Edinburgh Pain Assessment Tool (EPAT©) VITAL SIGNS AND PAIN ASSESSMENT CHART – STEP 1

Ward Consultant

Surname	First Names	Age	Unit No:

Date	
Time	
40^0	
39^0 230	
220	
38^0 210	
200	
37^0 190	
180	
36^0 170	
160	
35^0 150	
140	
34^0 130	
120	
BP 110	
100	
90	
80	
70	
60	
Pulse 50	
40	
30	
20	
Resps 10	
Sp02	

Score worst pain since last assessment 0 = No Pain 10 = Worst pain imaginable

PAIN 9-10	
7-8	
5-6	
3-4	
1-2	
0	

5-10 = Severe pain (act)
Give analgesia. Regular review until score is less than 3
Use EPAT© Step 2

3 – 4 = Moderate pain (act)
Give analgesia
Use EPAT© Step 2

0 = No pain
1-2 = Mild pain

NAUSEA SCORE	

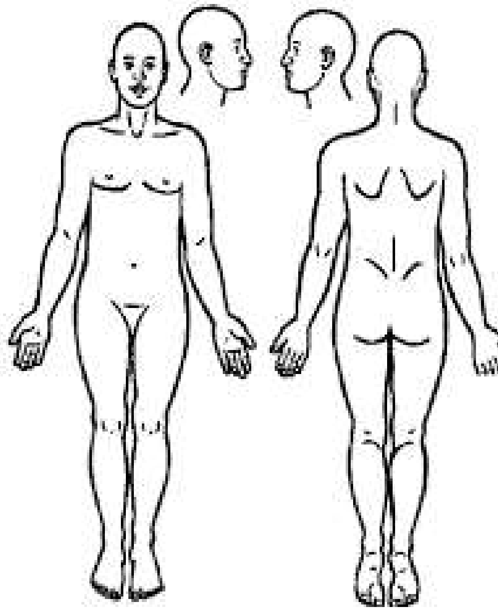
Nausea Score: 0 = No nausea 2 = Nausea (act) 3 = Vomiting (act) 4 = Nausea & vomiting (act)

Weight	
Bowels	
Other …………	

Edinburgh Pain Assessment Tool (EPAT ©) –Step 2

LOCATION

Name: Ward: Date/Time:



Severity Score	A Most Severe	B	C
Worst Pain in Last 24 hrs (0-10)			
Least Pain in Last 24 hrs (0-10)			

0 = No Pain 10 = Worst Pain Imaginable

On the diagram, mark the sites where you have felt worst pain (ABC)

Does your pain disturb your sleep?
Yes ☐ No☐

NERVE PAIN?

Is your pain…?

Shooting or Stabbing ☐ Tingling or Pricking ☐ Pins & Needles☐ Hot or burning ☐

➢

Do any areas of your skin feel numb or strange or unpleasant to touch?
Yes ☐ No ☐ Detail: ______________________________

Does moving or any other activity make your pain worse? Yes ☐ No☐

Does your pain come on suddenly at rest? Yes ☐ No☐

Consider neuropathic pain. **Treat** with adjuvants

Use 'starting gabapentin/starting amitriptyline' EPAT algorithms

OVEMENT PAIN?

Does moving or any other activity make your pain worse? Yes ☐ No☐

Does your pain come on suddenly at rest? Yes ☐ No☐

Is the patient experiencing movement-related or spontaneous pain? Consider bone pain

Use WHO analgesic ladder – See EPAT algorithm. **Give** PRN analgesia before movement

Consider NSAID's / Palliative Radiotherapy / Bisphosphonates

WIDER ISSUES

What makes your pain better? ______________________________

Remember: non-pharmacological interventions!

Consider: Position change / Relaxation / Physiotherapy/ Rubbing / TENS / acupuncture

☹ **Is there anything worrying or concerning you about your pain?** Discuss with patient.

Remember: ☹ anxiety/depression may co-exist with severe pain.

REFERRAL

Consider referral to your Specialist Team for patients who have persistent pain:

- ➢Patients with severe pain
- ➢Patients requiring a rapidly increasing opioid dose
- ➢Patients with opioid-induced drowsiness
- ➢Patients with movement-related pain
- ➢Pain unrelieved by initial management

Edinburgh Pain Assessment Tool (EPAT©) – Treatment Review Chart

Name: ______________________________ DOB: ☐☐☐☐☐☐ Unit/Hospital No: __________________ Ward: ______________________

