Guidelines: Cancer pain management / Assessment

Assessment

<table>
<thead>
<tr>
<th>Evidence-based recommendation</th>
</tr>
</thead>
</table>

A1. Complete a comprehensive assessment if either of the following apply:

- a new patient reports a pain score of 2 or more on self-reported numerical rating scale of zero to 10 or pain score is 3 or more on the Abbey Pain Scale (see Screening)
- an existing patient reports a new pain or a sudden, unexpected change in intensity of pain. (Consensus)

Assess all the following to determine the individual’s pain management needs:

- Disease status and treatment (Consensus)
  The Working Group considered this information to provide necessary context for other assessments

- Pain severity (using a validated tool) (NCCN, SIGN)

- Pain experience (location, interference, timing, description, aggravating and relieving factors) (ESMO, NCCN, NHS, SIGN)

- Current and previous management of pain (ESMO, NCCN, NHS, SIGN) and other symptoms (Consensus)

- Pain meaning for the person and their beliefs and knowledge (NCCN, NHS, SIGN), including concern about pain and its treatment (e.g. perceived addictiveness of opioids) (NICE)

- Psychosocial status (ESMO, NCCN, NHS, SIGN), including risk factors for opioid misuse (NCCN)

- Cognitive functioning (Consensus)
  The Working Group considered this information to provide necessary context for other assessments

- Physical examination and, where needed, further investigations (NCCN, NHS, SIGN)

- Functional status (ESMO)

- Risk factors for poorly controlled pain (NCCN)

- Patient and family preferences (goals and expectations for comfort, advance directives) (NCCN)

- Factors suggesting an oncological emergency. (NCCN)

Reassess whenever there is a change in pain or a new pain is reported.
These guidelines have been developed as web-based guidelines and the pdf serves as a reference copy only. Please note that this material is only current to the date and time stamped on this document.

PDF generated at: 10:54, 23.01.2020 from wiki.cancer.org.au
Assessment checklist

[ ] Disease status and treatment

[ ] Record the person’s disease status:
  • Cancer type
  • Site/s

[ ] Record current cancer treatments, including:
  • Chemotherapy (agents, doses)
  • Radiotherapy (site, dose)
  • Other treatments (including complementary and alternative)

[ ] Record previous and previous cancer treatments, including:
  • Chemotherapy (agents, doses)
  • Radiotherapy (site, dose)
  • Other treatments (including complementary and alternative)

[ ] Record treatments for any health problems other than cancer.

Anticancer treatments that may cause peripheral neuropathy

- Taxanes
- Platinum agents
- Eribulin
- Vincristine
- Navelbine
- Lenolinamide
- Bortezomib
- Thalidomide

[ ] Pain severity
These guidelines have been developed as web-based guidelines and the pdf serves as a reference copy only. Please note that this material is only current to the date and time stamped on this document.
References


Appendices

Appendix: The Eastern Cooperative Oncology Group (ECOG) Performance Status scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>Person’s function</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Fully active, able to carry on all pre-disease performance without restriction</td>
</tr>
<tr>
<td></td>
<td>Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or</td>
</tr>
</tbody>
</table>
These guidelines have been developed as web-based guidelines and the pdf serves as a reference copy only. Please note that this material is only current to the date and time stamped on this document.

PDF generated at: 10:54, 23.01.2020 from wiki.cancer.org.au

<table>
<thead>
<tr>
<th>Grade</th>
<th>Person's function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>sedentary nature, e.g., light house work, office work</td>
</tr>
<tr>
<td>2</td>
<td>Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours</td>
</tr>
<tr>
<td>3</td>
<td>Capable of only limited self-care, confined to bed or chair more than 50% of waking hours</td>
</tr>
<tr>
<td>4</td>
<td>Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair</td>
</tr>
<tr>
<td>5</td>
<td>Dead</td>
</tr>
</tbody>
</table>


Appendix: The Australia-modified Karnofsky Performance Status (AKPS) scale

<table>
<thead>
<tr>
<th>Score (Category)</th>
<th>Person's function</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 (A)</td>
<td>Normal; no complaints; no evidence of disease</td>
</tr>
<tr>
<td>90 (A)</td>
<td>Able to carry on normal activity; minor signs or symptoms</td>
</tr>
<tr>
<td>80 (A)</td>
<td>Normal activity with effort; some signs or symptoms of disease</td>
</tr>
<tr>
<td>70 (B)</td>
<td>Cares for self; unable to carry on normal activity or to do active work</td>
</tr>
<tr>
<td>60 (B)</td>
<td>Requires occasional assistance but is able to care for most of his needs</td>
</tr>
<tr>
<td>50 (B)</td>
<td>Requires considerable assistance and frequent medical care</td>
</tr>
<tr>
<td>40 (C)</td>
<td>In bed more than 50% of the time</td>
</tr>
<tr>
<td>30 (C)</td>
<td>Almost completely bedfast</td>
</tr>
<tr>
<td>20 (C)</td>
<td>Totally bedfast and requiring extensive nursing care by professionals and/or family</td>
</tr>
<tr>
<td>10 (C)</td>
<td>Comatose or barely arousable</td>
</tr>
<tr>
<td>0</td>
<td>Dead</td>
</tr>
</tbody>
</table>