

# Program

# **Target Audience**

The target audience for the 28<sup>th</sup> National Conference includes registered nurses and advanced practice nurses practicing in pain management, as well as nursing faculty and nursing students with an interest in pain management.

# **Conference Goals**

- Discuss clinical options for the treatment of patients who require pain management nursing care.
- Analyze clinical, research, sociocultural and legal developments in the field of pain management.
- Advocate for the provision of comprehensive, evidence-based, quality care of individuals and their families experiencing problems related to persistent pain conditions.
- Network with nurses and other health care professionals who focus on pain management in their practice.

# **Program Objectives**

Learning objectives for each session will be posted on the ASPMN® Conference webpage at a later date.

# **ASPMN®** Conference Planning Committee

Program Co-Chairs Pamela Geyer, JD, RN-BC, CFN, FACFEI, Chair Cheryl Deters, CPNP, Co-Chair Committee Members Laurie Holmes, RN-BC, BSN Eileen Smith, MSN, RN-BC Kathy Baule, DNP, RN, APN-ACNS-BC, CCRN, CNRN, RNFA Tamara Brown, MS, RN, ACNS-BC Sandra Davis, RN-BC Maureen F. Cooney, DNP, FNP, RN-BC Marsha Stanton, PhD, RN

# Accreditation

The Greater Kansas City Chapter of the American Society for Pain Management Nursing is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering has been submitted for contact hours applicable for RN, LPN, LMHT relicensure and pharmacology hours for APN relicensure. Kansas State Board of Nursing provider number LT0279-0412.

# Networking

The opportunity to develop and continue relationships with your colleagues through networking is one of the key benefits of attending the ASPMN<sup>®</sup> National Conference. Networking offers many tangible benefits to conference participants, including, but not limited to, validating your experience in providing nursing care and developing a better understanding of your practice and your role in care delivery by learning from others who are dealing with similar circumstances, solving the same problems and confronting the same issues. Take advantage of this national gathering of pain management nurses to learn more about national issues and trends.

# Wednesday, September 26, 2018

Time	Presentation/Event	Presenter(s)
7:00 a.m 9:00 a.m.	Pre-Conference Workshop Registration	
7:00 a.m 8:00 a.m.	Pre-Conference Workshop Continental Breakfast	
8:00 a.m 5:15 p.m. 9.3 Contact Hours*	Workshop 1 ASPMN <sup>®</sup> Pain Management Certification Preparation Course <sup>™</sup> This course will cover basic physiology of pain, assessment of pain, pharmacologic, non-pharmacologic and interventional management of pain across the lifespan. The information in this course follows the exam content outline created by the Content Expert Panel for ANCC and was compiled by members of the ASPMN <sup>®</sup> . For more information on the exam, visit: https://www.nursingworld.org/our-certifications/pain-management/.	Renee Manworren, PhD, APRN, BC, FAAN; Teri Reyburn-Orne MSN, RN-BC, PPCNP-BC/CPNP- AC, AP-PMN; Diane Scheb, MNS, RN-BC; Esther Bernhofer, PhD, RN-BC, CPE
8:00 a.m 5:15 p.m. 9.3 Contact Hours*	Workshop 2 Advanced Pharmacology Pain management nursing has advanced its practice by leaps and bounds. We no longer assume that pain management is simple, algorithmic nor anecdotal. We now advance into evidence-based practice that is based on neurophysiological research. In order to continue to move pain management nursing forward, we must think in terms of advanced pharmacology that incorporates pain pathways and multi-modal approaches. Mastering the use of multi-modal therapies allows for opioid sparing. This workshop is focused for the seasoned nurse in pain management who is thinking about the depth of a person's individualized pain and how best to treat the etiology of pain while focusing on safety.	Linda Vanni, MSN, RN-BC, ACNS-BC, NP; Peggy Nelson, MSN, RN
<b>8:00 a.m 12:00 p.m.</b> <i>4.5 Contact Hours*</i>	Workshop 3 Bring Non-pharmacologic Interventions to Your Organization In this four-hour workshop participants will learn how to provide non-pharmacologic interventions for patients at their organizations. Michele Erich recently celebrated 20 years as coordinator of the Healing Arts Network at a 725-bed regional medical center where she oversees music, massage, yoga, relaxation, tai chi/qi gong, pet and energetic therapies. She will share how she created and nurtured the program and how it has evolved over the past two decades. She will also share how to develop policies and work with various organizational departments, including infection control and risk management. In addition, Michele and Ann Quinlan-Colwell will teach some non- pharmacologic interventions participants can use and teach clinicians and patients. These will be techniques that do not require additional education or certification so they can be used right away. These will include Loving Kindness meditation, guided imagery, and progressive muscle relaxation. After attending this workshop participants will be able to implement non-pharmacologic interventions in their organizations and learn ways to evolve that implementation into a larger non-pharmacologic program.	Michele Erich, MT-BC; Ann Quinlan-Colwell, PhD, RN-BC
12:00 p.m 1:00 p.m.	Pre-Conference Workshop Lunch	
12:30 p.m 6:30 p.m.	Conference Registration	
1:00 p.m 5:00 p.m. 4.5 Contact Hours*	Workshop 4 The Tides Have Changed in Pediatric Pain Management Whether you care for kids occasionally or on a daily basis, ASPMN®'s national experts will share their knowledge and expertise to enhance your ability to care for children and young adults. This workshop will cover a potpourri of hot topics and current trends in pediatric pain management.	Helen Turner, DNP, PCNS-BC, AP-PMN, FAAN; Alicia Harding, RN-C, FNP-C, AP-PMN, ACHPN;