Date & Time						
Worst Pain Now	**(0-10)** __________	**(0-10)** __________	**(0-10)** __________	**(0-10)** __________	**(0-10)** __________	**(0-10)** __________
Worst Pain Site (specify)	______________	______________	______________	______________	______________	______________
Pain Distress	Is your pain distressing: ☐Yes ☐No Comment: ______________ ______________	Is your pain distressing: ☐Yes ☐No Comment: ______________ ______________	Is your pain distressing: ☐Yes ☐No Comment: ______________ ______________	Is your pain distressing: ☐Yes ☐No Comment: ______________ ______________	Is your pain distressing: ☐Yes ☐No Comment: ______________ ______________	Is your pain distressing: ☐Yes ☐No Comment: ______________ ______________
Opioid toxicity Stop & Check Daily!	☐Shadows-corner of your eyes ☐ Drowsiness ☐Vivid dreams ☐Hallucinations ☐Confusion ☐Jerking/twitching Check-opioid dose may not suit	☐Shadows-corner of your eyes ☐ Drowsiness ☐Vivid dreams ☐Hallucinations ☐Confusion ☐Jerking/twitching Check-opioid dose may not suit	☐Shadows-corner of your eyes ☐ Drowsiness ☐Vivid dreams ☐Hallucinations ☐Confusion ☐Jerking/twitching Check-opioid dose may not suit	☐Shadows-corner of your eyes ☐ Drowsiness ☐Vivid dreams ☐Hallucinations ☐Confusion ☐Jerking/twitching Check-opioid dose may not suit	☐Shadows-corner of your eyes ☐ Drowsiness ☐Vivid dreams ☐Hallucinations ☐Confusion ☐Jerking/twitching Check-opioid dose may not suit	☐Shadows-corner of your eyes ☐ Drowsiness ☐Vivid dreams ☐Hallucinations ☐Confusion ☐Jerking/twitching Check-opioid dose may not suit
Intervention (specify)	☐Analgesia ☐ Non-Pharmacological ☐Other ______________ ______________	☐Analgesia ☐ Non-Pharmacological ☐Other ______________ ______________	☐Analgesia ☐ Non-Pharmacological ☐Other ______________ ______________	☐Analgesia ☐ Non-Pharmacological ☐Other ______________ ______________	☐Analgesia ☐ Non-Pharmacological ☐Other ______________ ______________	☐Analgesia ☐ Non-Pharmacological ☐Other ______________ ______________
Outcome (Review 1 hr after analgesia)	**Worst pain (0-10)** ______ Is your pain distressing now: ☐Yes ☐No ______________ ______________	**Worst pain (0-10)** ______ Is your pain distressing now: ☐Yes ☐No ______________ ______________	**Worst pain (0-10)** ______ Is your pain distressing now: ☐Yes ☐No ______________ ______________	**Worst pain (0-10)** ______ Is your pain distressing now: ☐Yes ☐No ______________ ______________	**Worst pain (0-10)** ______ Is your pain distressing now: ☐Yes ☐No ______________ ______________	**Worst pain (0-10)** ______ Is your pain distressing now: ☐Yes ☐No ______________ ______________
Next Review (Date & Time)						

Analgesic Interventions

- Breakthrough Analgesia
- ↑Dose Regular Analgesia
- Regular Analgesia Changed
- Adjuvant Drug Prescribed
- ↑Adjuvant Dose

Non-Pharmacological Interventions

- Position change
- Physiotherapy
- Heat
- Cold
- TENS
- Massage
- Acupuncture
- Relaxation

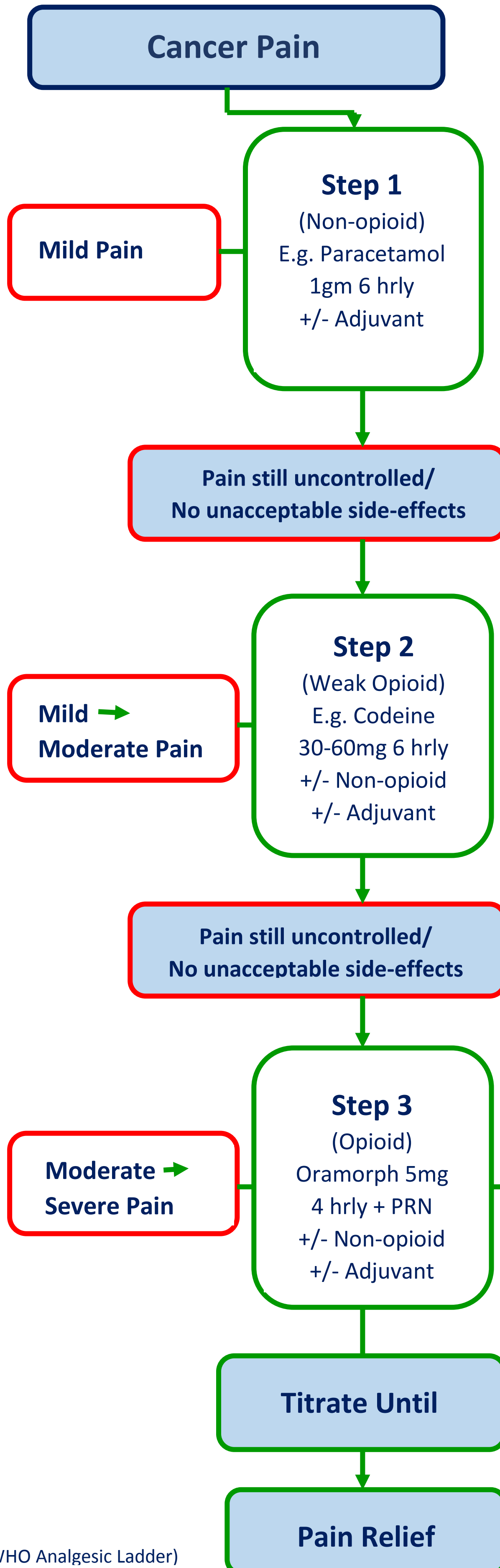
Diagnosis

Analgesics

Adjuvant Drugs

Managing Cancer Pain

▶ Green for go!



