Jude Davies - Senior Nurse Critical Care Outreach Team
Non-Medical Prescribing in Pain March 2nd 2023

As a Senior Nurse in Critical Care Outreach (CCO) I often systematically review and make
management plans for patient with complex pain needs. These patients can be from a variety
of different specialities, including, surgical, medical, trauma and orthopaedic. As a senior
nurse in CCO, part of my professional development plan is working towards advance practice,
the ability to be a non-medical prescriber is a key aspect of this role. I am also shortly due to
undertake a new position as Rapid Response Lead Nurse – this service will include acute pain.
I have been fortunate to attend the Non-Medical Prescribing in Pain virtual on line course in
March 2023. The conference was hosted via Zoom, using a mix of lectures and “break out
rooms” to keep candidates engags..-0.001 Tc 0.045 Tw 0.28 0 5d
[(on)-1Thefirturl 0.001 Tc 0.113 T04[(,)-4 cnferece wai ste gs ci e cppsty to3,r ckte (o)2 (n)1 (l)1 (l)1 (c)-4a ci fronm snun
fundamental human right, yet sadly there is a gap between what people need and what
happens in practice” The aim of the conference was to bridge this gap.
The conference was nicely introduced by Carolyn Doyle, beginning with a short discussion in
the importance of pain management within end-of-life care. We discussed the benefits vs
burden and the importance of be honest with patients as well as managing expectations. Pain
can impact every part of daily life. A holistic approach is best practice, social, emotional, and
spiritual. Fear can exacerbate pain, so managing this is really important. I found this
presentation very thought provoking. Even

Next session was presented by Stephanie Meachin. Stephanie had lots of exciting and
innovative
 ideas. She talked about the reduction of “just in case” prescribing, and avoiding
patients going home with opioids. This prevents circulation of opiates within the
 community.
She also highlighted the cost implication of repeat prescriptions that may not be necessary.
 If

medications are not working, explore other options. I loved the idea of Free at 3, ad hoc
education at ward level.

We touched again on the pain management in palliative care with a session hosted by Dr
Andrew Tweddle, looking at the conversion of different opiates. We discussed 3 clinical cases,
exploring our ideas in a break out room.

Dr Bhaskar’s presentation
 was pre
-recorded. He talked about using motivation to treat pain.
Not everyone that is in pain needs medication, not everyone that cries in in pain. He talked
about counselling patients in the side effects. Again, exploring the subject of risk vs benefit.

Dr Wang discussed
 the challenges of managing pain in the older adult. Cognitive impairment
adds another layer of complexity.

Diarmuid Denneny clos-1.32 Td
[(.i)2 (n)1 (g p)1 6
( )Tj
l (n)1 (il)2 (ob-4 (l)2 (o-4 (a)2 (t)5 (d)8 (s)-2 (e)5 (d)]TJ
0i)-2 (-1.32 n(i)2 ((f r)-h2 (m)2.1 (p)0.9)]TJ