Topics Include:

Brandi O'Brien, MSN, RN-BC, CPNP-AC, AGPNP-BC, PHN, CHPN, OCN; Kimberly Wittmayer, MS, APN, PCNS-BC,

# AP-PMN;

Cheryl Deters, MSN, RN, CPNP

- Reducing Opioid Use through Multimodal Pain Management for Children with Sickle Cell Disease
- Palliative & Hospice Care for Children
- Validation of the Pain Outcome Questionnaire in Pediatrics
- Challenges of Pain Management for Young Adults in Pediatric Hospitals
- The Opioid Crisis in Pediatrics
- 5:30 p.m. 6:00 p.m. New Member/Attendee Orientation
- 6:00 p.m. 8:00 p.m. Welcome Reception in the Exhibit Hall/Poster Viewing/Silent Auction

# Thursday, September 27, 2018

Time	Presentation/Event	Presenter(s)
7:30 a.m 4:30 p.m.	Conference Registration	
7:30 a.m 8:00 a.m.	Continental Breakfast	
8:00 a.m 8:30 a.m.	Welcome & Opening Remarks	Sharon Wrona, DNP, RN-BC, PNP, PMHS, AP- PMN ASPMN® President
8:30 a.m 9:30 a.m. 1.2 Contact Hours*	Keynote Address Opioid Therapy at a Time of Crisis In this lecture Dr. Passik will trace the recent history of the opioid crisis in America and its impact on the use of opioids in the treatment of chronic pain. He will review the drivers of decision making on potential solutions and the ongoing effort to deal with the crisis through dose, duration and quantity limits. He will also discuss the absence of more clinically based policies but end on a hopeful note by supplying clinically based suggestions to help patients maintain legitimate access to opioids when they become necessary in their care.	Steven Passik, PhD
9:30 a.m 10:15 a.m.	Break in the Exhibit Hall/Poster Viewing/Silent Auction	
<b>10:15 a.m 11:15 a.m.</b> <i>1.2 Contact Hours*</i>	General Session The Impacts of Law, Regulation and Enforcement on Pain Care: An Update In this presentation, the panelists will provide a timely update on the pressing trends and policy issues affecting pain management. Topics will include the implications of recent and anticipated legislative and regulatory action at the federal and state levels; enforcement trends; and the vital roles of pain management nurses as patient advocates. The session will conclude with a moderated question-and-answer session.	Michael Barnes, JD; Wade Delk, BA
11:15 a.m 12:45 p.m.	Group Luncheon ASPMN <sup>®</sup> Business Meeting All attendees invited	
1:00 p.m 1:50 p.m.	General Session	Vanila M. Singh, MD, MACM

1.0 Contact Hours\* Opioid Crisis: HHS Strategy & Pain Management

# Thursday, September 27, 2018

Time	Presentation/Event	Presenter(s)
<b>1:55 p.m 2:45 p.m.</b> <i>1.0 Contact Hours*</i>	General Session Jean Guveyan Lecture: Nursing Education in the Midst of the Opioid Crisis The current opioid crisis highlights two chronic health conditions which have traditionally received relatively little emphasis in nursing curricula: addiction and chronic pain. Organized around Blooms taxonomy of learning and the American Association of Colleges of Nursing (AACN) Essentials of Nursing Education, key competencies related to the assessment and management of these disorders will be reviewed, with a focus on evidence-based treatments, interprofessional collaboration, health promotion, and social justice. Issues associated with the delivery of care in the existing health care environment and related policy will be also be elucidated. Both addiction and chronic pain are sources of suffering for patients; the key role nursing can play in reducing suffering in these vulnerable populations is critical to addressing the opioid crisis.	Peggy Compton, RN, PhD, FAAN
<b>2:45 p.m 3:30 p.m.</b> 0.9 Contact Hours*	Poster Session	
2:45 p.m 3:30 p.m.	Break in the Exhibit Hall/Silent Auction	
Time	Presentation/Event	Presenter(s)
3:00 p.m 3:20 p.m.	Product Theater provided by ADAPT Pharma	
<b>3:30 p.m 4:20 p.m.</b> 1.0 Contact Hours*	General Session OUCH!That's Better. Interventional Pain Options Dr. Baule will provide alternatives to traditional opiate use for pain control. She will offer potential interventions for individuals suffering from acute or chronic pain issues.	Kathy A. Baule, DNP, RN, APN-ACNS-BC, CCRN, CNRN, RNFA
4:25 p.m 5:15 p.m.	General Session Reducing In-Patient Opioid Consumption: Creating a Therapeutic Foundation with Breakthrough Analgesia Based on Patient Function A standardized pain management plan was developed to reduce variation in prescribing, reduce opioid consumption, and individualize pain treatment while maintaining regulatory excellence. The plan included a foundation of scheduled non-opioid analgesics, medications for neuropathic pain and opioid effect maximization, consistent use of integrative therapies, and a plan for breakthrough pain based on the patient's ability to achieve therapeutic activity goals (TAG). TAG considers the patient's baseline function, treatment goals, activities of daily living, and ability to rest and was used to evaluate need for PRN analgesics, set and reach treatment goals, and involve patients and caregivers in treatment.	Peggy Lutz, MSN, FNP-BC, RN-BC; Chad Dieterichs, MD
5:30 p.m 6:15 p.m.	Certification Reception All Certified Pain Management Nurses invited	
Friday, September 28	a, <b>201</b> 8	
Time	Presentation/Event	Presenter(s)
6:30 a.m 7:30 a.m.	Fun Run/Walk	