(WHO Analgesic Ladder)

Edinburgh Pain Assessment Tool EPAT©

Patient's pain is usually:

- Continuous requiring Regular analgesia

If pain is intermittent:

(See 'Breakthrough Cancer Pain' algorithm)

Cancer pain requires careful assessment:

- Cause
- Severity
- Treatment Response

Analgesics:

- **Steps 1, 2 & 3 WHO Analgesic Ladder**
- **Adjuvant Analgesics (some examples**

Steroids	Dexamethasone
NSAIDs	Ibuprofen
Anticonvulsants	Gabapentin
Tricyclic antidepressants	Amitriptyline

Management:

- Start on Appropriate Step
- **Consider route – any absorption issues?**
- Prescribe regular analgesia & PRN
- PRN dose usually 1/6th 24hr opioid dose
- **Reassess pain & Titrate Upwards**
- **Until Pain Controlled**
- **Or Unacceptable Opioid Side Effects**
- Convert to long acting analgesia when Pain control stable e.g. MST Continus
- **Prescribe – Regular Laxative**
  -- PRN anti-emetic
- Reduce opioid – Frail Elderly
  -- Renal/Liver Dysfunction } **Step 3**

!Monitor for signs of opioid toxicity

Dose Titration – see EPAT© examples

Opioid Toxicity

Signs: Shadows-at corner of eyes/Drowsiness Vivid Dreams/ Hallucinations/ Confusion/Jerking

Management:

- Reduce opioid dose
- Hydrate – IV/SC fluids if required
- Consider – Adjuvant Therapies
  - Opioid Switch
  - Non-drug Measures
- Prescribe antipsychotic e.g. Haloperidol if confusion/hallucinations/agitation present

!Uncontrolled pain

If patient still have uncontrolled pain +/- unacceptable side-effects, discuss with your Specialist Team

EPAT© Dose Titration Examples

Example 1 – Continuous Pain

Mr A is prescribed Oramorph 5 mg 4 Hourly and Oramorph 5 mg PRN for breakthrough pain – he has required 3 extra doses of Oramorph over the last 24 hours.
He describes his cancer-related pain as 'almost constant' and states the Oramorph is providing only partial pain relief – he has no apparent side-effects on assessment.

Titration – Oramorph 5 mg 4 hourly – 5 mg x 6 = 30 mg + PRN doses 5 mg x 3 = 15 mg

Total 24 Hr Dose Requirement = Oramorph 45 mg

New Titration Dose: Oramorph 45 mg ÷ 6 = 7.5 mg 4 Hourly & PRN dose 7.5 mg

Example 2 – Breakthrough Cancer Pain (End-of-dose-failure)

Mrs B is receiving Oramorph 4 Hourly and Oramorph 30 mg PRN for breakthrough pain – she is finding her pain is generally well controlled for approximately 3 hours then it returns. She is using 2 PRN doses for breakthrough pain daily with reluctance, as she feels drowsy if a PRN dose is required closely (within an hour) of her regular 4 Hourly dose.

Titration – Oramorph 30 mg 4 hourly – 30 mg x 6 = 180 mg + PRN doses 30 mg x 2 = 60 mg

Total 24 Hr Dose Requirement = Oramorph 240 mg

New Titration Dose: Oramorph 240 mg ÷ 6 = 40 mg 4Hourly & PRN dose 40 mg

!Remember: If end-of-dose-failure is problematic and PRN doses are not being utilised – gently titrate Oramorph dose (25-30%) and consider switching to long acting preparations

Example 3 – Breakthrough Cancer Pain (Incident Pain)

Mr C is prescribed Oramorph 80 mg 4 Hourly and Oramorph 80 mg PRN for breakthrough pain – he related that when lying down his pain is more controlled and he requires 2 doses of PRN Oramorph over the day. When he attempts to mobilise however his pain becomes very severe and he requires a further 2 or 3 PRN doses daily prior to mobilising with only partial effect.

Titration – Oramorph 80 mg 4 hourly – 80 mg x 6 = 480 mg + PRN doses 80 mg x 2 = 160 mg*

