. This user guide should be interpreted in conjunction with either the guideline or the executive summary of the guideline.

The purpose of the guideline is to provide recommendations based on the best available evidence for the pharmacological treatment of cancer pain in adults.

The guideline applies to cancer pain but does not apply to cancer survivors, to other forms of acute or chronic non-malignant pain, or to patients who do not have a cancer diagnosis. The guideline does not apply to children.

**NATIONAL CLINICAL EFFECTIVENESS COMMITTEE**



PALLIATIVE CARE

**Pharmacological Management of Cancer Pain in Adults**

Quick Reference Guide

The Use of Analgesics in Patients with Cancer and Renal Impairment

November 2015


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**NATIONAL CLINICAL EFFECTIVENESS COMMITTEE**



PALLIATIVE CARE

**Pharmacological Management of Cancer Pain in Adults**

Quick Reference Guide

The Use of Analgesics in Patients with Cancer and Hepatic Impairment

November 2015

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# Poster and PowerPoint lecture; Online e-learning modules

**NATIONAL CLINICAL EFFECTIVENESS COMMITTEE**

**Pharmacological Management of Cancer Pain in Adults**

**PALLIATIVE CARE**

**1. WHO ANALGESIC LADDER**

Step 1: For mild to moderate pain

Step 2: For moderate to severe pain

Step 3: For severe pain

**2. TYPES OF MEDICATIONS**

Medication	Drug class	Drug name	Brand name
Paracetamol	Analgesic	Paracetamol	Paracetamol
Codeine	Opioid	Codeine	Codeine
Morphine	Opioid	Morphine	Morphine
Fentanyl	Opioid	Fentanyl	Fentanyl
Hydrocodone	Opioid	Hydrocodone	Hydrocodone
Oxycodone	Opioid	Oxycodone	Oxycodone
Buprenorphine	Opioid	Buprenorphine	Buprenorphine
Tramadol	Opioid	Tramadol	Tramadol
Chlorzoxazone	Muscle relaxant	Chlorzoxazone	Chlorzoxazone
Clonidine	Alpha-2 agonist	Clonidine	Clonidine
Gabapentin	Anticonvulsant	Gabapentin	Gabapentin
Pregabalin	Anticonvulsant	Pregabalin	Pregabalin
Topical NSAIDs	NSAID	Topical NSAIDs	Topical NSAIDs
Topical opioids	Opioid	Topical opioids	Topical opioids
Topical anesthetics	Anesthetic	Topical anesthetics	Topical anesthetics
Topical corticosteroids	Corticosteroid	Topical corticosteroids	Topical corticosteroids
Topical anticholinergics	Anticholinergic	Topical anticholinergics	Topical anticholinergics
Topical antispasmodics	Antispasmodic	Topical antispasmodics	Topical antispasmodics
Topical anesthetics	Anesthetic	Topical anesthetics	Topical anesthetics
Topical corticosteroids	Corticosteroid	Topical corticosteroids	Topical corticosteroids
Topical anticholinergics	Anticholinergic	Topical anticholinergics	Topical anticholinergics
Topical antispasmodics	Antispasmodic	Topical antispasmodics	Topical antispasmodics

**3. HOW TO START STRONG OPIOIDS**

**4. OPIOID TOXICITY**

**5. OPIOID ROTATION**

**6. TABLES**

Table 1: Starting opioid doses (see also Table 11, National Guideline No. 7 Pharmacological Management of Cancer Pain)	Drug	Starting dose	Notes
Codeine	30mg	30mg	Codeine
Morphine	10mg	10mg	Morphine
Fentanyl	25mcg	25mcg	Fentanyl
Hydrocodone	10mg	10mg	Hydrocodone
Oxycodone	10mg	10mg	Oxycodone
Buprenorphine	2mg	2mg	Buprenorphine
Tramadol	50mg	50mg	Tramadol
Chlorzoxazone	400mg	400mg	Chlorzoxazone
Clonidine	0.1mg	0.1mg	Clonidine
Gabapentin	300mg	300mg	Gabapentin
Pregabalin	150mg	150mg	Pregabalin
Topical NSAIDs	400mg	400mg	Topical NSAIDs
Topical opioids	25mcg	25mcg	Topical opioids
Topical anesthetics	500mg	500mg	Topical anesthetics
Topical corticosteroids	10mg	10mg	Topical corticosteroids
Topical anticholinergics	10mg	10mg	Topical anticholinergics
Topical antispasmodics	10mg	10mg	Topical antispasmodics

**7. TABLES**

Table 2: Opioid rotation (see also Table 12, National Guideline No. 7 Pharmacological Management of Cancer Pain)	From	To	Notes
Codeine	Morphine	Codeine	Codeine
Morphine	Fentanyl	Morphine	Morphine
Fentanyl	Hydrocodone	Fentanyl	Fentanyl
Hydrocodone	Oxycodone	Hydrocodone	Hydrocodone
Oxycodone	Buprenorphine	Oxycodone	Oxycodone
Buprenorphine	Tramadol	Buprenorphine	Buprenorphine
Tramadol	Chlorzoxazone	Tramadol	Tramadol
Chlorzoxazone	Clonidine	Chlorzoxazone	Chlorzoxazone
Clonidine	Gabapentin	Clonidine	Clonidine
Gabapentin	Pregabalin	Gabapentin	Gabapentin
Pregabalin	Topical NSAIDs	Pregabalin	Pregabalin
Topical NSAIDs	Topical opioids	Topical NSAIDs	Topical NSAIDs
Topical opioids	Topical anesthetics	Topical opioids	Topical opioids
Topical anesthetics	Topical corticosteroids	Topical anesthetics	Topical anesthetics
Topical corticosteroids	Topical anticholinergics	Topical corticosteroids	Topical corticosteroids
Topical anticholinergics	Topical antispasmodics	Topical anticholinergics	Topical anticholinergics
Topical antispasmodics	Topical anesthetics	Topical antispasmodics	Topical antispasmodics