- 7:00 a.m. 8:30 a.m. Breakfast Symposium Supported by Scilex Pharmaceuticals
- 8:00 a.m. 4:00 p.m. Conference Registration

Time	Presentation/Event	Presenter(s)
8:30 a.m 9:20 a.m. 1.0 Contact Hours*	General Session The Joint Commission Update: Pain Standards	Robert Campbell, PharmD
9:20 a.m 10:00 a.m.	Break in the Exhibit Hall/Poster Viewing/Silent Auction	
<b>10:00 a.m 10:50 a.m.</b> 1.0 Contact Hours*	Concurrent Session 1	
	1A Successful Implementation of Complex Medication Orders for Joint Commission Compliance	Robert Campbell, PharmD
	<b>1B</b> Implementation of Overdose Education & Naloxone Distribution in a Health Care Setting Part 1 The opioid epidemic in the United States is an absolute crisis. Over 500,000 people have died of this epidemic between the years 2000-2015. Furthermore, the Center for Disease Control (CDC) reports that opioid overdose deaths have quadrupled since 1999. The CDC now recommends distributing naloxone for any patients with a morphine equivalent greater than 50 mg. This presentation (Part 1 of 2) will discuss the process of initiating and implementation of an Overdose Education and Naloxone Distribution training program to families and patients in high risk settings.	Andrea Eickhoff, MS, RN-BC; Andrea Ellingson, BSN, RN; Jessica Bernau, BSN, RN; Elizabeth Morice, MSN, RN
	<b>1C</b> <i>Amplified Pain Syndromes in Children: When It Hurts Too Much</i> Amplified pain syndromes in children encompass a wide spectrum of musculoskeletal pain disorders that includes pediatric fibromyalgia, localized and diffuse amplified pain and complex regional pain syndrome. Prolonged disability from amplified pain can have a profound effect on behavioral and cognitive health. Treatment and management are	Deborah Krepcio, MSN, RN, CRNP, CPNP-PC

1D Practice Stories Inspired a Multidimensional Comfort Model for Pain Management, Clinical Practice & Research

When practice stories are included in the quality and safety improvement process, they provide important information that can also improve the patient experience. The Nichols-Nelsons' Theoretical Model of Comfort (NNTMC) was created using practice stories that are often disregarded in the age of rapid-cycle process improvement. Learn about the collaboration between a DNP-student and PhD nurse and the development of this model based on stories and guide by Caring Science. This session will broaden your perspective of the physiology of pain and comfort.

aimed at breaking the abnormal pain reflex and returning the child to normal functional activities especially school. This session discusses etiology, recognition and evaluation, the role of psychological stress and a multidisciplinary approach

# **1E** Rapid Fire Session

to non-pharmacologic function-based treatment.

# Influence of Biomedical Risk Factors on Chronic Low Back Pain among Women

This is part of a larger biobehavioral research study supported by the American Association of Nurse Practitioners grant. This study involved an interdisciplinary collaborative team, led by nursing, and engaging students toward building their research capacity in advancing pain science. Findings are valuable in improving pain management among women, a population where pain care disparities and undertreatment have been well-documented. This population also involved those belonging to the minority, low socio-economic status where research studies are gravely lacking. An opportunity to present study findings in an oral venue is well appreciated and significant in pain care.

**Use of Outpatient Lidocaine Infusions with Complex Chronic Pain Conditions; Successes and Issues Addressed** Lidocaine is used as a primary anesthetic agent resulting in central or peripheral nerve blockade. Use and benefits postsurgery in pain control as well as outpatient lidocaine infusions have demonstrated some benefit for reducing complex regional syndrome and central pain conditions. Our outpatient Pain Center has been doing infusion therapies (lidocaine and ketamine) for complicated pain conditions since 2013. These modalities have been more frequently utilized given the current opioid epidemic resulting in reduction of opioids for non-malignant pain. A review of our experience (benefits, reduction of medications, improvement in function) and caveats for care will be presented.