Total 24Hr Dose Requirement = Oramorph 640 mg

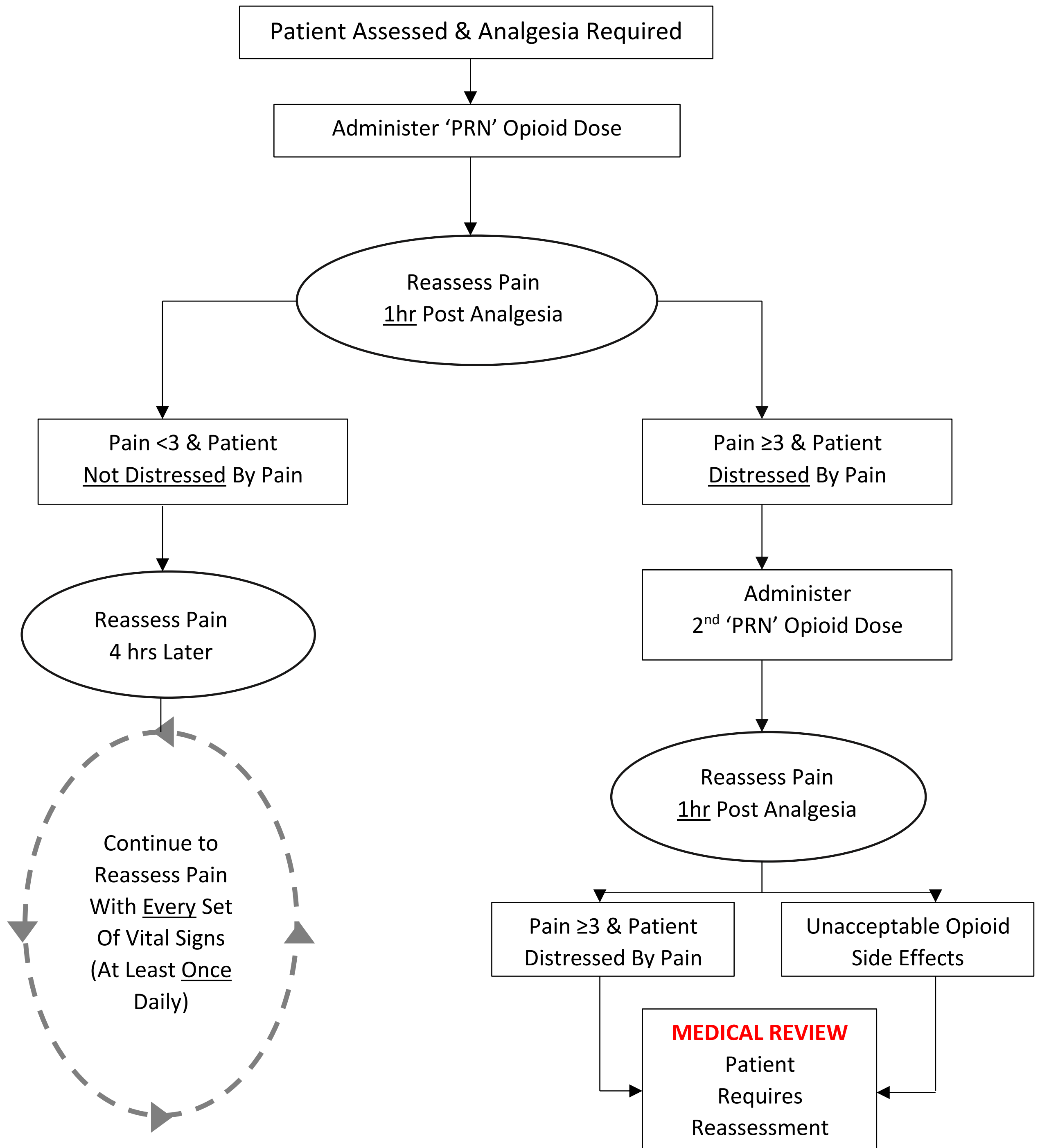
New Titration Dose: Oramorph 640 mg ÷ 6 (rounded to) 100 mg 4 Hourly & PRN dose 100 mg

***If all PRN doses are included in titration where pain is mainly Incident, it is highly likely that patients will experience unacceptable opioid side-effects**

➔Initially aim for comfort at rest

➔Then titrate PRN dose & consider other interventions to optimise Breakthrough Pain control

Cancer Pain – Administering ‘PRN’ Opioids



Opioids - Management

Prescribe:

- Regular & PRN Analgesia
- Regular Laxative
- PRN anti-emetic

Monitor: Signs Opioid Toxicity

Always Reassess Pain!

PRN Opioids – Dose

PRN Opioid Usually 1/6th Total 24hr Opioid Dose

Caution: Frail Elderly
Renal Dysfunction
Hepatic Impairment

(Dose Reduction May Be Required)

Assessment – Timing

1hr – Oral Opioid Dose
30mins – Parenteral Opioid

More Immediate Review:

- Distressed Patients
- Using Fast Onset Opioids e.g. OTFC (Actiq)

