County Durham Care Partnership

PAIN PATHWAY – Feb 2023

NEW ONSET PAIN (ACUTE)

<13 weeks duration

Examples include

- FCP/MSK pathway
- RIB FRACTURE PATHWAY
- REGIONAL LOW BACK PAIN PATHWAY
- Post-surgical pain pathway
- NICE
- Local guidance

Assessment by clinician as per NICE/WHO or local pathways

Assessing clinician to prescribe required medication as ACUTE only (max 13 weeks)

Set patient expectation and supply Patient information

Document clear end date and review process in discharge/clinic letters or clinical records

Review at 13 weeks threshold by assessing clinician or GP as agreed

STOP medication if resolved at any time

PERSISTENT or CHRONIC PAIN

> 13 weeks duration

Assessment by clinician as per NICE or local pathways and determine if primary or secondary pain

PRIMARY CHRONIC PAIN

Defined by NICE as Pain in which no underlying condition adequately accounts for the pain or its impact – includes fibromyalgia

Do not treat with medication (excluding anti-depressants)

SECONDARY CHRONIC PAIN

Includes headaches, lower back pain and sciatica, osteoarthritis, rheumatoid arthritis, endometriosis, neuropathic pain

Treat as per relevant NICE or local guidance

If medication is prescribed review for effectiveness after 3 months, and at least yearly

DISCUSSION WITH THE PATIENT

- Set expectations with the patient – medicines may not help
- Find out impact of pain
- What is important to the patient
- Clinician to screen for Mental Health Problem– Depression, Trauma, Adverse life event
- Discuss misuse of substances (alcohol, benzodiazepines, drugs, overuse of analgesics)
- Provide patient information about Pain
- Utilise resources to assist with consultations
- Determine if reduction is required for long standing opioids/gabapentinoids
- Agree plan with the patient and set goals and aims of treatment of non-pharmacological strategies

REFER TO SOCIAL PRESCRIBER FOR SUPPORT if appropriate

Links to –

- Expert Patient Groups
- Support groups
- Telephone helplines
- Charities etc.

PHYSICAL ACTIVITY if appropriate

Local exercise classes via social prescribers and local authority – see resource pack

REFER TO HEALTH AND WELLBEING COACH FOR SUPPORT If appropriate

Can provide

- 'what matters to you' coaching approach
- Support with self-management
- Behavioural change methods

EDUCATION FOR PATIENT ABOUT PAIN if appropriate

See resource pack for;

- Local patient information leaflet
- Patient facing resources including those in other languages

Mental Health Concerns

Consider referral to appropriate service -

IAPT / Psychology (Talking Changes)

Trauma / PTSD – Consider specialist referral for assessment

Substance Misuse Services

Clinicians should be linking with Substance Misuse Services in all cases where known misusers require treatment for Pain.

Possible diversion of medication

Contact Police liaison force.intelligence@durham.police.uk
mark.wearmouth@durham.police.uk

CANCER PAIN

Northern Cancer Alliance End of Life symptom control guidance

LONGSTANDING ON OPIOID/GABAPENTINOID

DISCUSSION WITH THE PATIENT

- Risks and rationale for reduction
- Agree goals for reduction and non-pharmacological strategies
- Provide patient information about pain
- Utilise Reduction resources to assist with consultations

EDUCATION FOR PATIENT

Painkillers don't exist
Flippin Pain
Live Well With Pain

Start reduction programme in -line with local and national guidance

REGULAR REVIEW in-line with reduction plan

Advice and guidance from Tertiary pain service could be requested in complex cases if needed.

Consider discussing with Substance Misuse Services if there is evidence of drug seeking behaviour

If needed, refer to Single Point of Access for Community Pain Management Clinic or Secondary Care Pain Management service

For secondary chronic pain -

Consider specialist opinion for underlying condition – Either advice and guidance or referral

MDT arranged by Specialist Pain services - for complex patients or those where treatment outside NICE guidance is being considered to agree treatment plan