Tara Nichols, MS, APRN, CCRN, CCNS,

AGCNSBC

### Jennifer Kawi, PhD, MSN, APRN, FNP-BC

Janet Pennella-Vaughan, MS, NP; Cyndy Taylor, RN

## Risk for Overeating to Cope with Pain among Obese Adults with Chronic Pain

Persistent pain and obesity are associated conditions. Pain-related outcomes such as pain intensity and disability have been documented as worse among obese compared to non-obese adults. While the mechanisms underlying the association between two chronic conditions is complex and poorly understood, it is thought that adults may over-eat in response to pain as one potential contributor to the relationship. This study descriptively sought to identify risk for selfreported over-eating in response to pain among obese compared to non-obese adults with persistent pain diagnoses. Obese adults were three times more likely to report over-eating when in pain than non-obese adults.

Teresa Bigand, MSN, RN, CMSRN, CNL; Marian Wilson, PhD, RN, MPH

10:00 a.m. - 10:50 a.m. **Concurrent Session 1** 

1.0 Contact Hours\*

# 1F A Taste of MI: Motivational Interviewing & Brief Action Planning for Pain Management Nurses

Patients with chronic pain often engage in unhealthy behaviors that contribute to poor health outcomes. Chronic pain and associated symptoms can be improved by active patient involvement. Nurses have the opportunity to raise patient awareness of health risks through motivational interviewing and brief treatment plans. This session will introduce motivational interviewing and brief action planning and allow a brief opportunity to practice skills necessary for delivery in the context of comprehensive pain management.

Patricia Bruckenthal, PhD, APRN-BC, FAAN

#### 11:00 a.m. - 11:50 a.m. **Concurrent Session 2**

1.0 Contact Hours\*

### 2A Overdose Education & Naloxone Distribution Part 2: Data from Attendees of a Pain Rehabilitation Program

The opioid epidemic in the United States is an absolute crisis. Over 500,000 people have died of this epidemic between the years 2000-2015. Furthermore, the Center for Disease Control (CDC) reports that opioid overdose deaths have guadrupled since 1999. The CDC now recommends distributing naloxone for any patients with a morphine equivalent greater than 50 mg. This presentation (Part 2 of 2) will focus on guality data that was used to evaluate the development of the OEND program for friends/family members of those attending an interdisciplinary pain rehabilitation program.

# 2B Making "Scents" of Aromatherapy & Use of Essential Oils: Journey to Implementation

Patients and families are requesting aromatherapy and use of essential oils as non-pharmacologic options for comfort management. Not currently regulated by the FDA, it is imperative for institutions to establish policies and procedures to ensure safe use. Presenters will discuss basics of aromatherapy and safe medical use. They will outline two children's hospitals journey to implementing aromatherapy/essential oils programs including policy development, basic knowledge of essential oils used, indications for use, modes of delivery, contraindications, staff and family education, and documentation.

#### 2C Using a Pain Tracking App in an Adult Oncology Pain Clinic

This study was conducted to determine if adult patients of an oncology pain clinic who self-report high pain scores (>4 on pain numeric rating scale) that use a smartphone pain tracking application (app) have improved pain and self-efficacy scores in 60 days compared to the baseline. Participants reported that using the pain-tracking app helped them identify "more good days than bad," lower pain scores at home than expected, pain that was manageable, insight to how pain effected their mood, and the ability to look at pain in a concrete way. This study identifies further investigational needs for engaging oncology patients.

### 2D Can Compassion for Patients with Chronic Pain & Substance Use Be Taught to Clinicians?

This presentation will explore how health care providers may react to patients with chronic pain and substance use disorder. The concept of compassion will be explored and recent research about compassion will be presented including how it affects both patients and clinicians. Ways to either develop or rekindle will be discussed.

Andrea Lee, RN, CA, Lac, Dipl. Ac.; Lynn Anson, RN-BC

#### Kathy Castille Aliffi, DNP, APRN-BC, FNP-C

Ann Quinlan-Colwell, PhD, RN-BC

# Connie Luedtke, MA, RN-BC; Michele Evans,

APRN, CNS; Deborah Delgado, DNP, MS, RN;

Danielle N. Carlson, APRN, CNS-BC

Time

## **Presentation/Event**

# **Concurrent Session 2**

**11:00 a.m. - 11:50 a.m.** *1.0 Contact Hours\** 

# **2E Rapid-Fire Session**

Geriatric Pain Intervention Pilot (G-PIP) Program: A Geriatric Resource Nurse-led Pain Intervention Educational Initiative

Registered nurses (RNs) require knowledge of pain management interventions (PMIs) tailored to older adults. The Geriatric Pain Intervention Pilot (G-PIP) Program was developed to improve RN knowledge of PMIs by distributing four one-page educational briefs with puzzles. Geriatric Resource Nurses (GRNs) are nurse champions with expertise in the care of older adults. For this pilot project, GRNs distributed, publicized, collected, and measured the number of completed educational briefs on pilot units at 10 MedStar Health (MSH) hospitals. Patient pain experience scores were of the pilot units was compared with all older adult units pre and post implementation.