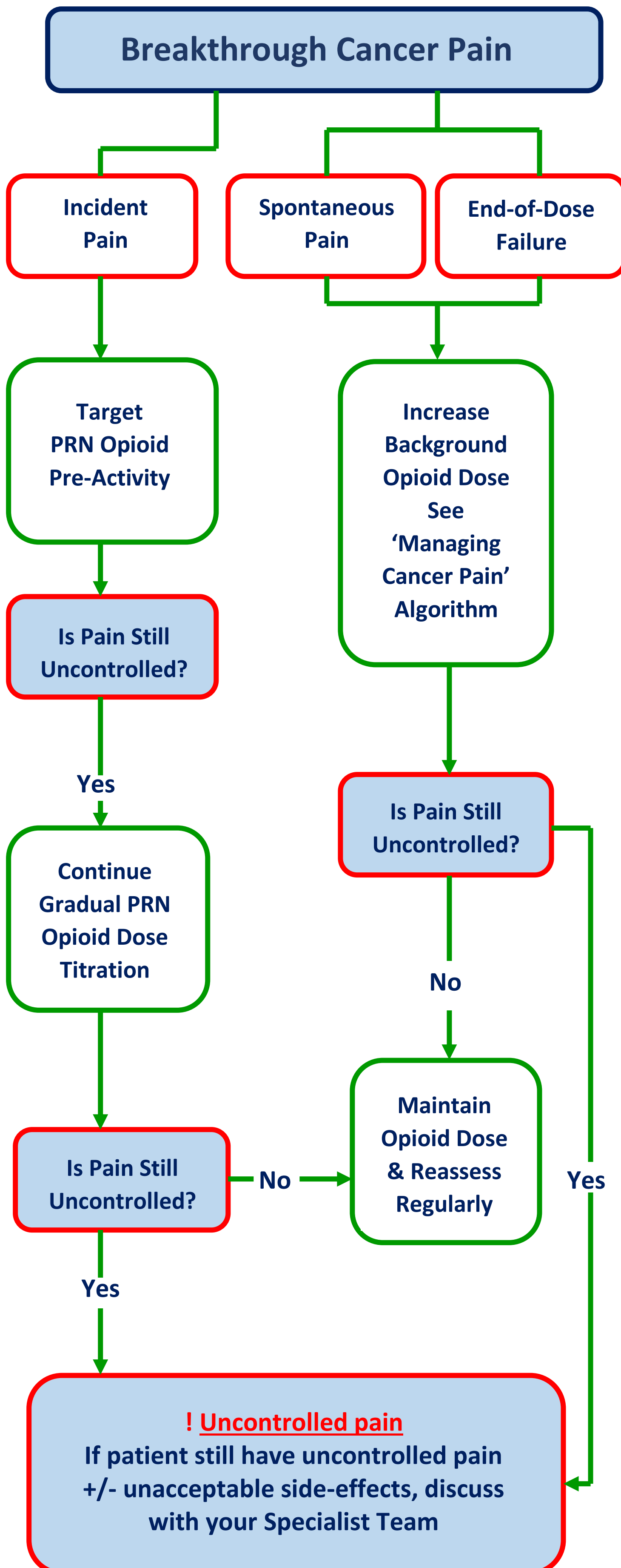
Diagnosis

Analgesics

Adjuvant Drugs

Managing Breakthrough Cancer Pain

▶ Green for go!



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Breakthrough Cancer Pain (BTCP):
A transitory exacerbation of pain occurring on a background of adequately controlled baseline pain (Portenoy et al 2004).

Patient's pain is usually of:

- Sudden Onset
- Severe Intensity
- Short Duration (average 30 mins)

Breakthrough Pain Types:

- Incident: Related to activity e.g. Movement/ Micturition/ Coughing
- Spontaneous: Unexpected/At any time
- End-of-dose-failure: Insufficient Background Dose

Management:

- Incident Pain :
  Target PRN opioid dose Pre-Activity e.g. Movement-Related Pain
  - Oramorph 30 mins before mobilising
- Spontaneous Pain:
  Prescribe Immediate Release Opioid
  Increase background Opioid Dose
  Consider Adjuvant/(dose titration)
- End-of-dose-failure:
  Increase Background Opioid Dose

All Breakthrough Cancer Pain:

- Assess most appropriate Immediate Release Opioid (&Dose) for Patient
- Is Specialist Intervention Required?
- Consider Non-opioids & Adjuvants
- Consider Non-drug Measures
  - Heat/ TENS/ Activity Modification

! Stop titrating opioid dose if patient experiencing unacceptable side-effects

Analgesics:

- Steps 1, 2 & 3 WHO Analgesic Ladder & Adjuvant analgesics
- PRN Opioid Dose for BTCP – usually 1/6th 24hr total opioid dose
- Seek Specialist Advice
  - Pain is of very short duration
  - Side effects prevent ↑ PRN opioid

! Remember Breakthrough Cancer Pain is often associated with opioid toxicity

Diagnosis

Analgesics

Adjuvant Drugs

Managing Cancer Induced Bone Pain

▶ Green for go!

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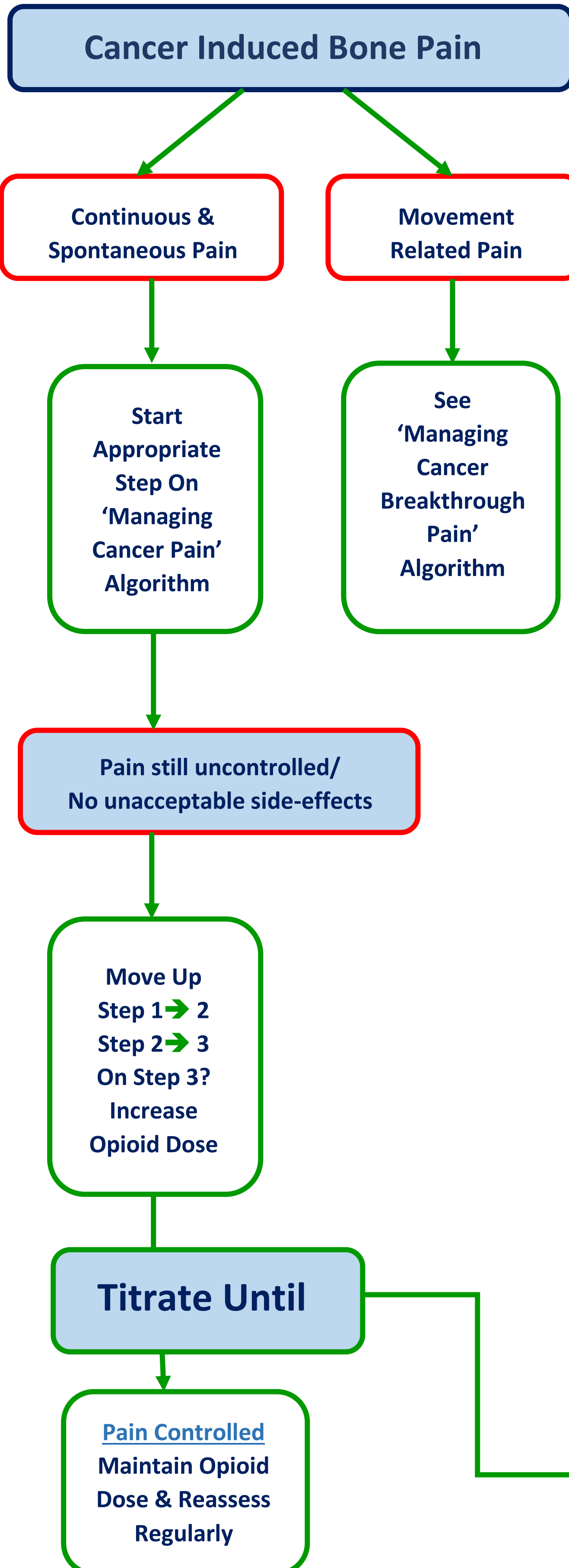


