

HOSPITAL DEMENTIA PAIN PRESCRIBING PATHWAY - FOR USE FOR PATIENTS WITH DEMENTIA OR DELIRIUM OR BOTH
FOR USE WITH DEMENTIA CARE PATHWAY

STEP 1: Is the patient able to communicate verbally? → YES → GO TO STEP 3

↓ NO

STEP 2: Determine if the patient is in pain by nonverbal means using the observational tool Abbey Pain Scale (Appendix 1) to assess the presence of pain in older adults with dementia. Does this suggest the patient is in pain? **ABBEY PAIN SCORE** → NO → ANALGESIA NOT REQUIRED

↓ YES

STEP 3: Determine type of pain
Pattern: onset & duration
Area: location
Intensity: level
Nature: neuropathic/nociceptive/somatic
Triggers: (changing dressings/walking)

↓

STEP 4: Is the patient able to swallow? (Including dispersible tablets or liquid medicine) → NO → GO TO STEP 9

↓ YES

STEP 5: Treat any obvious cause (retention/constipation/gout). **Give paracetamol 1g QDS orally (dispersible can be used if difficulty with swallowing tablets) or IV or PR.** Is pain controlled? **ABBEY PAIN SCORE** → YES → Maintain therapy and continue to review

↓ NO

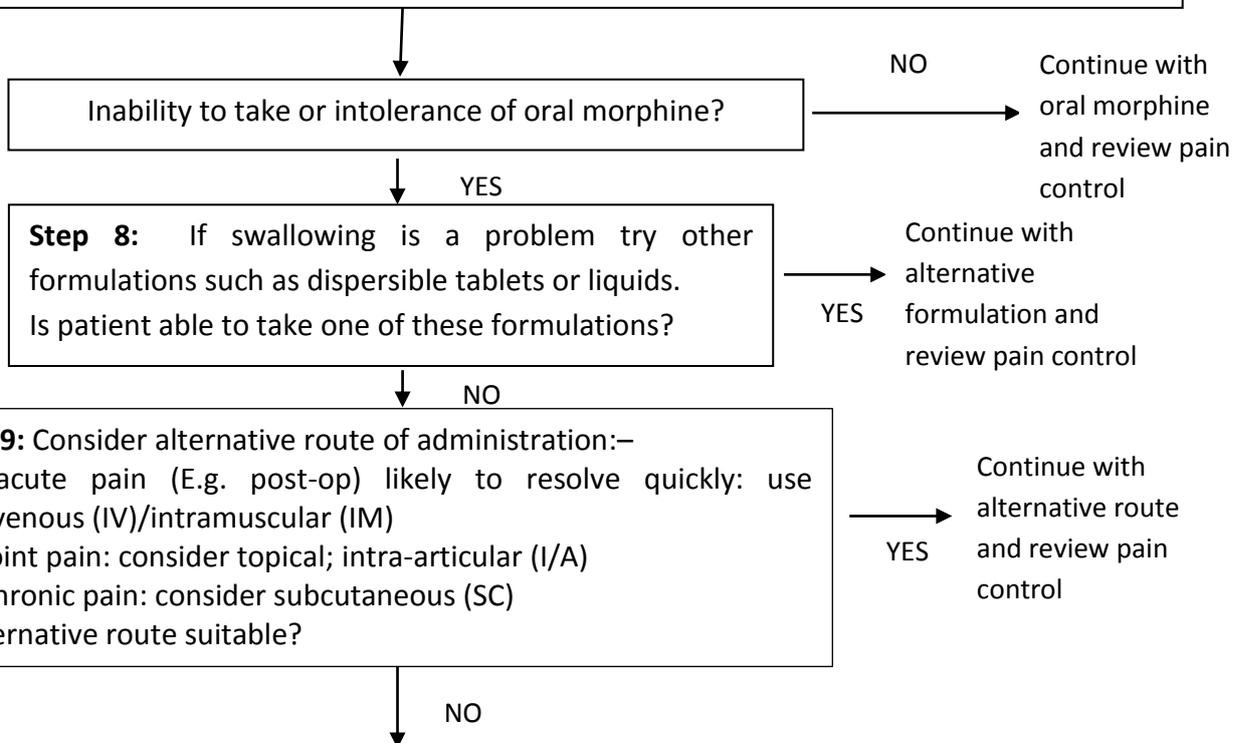
STEP 6: WEAK OPIOIDS IN LINE WITH STEP 2 WHO LADDER
Titrate analgesia using opioids for opioid sensitive non neuralgic pain:
Codeine phosphate or dihydrocodeine up to 60mg QDS or maximum tolerated.
NB a reduced dose of opioid is recommended in elderly patients and care with renal impairment
Give anti-emetics and laxatives if required.
Is pain controlled? **ABBEY PAIN SCORE** → YES → Maintain therapy and continue to review