# The Experiences, Perceptions and Teaching Practices of Nursing Faculty Teaching Pain Management to Baccalaureate Students

A qualitative descriptive study examining the perspectives of nursing faculty teaching pain management in the context of an ongoing opioid epidemic. Qualitative Content Analysis in conjunction with NVIVO computer software was used to analyze the data. Seventeen faculty members from 15 different schools of nursing were interviewed for the study. Three main themes and 3 sub themes were identified. This study found that faculty teaching practice was heavily influenced by past experience with patients who had unrelieved or unbelieved pain.

# **Coaching to Increase Engagement in Online Pain Self-Management Program**

Online pain self-management programs can help reduce symptom burden related to persistent pain. However, engaging adults with pain in use of online programs is challenging. It was hypothesized that weekly communication with a health coach could increase participant engagement in an online pain self-management program. Participants in this feasibility study were contacted by a health coach weekly for 8 weeks via their method of choice: email, text, phone call, or inperson meetings. Participants who engaged the most with online content were those who elected to regularly meet face-to-face with health coaches, suggesting communication delivery influences client engagement in online programs.

12:00 p.m. - 1:30 p.m. Awards Luncheon - All attendees invited

# 1:30 p.m. - 2:20 p.m. Concurrent Session 3

1.0 Contact Hours\*

# 3A Current Opioid Use State: Use/Misuse and Abuse

The presenter will provide attendees data for the current state of opioid prescribing in the United States. Data compiled from regulatory bodies will include the CDC/HHS/DOJ/DEA and others. Identification of PDMP programs and impact will also be covered. The presentation will provide information on determining how to share information and educate providers across the spectrum to assist in the reduction of opioid deaths caused by overdose from prescription pain medications. The presenter will provide an introduction of functional pain assessment and evaluation of importance as well as information on evaluating changes to current practice required to reduce loss of life.

# Presenter(s)

Karen Mack, MS, MBA, APRN, CCNS, ACNPC; Nadine Henry-Thomas, MSN, RN, CMSRN; Andrea Nolan, MSN, MHA, RN, CRRN

# Eileen Campbell, EdD, APRN

# Teresa Bigand, MSN, RN, CMSRN, CNL, PhD

# Pam Geyer, JD, RN-BC, CFN, FACFE, DABFN

Time

### **Presentation/Event**

# **3B** New Strategies in Opioid Stewardship

The speaker will discuss pain medication stewardship program creation (e.g. processes for identification and implementation of best practices, daily monitoring of adherence to best practices, plan for intervention of deviation from best practices, processes for monitoring patient pain management satisfaction scores).

# **3C Pediatric Chronic Pain & Opioids**

The session will present common problems seen in the pediatric chronic pain population, how a multidisciplinary approach in our opinion is the best approach, and if opioids are ever indicated. Presenters will also attempt to answer if the opioid epidemic will affect management is this population moving forward.

# 3D Ready, Set, Get Published!

This session will facilitate participants to bring clinical ideas, quality improvement or evidence based projects, or research study results to publication. The Editors of *Pain Management Nursing* will review the process of developing a small group mentoring will be provided. Participants are encouraged to bring an idea, outline or rough draft for a manuscript. Mentors will work on framing an idea, outlining a manuscript, conducting a literature search, and actual writing skills. Participants will leave the session with "next steps" towards publication.

# **3E Rapid-Fire Session**

# A Multimodal Approach to Post-Operative Pain Management after Spine Surgery: The Back-up Plan

Patients undergoing lumbar spine surgery are often ill prepared for the surgical encounter. Additionally, there are variations in the perioperative pain management provided by the healthcare team. This often yields inconsistencies in outcomes and patient satisfaction. This presentation will explore a CNS led interprofessional team approach, utilizing multimodal pain management modalities, evidenced based practice and historical data surrounding the care of patients undergoing spine surgery. Through the Surgical Team Approach to Advanced Recover (STAAR), a spine care pathway was developed and implemented to improve postoperative pain management, patient outcomes and satisfaction.

# The Effect of an Enhanced Recovery Protocol in Bariatric Surgery Postoperative Pain

The enhanced recovery protocol is a multimodal postoperative management protocol aimed at reducing complications and lengths of stay. It has also been demonstrated to reduce patient pain scores and improve patient satisfaction. In bariatric surgery patient pain management with traditional postoperative protocols typically fail and lead to complications. In bariatric patients, the enhanced recovery protocol has only been studied to demonstrate safety and impacts on length of stay. In this study, the impacts of the protocol on bariatric surgery postoperative pain scores and patient satisfaction were analyzed to determine if the same trends occurred within bariatric patients.