Patients' pain may be:

- **Continuous** – 'throbbing'/'sharp'/'boring'
- **Spontaneous** – unpredictable
- **Movement-related** – initiated on walking/ lying down/ sitting or standing
- **Localised** or **Radiates** on movement

! **Always** assess for any underlying contributing non-malignant bone pain

Immediate Management:

- ➢ Analgesia

Specialist Options:

- ➢ Radiotherapy*
- ➢ Bisphosphonates
- ➢ Chemotherapy
- ➢ Hormonal Therapy
- ➢ Surgery
- ➢ Anaesthetic Intervention

* Analgesic response may take 6 weeks

Monitor for treatment related pain flares

! **Remember** pain may be an early warning of complications from bone metastases:

- ➢ Pathological Fractures
- ➢ Hypercalcaemia
- ➢ Spinal Cord Compression

Analgesics:

- WHO Analgesic Ladder +/- NSAIDS❖
- **Target** different pain elements
  - Continuous Pain
  - Spontaneous Pain
  - Movement-related Pain
- **Aim** for comfort at rest
  - ↑Opioid doses are usually required for Movement-Related & Spontaneous Pain
- **Balance** pain relief against side-effects
- **Consider** Opioid Switch – if patient is experiencing unacceptable side-effects
- **Consider** Non-drug Measures – Heat/TENS

! Remember Cancer Induced Bone Pain is often associated with opioid toxicity

! Uncontrolled pain

If patient still have uncontrolled pain +/- unacceptable side-effects, discuss with your Specialist Team

❖NSAIDS – Check for any contraindications

Diagnosis

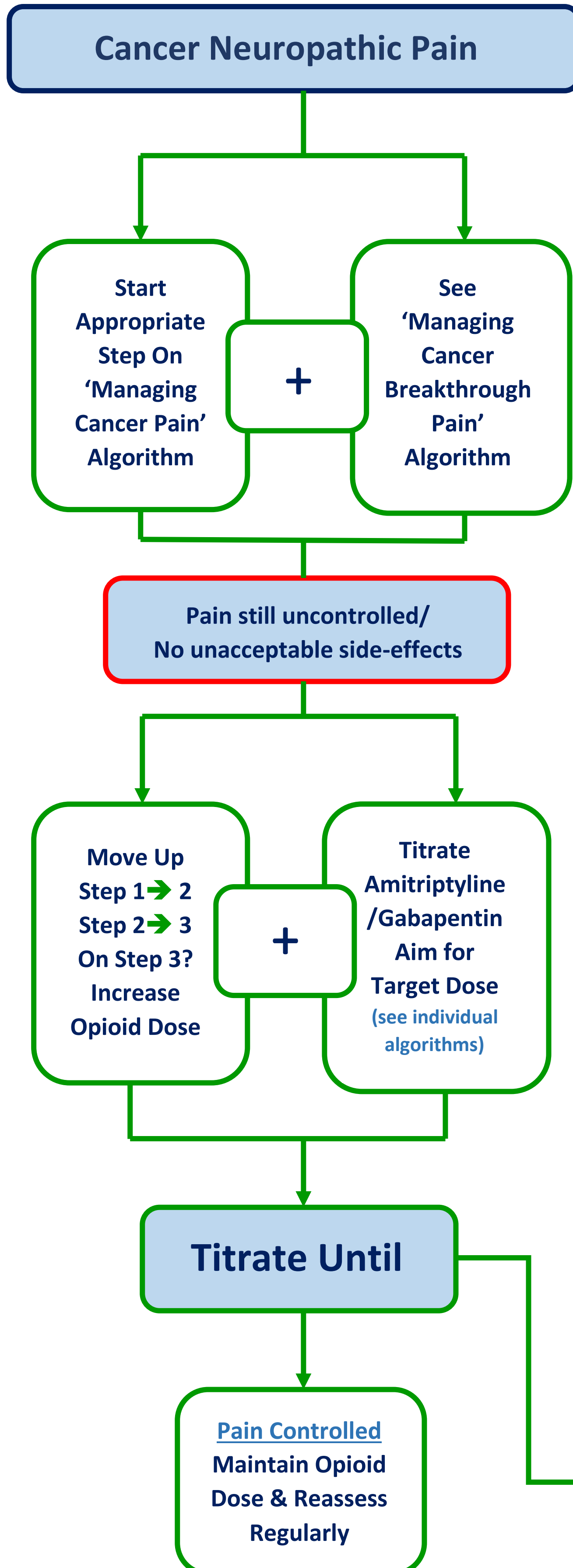
Analgesics

Adjuvant Drugs

Edinburgh Pain Assessment Tool EPAT©

Managing Cancer Neuropathic Pain

▶ Green for go!