↓ NO

Stop Codeine phosphate or dihydrocodeine – Move to Step 3 WHO LADDER – strong opioids

Step 7: Start oral morphine immediate release (Oramorph®) 5-10mg QDS if max dose of codeine/dihydrocodeine tolerated and normal renal function. (If not use 2.5-5mg QDS)
 Increase dose by $\frac{1}{4}$ - $\frac{1}{3}$ every 24 hours until pain controlled, as long as when required (prn) medication suggests pain is morphine responsive
 When dose is stable or on more than 20mg in 24hours consider modified release capsules (Zomorph®)*. Immediate release morphine [when required (prn)] should also be prescribed.
 Is pain controlled? **ABBEY PAIN SCORE – If No, increase oral morphine dose**

***For patients who cannot swallow Zomorph® capsules, their contents can be administered directly in semi-solid food (puree, jam, yoghurt).**



Step 10: Evaluate amount of analgesia required. To be done by Geriatrician / Old Age Psychiatry (ST3 and above) / Dementia Specialist Nurse / Palliative Care, if patient currently under their care; otherwise GP to assess.

Dose conversion rates given below should be used as a guide.

10-15mg oral morphine salt daily:	Transdermal Buprenorphine 5 micrograms/hour
20-30mg oral morphine salt daily:	Transdermal Buprenorphine 10 micrograms /hour
40mg oral morphine salt daily:	Transdermal Buprenorphine 20 micrograms /hour
45mg oral morphine salt daily:	Transdermal Fentanyl 12 micrograms /hour
90mg oral morphine salt daily:	Transdermal Fentanyl 25 micrograms /hour

APPENDIX 1

Abbey Pain Scale				
Name of resident _____				
<i>For measurement of pain in people with dementia who cannot verbalise</i>				
How to use scale: While observing the resident, score questions 1 to 6				
Name/designation of person completing the scale _____				
Date _____		Time _____		
Latest pain relief given was _____		at _____ hours		
Q1 Vocalisation eg. whimpering, groaning, crying Absent 0 Mild 1 Moderate 2 Severe 3	<input style="width: 40px; height: 30px;" type="text"/>			
Q2 Facial expression eg. looking tense, frowning, grimacing, looking frightened Absent 0 Mild 1 Moderate 2 Severe 3	<input style="width: 40px; height: 30px;" type="text"/>			
Q3 Change in body language eg. fidgeting, rocking, guarding part of body, withdrawn Absent 0 Mild 1 Moderate 2 Severe 3	<input style="width: 40px; height: 30px;" type="text"/>			
Q4 Behavioural change eg. increased confusion, refusing to eat, alteration in usual patterns Absent 0 Mild 1 Moderate 2 Severe 3	<input style="width: 40px; height: 30px;" type="text"/>			
Q5 Physiological change eg. temperature, pulse or blood pressure outside of normal limits, perspiring Absent 0 Mild 1 Moderate 2 Severe 3	<input style="width: 40px; height: 30px;" type="text"/>			
Q6 Physical changes eg. skin tears, pressure areas, arthritis, contractures, previous injuries Absent 0 Mild 1 Moderate 2 Severe 3	<input style="width: 40px; height: 30px;" type="text"/>			
Add scores for 1–6 and record here _____			Total pain score <input style="width: 40px; height: 30px;" type="text"/>	
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 that matches the type of pain	Chronic		Acute	Acute on chronic

Source: Abbey J, De Bellis A, Piller N, Esterman A, Giles L, Parker D, Lowcay B. Funded by the JH & JD Gunn Medical Research Foundation 1998–2002