# Cognitive Behavioral Therapy for Spinal Cord Injury patients with Chronic Neurogenic Pain

This session provides insight on the use of group cognitive behavioral therapy for spinal cord injury patients with opioid use disorder. Highlights successes as well as the challenges faced by the facilitators and patients alike. Addresses the benefits of using an interdisciplinary team to address the needs of each patient along with the benefits and pitfalls of applying CBT in a group setting. Validate the role of the Pain Management Nurse as a facilitator, educator and integral member of the interdisciplinary team. Present final outcomes, lessons learned and future quality improvement projects to address SCI and opiate use disorder.

# 2:20 p.m. - 3:00 p.m. Break in the Exhibit Hall/Poster Viewing/Silent Auction

2:30 p.m. - 2:50 p.m. Product Theater provided by Collegium

# Presenter(s)

Christina Wiekamp, APRN, CNS, ACHPN, APRN; Yleana Baggenstos, PharmD

James DeMasi, RN, CPNP-AC/PC; Molly Kroschewsky, PA-C

Patricia Bruckenthal, PhD, PANR-BC, FAAN; Elaine Miller, PhD, RN, CRRN, FAAN, FAHA

# Donna Mangruen, MSN, RN, APN, ACNS-BC, CMSRN

Brittani A. Seagren, DNP, APRN-NP, FNP-C,

# Judith Salazar, BSN, RN, CHPN-BC

**RN-BC** 

Time	Presentation/Event	Presenter(s)
<b>3:00 p.m 3:50 p.m.</b> 1.0 Contact Hours*	General Session The Science and Art of Managing Pain throughout the Cancer Experience Is there a difference in treating cancer pain and non-cancer pain? This session will provide an overview of current evidence-based guidelines and practices for identifying, assessing, and managing cancer pain in adults from diagnosis, during survivorship, and at the end of life. Brief case scenarios of common causes of cancer pain will allow participants to discuss cancer pain and non-cancer pain guidelines and develop clinically effective strategies for managing a variety of cancer pain syndromes.	Carol P. Curtiss, MSN, RN-BC; Ann Marie Harootunian, MS, RN, FNP
<b>3:55 p.m 4:45 p.m.</b> 1.0 Contact Hours*	General Session Navigating the Waters of Acute Post-Operative Pain This session will discuss the ongoing need for thorough patient assessment and strategies for a multimodal postoperative pain management plan of care. Pharmacological and other modalities will be presented along with perspectives regarding the future direction of acute postoperative pain management.	Susan Pendergrass, MSN, MEd, FNP-BC
5:00 p.m 5:45 p.m.	Committee Meetings	
5:45 p.m 6:30 p.m.	Chapter Meetings	
7:30 p.m 10:00 p.m.	ASPMN <sup>®</sup> Party!	
Saturday, September	r 29, 2018	
Time	Presentation/Event	Presenter(s)
8:00 a.m 8:30 a.m.	Continental Breakfast	
8:00 a.m 12:00 p.m.	Conference Registration	
8:30 a.m 9:20 a.m. 1.0 Contact Hours*	General Session Impact to Patients in Pain through a Career in Pain Management Many people go into nursing to help others; however, as a young student or nurse, you may not even realize how your career in nursing can impact the patients you care for. Nurses have a gift of learning how to provide holistic care to patients using individualized nursing interventions. A career in pain management nursing can be extremely fulfilling when helping those in pain, but, at times, we experience challenges in managing pain for our patients. ASPMN <sup>®</sup> 's President will share her journey and stories of how her 30 years in nursing have impacted those in pain, both in her professional career and personal life.	Sharon Wrona, DNP, RN-BC, PNP, PMHS, AP- PMN ASPMN <sup>®</sup> President
<b>9:30 a.m 10:20 a.m.</b> 1.0 Contact Hours*	Concurrent Session 4	
	<b>4A</b> Patient & Prescriber Anxiety about Benzodiazepines Combined with Opioids: Alternatives for the Non- Psychiatric Practitioner This session presents a brief overview of opioid overdose death trends along with the enhanced risk of injury and death when opioids are combined with benzodiazepines. With published quidelines including the CDC quidelines cautioning	June Oliver, RN-BC, MSN, CCNS, APN/CNS

This session presents a brief overview of opioid overdose death trends along with the enhanced risk of injury and death when opioids are combined with benzodiazepines. With published guidelines, including the CDC guidelines, cautioning against concurrent use, the pain practitioner is well served to gain understanding of this risk as well as safer alternative medications and interventions for anxiety. This knowledge can guide the pain practitioners prescribing choices as well as inform discussions with other colleagues and prescribers of benzodiazepines to promote a safe and effective team approach to pain and anxiety management.

Time

# **Presentation/Event**

# 4B Chronic Opioid Therapy in Persistent Pain: Patient Selection & Risk Reduction Strategies

The opioid epidemic has created treatment challenges in meeting the needs of patients with persistent chronic non cancer pain. The need for opioid stewardship by the prescribing provider is a prudent practice if opioids are to be available to patients with suboptimal pain relief. This session will address the use of chronic opioid analgesia through patient selection and application of risk reduction strategies. The application of the CDC guidelines in selected case studies will assist the learner in identifying comorbid conditions that increase risk of opioid prescribing. Identification of exit strategies and opioid tapering guidelines will also be reviewed.