Neuropathic Pain:
Pain initiated or caused by a primary lesion, or dysfunction in the nervous system
(IASP 1994)

Patients' pain may be:

- Continuous: 'burning'/'aching'/'heavy'
- Intermittent: 'stabbing'/'shooting'/ 'jumping'/'bursting'/'electric shocks' - at rest or on movement
- Triggered: initiated or worsened by light tough/ tight clothes/ bed clothes

Patients may experience:

- Unpleasant abnormal sensations: 'pricking'/'pins and needles'/'twitching'

! Look for associated sensory/motor/autonomic dysfunction

Management:
Neuropathic pain may respond to Tricyclic Antidepressant and Anticonvulsant therapies +/- conventional analgesia.

Amitriptyline vs Gabapentin

Is sleep pattern interrupted by pain?
- Consider Amitriptyline as 1st line

Analgesics:

- Steps 1, 2 & 3 WHO Analgesic Ladder & Adjuvant Analgesics (see above examples)
- Always prescribe regular analgesia
- Balance pain relief against side-effects
  If Patient experiencing opioid side-effects
  - titrate Adjuvant Analgesic only (1st line)
  - consider Opioid Switch (2nd line)
- Consider Non-drug Measures – If rubbing area helps pain try TENS

! Remember patients with neuropathic pain are often susceptible to opioid toxicity

! Uncontrolled pain
If patient still have uncontrolled pain +/- unacceptable side-effects, discuss with your Specialist Team

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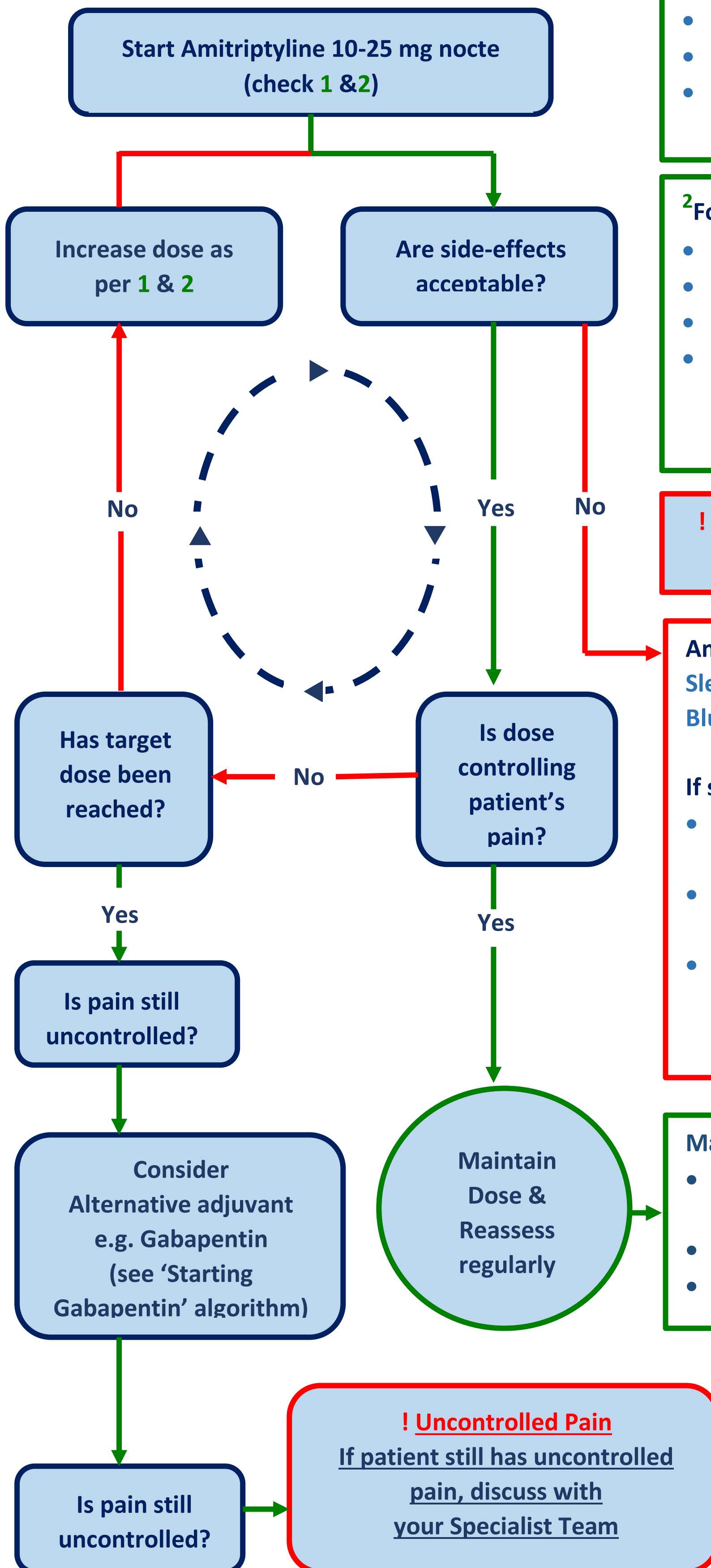
Starting Amitriptyline*



[1]For younger patients and inpatients:

- Start 25 mg nocte
- Increase to 50 mg nocte at day 3
- Increase to 75 mg nocte at week 2

! Remember to balance against side-effects

[2]For frail/elderly/infirm and outpatients:

- Start 10 mg nocte
- Increase to 25 mg at day 3
- Increase to 50 mg at week 2
- Increase to 75 mg at week 3-4 (as tolerated)