**NATIONAL CLINICAL EFFECTIVENESS COMMITTEE**

**PALLIATIVE CARE**

**Pharmacological Management of Cancer Pain in Adults**

NCEC guideline number 9

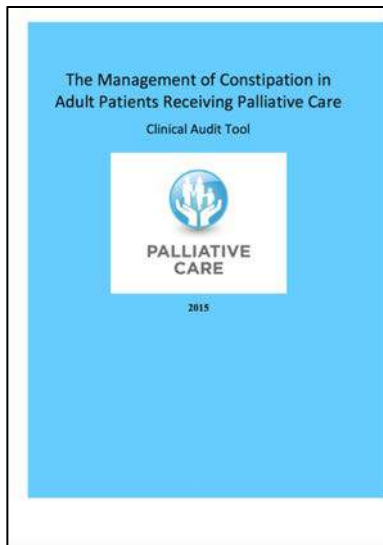


THE PALLIATIVE HUB  
Learning Platform

www.palliativelearning.com



# Audit tools



Electronic-Audit-Tool-Constipation-2015

Home Insert Page Layout Formulas Data Review View

Wrap Text Merge & Center

General

Conditional Formatting

Format as Table

Cell Styles

Insert

Delete

Sort & Filter

W4

Audit Data for 'The Management of Constipation in Adult Patients Receiving Palliative Care' clinical audit						
			Question a	Question b	Question c	Question d
1			Was an appropriate bowel history taken on initial assessment?	Was a thorough physical examination conducted?	If constipation was identified, were the following components of a comprehensive assessment completed: onset of symptoms, aggravating and alleviating factors, frequency and pattern of bowel motions, stool volume and appearance, nausea, abdominal discomfort, bloating, flatus, tenesmus	Was a digital rectal examination (DRE) considered (if trained) to exclude faecal impaction in the patients in whom it has been more than 3 days since the last bowel movement?
2						
3						
4						
5	Audit ID	Age	Sex			
6	1					
7	2					
8	3					
9	4					
10	5					
11	6					
12	7					

Coverpage Introduction Audit Criteria Audit Data Audit Report Re-Audit Data

Ready 150%

# Phase 2

- Initial stock take:
  - Feedback to the Programme- well received BUT awareness variable, 'ownership' problematic, little evidence of systematic data collection to inform QI efforts.
- International experience:
  - 'Although guidelines are needed **they do not implement themselves**, especially if they are perceived to be complex and require a change in health care professional's behaviour.' (Lind et al, 2017)

**GModel**  
March 2017 - 1st of 10 pages

**ARTICLE IN PRESS**  
Health Policy (2017), see [link](#)

Contents lists available at [ScienceDirect](#)

**Health Policy**  
Journal homepage: [www.elsevier.com/locate/healthpol](http://www.elsevier.com/locate/healthpol)

**Implementation of national palliative care guidelines in Swedish acute care hospitals: A qualitative content analysis of stakeholders' perceptions**

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**ABSTRACT**

In high-income countries a large proportion of all deaths occur in hospitals. A common way to translate knowledge into clinical practice is developing guidelines for different levels of health care organisations. During 2012, national clinical guidelines for palliative care were published in Sweden. Later, guidance for palliative care was issued by the National Board of Health and Welfare. The aim of this study was to investigate perceptions regarding these guidelines and identify obstacles and opportunities for implementation of them in acute care hospitals. Interviews were conducted with head physicians, chief medical officers and health professionals at acute care hospitals. The Consolidated Framework for Implementation Research was used in a directed content analysis approach. The results showed little knowledge of the new documents at all levels of the health care organisation. Palliative care was primarily described as end of life care and only few of the participants talked about the opportunity to integrate palliative care early in a disease trajectory. The environment and culture at hospitals, characterised by quick decisions and actions, were perceived as obstacles to implementation. Health professionals' expressed need for palliative care training is an opportunity for implementation of clinical guidelines. There is a need for further implementation of palliative care in hospitals. One option for further research is to evaluate implementation strategies tailored to acute care.

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**1. Introduction**

Palliative care is described as 'an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness' [1] which is operationalised as total care including symptom relief for the patient and support for the next of kin [2]. Since the 1990s, a common approach for translating knowledge into clinical practice is to develop practice guidelines for different levels of the health care organisation [3,4]. Guidelines and policies for palliative care exist, for example, in Canada [5] and several countries in Europe [6]. In Sweden, the first national clinical guidelines for palliative care were published in 2012. 'National clinical practice guidelines for palliative care 2012-2014' [7], hereafter referred to as the clinical guidelines. These guidelines can be characterised as a 'bottom-up' document, written by health professionals with expert knowledge and clinical experience of palliative care, comprising a mix of theoretical knowledge and practice recommendations. A short version of the guidelines for clinical use was also published. In June 2015, the National Board of Health and Welfare published 'A national knowledge-based guide for good palliative care in end of life care' [8], hereafter referred to as the governing document. It can be described as a top-down document and includes definitions related to palliative care and recommendations for specific interventions, for example assessment and treatment of pain. The governing document provides health care

Abbreviations: AN, assistant nurse; CCJ, county council; CFIR, the Consolidated Framework for Implementation Research; CMO, chief medical officer; DR, registered nurse.  
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## Phase 2, next steps

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- Actions:
  - National point prevalence study of cancer pain and constipation- July 2017.
  - Palliative Care Seminar- Nov 13<sup>th</sup> 2017.
- Applying the learning from implementation science in a planned and focused manner.