# 4C Reducing Unintended Variation in Discharge Opioid Prescribing in a Pediatric Hospital Setting

In 2017, Children's Hospital Colorado finalized a clinical pathway to reduce unintended variation in opioid prescribing for pediatric patients with acute pain. Subsequently, the team aimed to analyze baseline prescribing data for Orthopedic Surgery inpatients and to design an improvement project to implement the pathway's recommendations. The improvement project will launch in early 2018 to increase compliance with the clinical pathway's recommendation to limit discharge prescriptions to a maximum of seven days. At baseline, 51% of Orthopedic Surgery patients were discharged with fewer than seven days of opioids. Outcome data will be available to share at the conference.

# 4D Transitioning from Pain Initiation into Addiction Treatment: "They Just Want to Feel Normal"

This session will share stories from ten adults with persistent pain who transitioned into medication-assisted treatment for opioid addiction. A new grounded theory was developed from their interviews that can be used to guide care improvements for those living with pain who are at risk for substance use disorders. Detailed accounts from study participants will be presented that describe the pathway to addiction and how they regained a sense of normalcy.

# 4E Bioethics & Pain Management: A New & Practical Application

Providing relief from pain and suffering is more than the application of knowledge, it is an ethical endeavor. In this session, participants will learn to apply the framework of bioethics (ethics/morals plus empirical evidence) to pain management by 1) reviewing the principles of ethics related to pain care, 2) moving practically from ethics to values-based decision-making, and 3) applying ethical and empirical evidence to complex cases. Discussion will include: the patient-clinician relationship, elements of pain assessment that should never be overlooked, making optimal (sometimes unconventional) treatment decisions, and considering a bioethical framework for establishment of pain management policies.

# 10:20 a.m. - 10:45 a.m. Break/Silent Auction Winners Prize Pick-up

10:45 a.m. - 11:35 a.m. Concurrent Session 5

1.0 Contact Hours\*

# 5A NSAIDs: Friend or Foe as Opioid Alternatives?

While NSAIDs are a long-standing option for pain control, they carry significant potential side effects and toxicities. With growing public and professional interest in opioid alternatives fueled by concern over the rise in opioid fatal and non-fatal overdoses, the pain practitioner needs a solid understanding of NSAID choices, indications and contraindications along with approaches for monitoring and lowering the risk of related toxicities. Weighing the risk and benefits in choosing an NSAID, including newer combination medications with gastrointestinal protective agents, will be explored-and contrasted with an overview of opioid risk and benefits.

# Presenter(s)

Michelle Lavelle-Henry, RN-C, MSN, APRN, CNP

Benjamin Bernier, MSN, RN, CCRN; Sara Hahn, MSW, PhD

# Marian Wilson, PhD, MPH, RN-BC

# Esther Bernhofer, PhD, RN-BC, CPE

# June Oliver, RN-BC, MSN, CCNS, APN/CNS

# Saturday, September 29, 2018

Time

### **Presentation/Event**

# 10:45 a.m. - 11:35 a.m. Concurrent Session 5

1.0 Contact Hours\*

# 5B When Addiction Hurts: Managing Acute Pain in Patients Receiving Medication Assisted Therapy (MAT)

With the increasing number of patients being managed with medication assisted therapy (MAT) for opioid use disorder, the acute inpatient practitioner is facing new difficulties in managing acute pain crisis. This presentation will discuss the different options for MAT, such as buprenorphine, methadone, and naltrexone. We will also discuss the pharmacology of the different MAT, difficulties associated with each treatment option, and discuss adjuvant therapies, including ketamine, for treatment of acute pain. Attendees will work through a series of patient cases to refine their acute pain management skills in MAT treated patients.

# 5C Sedation & Factors Nurses Consider When Making Decisions to Medicate for Pain in the PACU

This presentation introduces a study that examined how nurses working in the Post-Anesthetic Care Unit (PACU) identify and describe excessive sedation and what criteria they use to make decisions about medicating patients for pain. Utilizing an interpretive phenomenological approach, 20 expert PACU nurses from a suburban Canadian hospital were interviewed regarding their lived experiences, specifically in the context of deciding whether or not to medicate with an opioid. The results of this study will inform the development or refinement of sedation scales with the goal of improving sensitivity and specificity to capture all aspects of opioid induced sedation.