! Seek advice if Amitriptyline is not effective or side-effects prevent dose increases

! Drug Interaction: Avoid using amitriptyline in patients taking SSRI's

Amitriptyline Side Effects:

Sleepiness/ dizziness/Delirium/ Dry Mouth/ Blurred Vision/ Constipation in the elderly

If side-effects are intolerable:

- Exclude other causes for these symptoms - they may not be due to Amitriptyline
- Reduce to the last tolerated dose* and/or stop the amitriptyline
- Consider discussing with your Specialist Team

*Consider a more gradual dose increase e.g. 10 mg increments

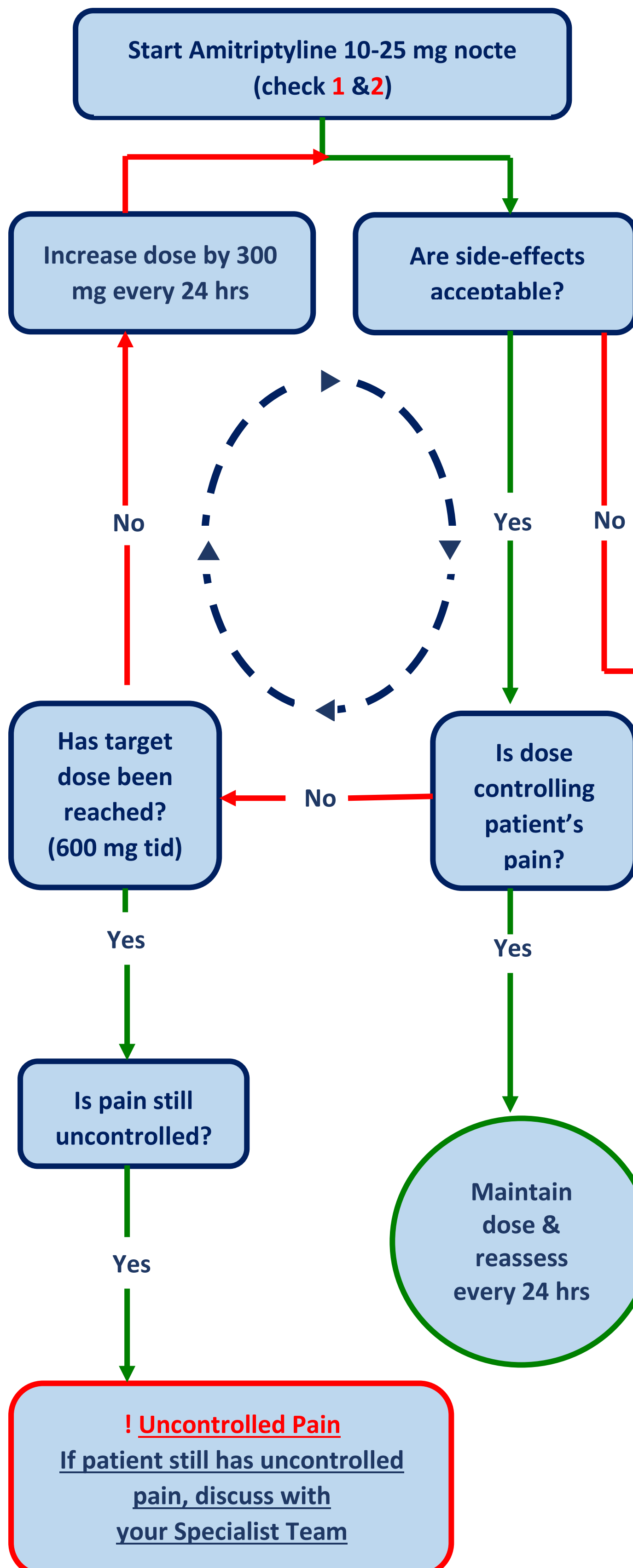
Maintenance:

- Maintain dose when analgesic benefit achieved
- Continue to monitor patient tolerance
- Avoid abrupt withdrawal after prolonged use

*If in doubt check BNF for drug interactions/contraindications

Edinburgh Pain Assessment Tool EPAT©

Starting Gabapentin*



Dose Increases: [300 mg every 24 hrs]
Day 1: 300 mg nocte
Day 2: 300 mg bd
Day 3: 300 mg tid
Target dose: Gabapentin may need to be titrated to 600 mg tid before being effective
! Remember to balance against side-effects

[1]Is patient frail/elderly/infirm?
- Start 100 mg nocte
- Increase by 100 mg every 24-48hrs if tolerated (see side-effects box)
- Maintain dose when analgesia reached

[2]Is there renal dysfunction?
- Use reduced doses & discuss with ward pharmacist

! Seek advice if Gabapentin is not effective or side-effects prevent dose increases

Gabapentin Side Effects:
Sleepiness/ Dizziness/Ataxia/Tremor
If side-effects are intolerable:
- Exclude other causes for these symptoms - they may not be due to Gabapentin
- Reduce to the last tolerated dose* and/or stop the Gabapentin

If side-effects settle:
- Consider a more gradual dose increase e.g. 100 mg or 300 mg every 48-72 hrs

! Remember if the dose is kept the same mild side-effects may settle over a few days

Maintenance:
- Maintain dose when analgesic benefit achieved
- Continue to monitor patient tolerance
- Avoid abrupt withdrawal after prolonged use

*If in doubt check BNF for drug interactions/contraindications