## 5D 2017 ASPMN® Research Grant Winner

#### Investigation of Decision-making in Prescription Drug Monitoring Program Use: A Factorial Survey Experiment

The National Institute on Drug Abuse has stated that the increase in availability of prescription opioids for the treatment of pain has contributed to the rise in opioid misuse and diversion. In response to this increase, states have implemented Prescription Drug Monitoring Programs (PDMPs) so that healthcare providers can access the controlled substance prescription history of their patients. There is some evidence that PDMPs have been successful in decreases in deaths from overdose. The goals of PDMPs are to reduce opioid abuse, decrease opioid diversion, and help identify when substance treatment is warranted. The purpose of this presentation is to provide preliminary data on a study is to determine what factors most influence a health care provider's decision to consult the Prescription Drug Monitoring Program database (PDMP). Currently, in most states, it is the provider's discretion on when to consult the PDMP for prescribing or dispensing controlled substances. There is a gap in knowledge about the circumstances that lead to PDMP use, including the role implicit biases plays in determining access of the PDMP prior to prescribing or dispensing opioids for pain. The clinical significance of this study is that implicit biases and other subconscious decision-making process could be contributing to health disparities in how controlled substances are prescribed and used. Basic research on patient and provider characteristics associated with PDMP, and provider decision-making is needed to identify if there are implicit biases and what they are. With this knowledge, training and policy changes could be implemented to address non-clinical variation in PDMP use.

#### **5E Rapid-Fire Session**

# Associations between the Gut Microbiome and Migraines in 7-18-Year-Old Children: the American Gut Cohort Analysis

10% children suffer from migraine which result in more school absences and lower academic performance. Recent literature proposed that the gut microbiome may impact migraines through increased intestinal epithelial permeability and inflammation. This quantitative study examined the associations between the gut microbiome and migraines among a cohort of children aged 7-18 years from the American Gut Project (AGP). Findings can help understand biological mechanisms of migraines so that personalized interventions can be designed towards migraine control. **How to Assess for Respiratory Compromise When Your Patient is Using Supplemental Oxygen** 

Opioid analgesics are commonly administered to hospitalized patients to treat pain, but these drugs pose risks for serious adverse events such as unintended advancing sedation, respiratory depression, and even death. A study was

# Presenter(s)

Michelle Meyer, PharmD, BCPS, BCNSP; Andrea Wetshtein, PharmD, BCPS, CPE

# Danielle Dunwoody, RN, MS, PhD(c)

# Barbara St. Marie, PhD, AGPCNP

## Jinbing Bai, PhD, MSN, RN

Carla Jungquist, ANP-BC, PhD, FAAN

	performed to assess if pulse oximetry, capnography, or minute ventilation were best to assess for respiratory compromise in the PACU setting. <b>Pain-Related Patient Satisfaction in Ambulatory Settings</b> The purpose of this quality improvement initiative was to obtain baseline and ongoing monthly measurements of patient satisfaction related to pain in diverse ambulatory settings across an academic medical center. The goal was to utilize this innovative strategy to maintain or improve the pain-related care being delivered. While not a clearly defined concept, patient satisfaction has been linked to quality outcomes in the literature.	Michele Farrington, BSN, RN, CPHON
11:35 p.m 1:00 p.m.	Lunch on Your Own	
1:00 p.m 1:30 p.m.	Incoming Presidential Address	Debra J. Drew, MS, ACNS-BC, RN-BC
<b>1:30 p.m 2:20 p.m.</b> 1.0 Contact Hours*	<b>General Session</b> <i>The Addicted Pain Patient</i> Presentation participants will understand the brain changes with addiction, the impact opioids have on the brain reward and to learn the approaches to paint treatment in patients with addiction.	Timothy Huckaby, MD
2:20 p.m 2:45 p.m.	Break	
<b>2:45 p.m 3:35 p.m.</b> 1.0 Contact Hours*	General Session Government Enforcement in the Age of Opioids: How the Government is Investigating and Prosecuting Opioid Abuse Cases Speakers from both the government and the defense side will speak to practitioners about the growing emphasis in government on opioid prescription abuse, as well as practical tips to avoid scrutiny.	Jason Mehta, JD; Randy Harwell, JD
<b>3:35 p.m 4:25 p.m.</b> 1.0 Contact Hours*	General Session In All Things, I Am My Patients' Advocate: A Holistic Look at Medical Cannabis Nurses in the United States and Canada are seeing significant legislative changes in the way medicinal cannabis can be prescribed and utilized. The evidence-based literature is indicating that cannabis therapeutics can be effective for many serious disease processes and can also be an important part of a beneficial pain management program. Yet there remains a stigma for and a vital concern among patients, caregivers, and health care professionals who associate with this medicinal plant. This presentation will review the current legislation in various states with regard to medical cannabis and discuss indications for its use. Current, evidence-based outcomes will be presented, with a focus on the most noteworthy results of medical cannabis's effects on the body, mind, and spirit. Finally, a social-ethical discussion will consider the concerns and social distress experienced by patients associated with acquiring medicinal cannabis.	Denise Foster, PhD, MSN, RN, CNE
4:25 p.m 4:30 p.m.	Closing Remarks	Debra J. Drew, MS, ACNS-BC, RN-BC

\*Subject to change based upon approval Total number of contact hours applied for is 26.6 (16.3 for the regular conference plus 9.3 for the pre-conference workshop)

**Incoming President**