Table of Contents

Foreword 3
Rationale and Approach 4
New Zealand Pain Management Nursing Knowledge and Skills Framework for Registered Nurses – An Introduction 5
Levels of Practice 6
NCNZ Domains of Practice 6
How can the New Zealand Pain Management Nursing Knowledge and Skills Framework Assist Nurses, Employers and People with Pain? 7
Diagram illustrating NCNZ domains, levels of practice, aspects of care and educational pathway 9
Professional Development Principles 10
Knowledge and Skills Development 10
Assessment 10
Recognition of Prior Learning 11
Process for Completing the NZ Pain Management Nursing Knowledge and Skills Framework for Registered Nurses 12

COMPETENT Level of Pain Management Nursing Knowledge and Skills for Registered Nurses 15
PROFICIENT Level of Pain Management Nursing Knowledge and Skills for Registered Nurses 26
EXPERT Level of Pain Management Nursing Knowledge and Skills for Registered Nurses 39

Appendix 1: Assessment Templates 51
Supporting Literature and Guidelines 60
Pain affects all of us at some time in our lives. There are a number of definitions of pain but for the purpose of this document pain is described as “a physical and emotional experience associated with actual or potential tissue damage or described in terms of such damage” (Merskey, 1979). As the largest group of health care professionals working across many practice settings nurses are key providers of health care and regularly come into contact with people experiencing pain. It is imperative therefore that nurses’ pain management knowledge and skills are of a standard to ensure the best possible outcomes for people with pain and their family/whānau. To do this, nurses need to reflect on their practice and identify which definition of pain informs it.

The New Zealand Pain Management Nursing Knowledge and Skills Framework (NZPMKSF) has been developed for Registered Nurses (RNs) providing care to people with pain whether acute or chronic (persistent). This is done not with the intention of excluding the valuable role played by Enrolled Nurses in contributing to the assessment and management of pain but to highlight that it is the RN who provides direction and delegation of the Enrolled Nurse’s (ENs) practice, and who maintains overall responsibility for the plan of care provided by the EN. Indeed it is hoped that these guidelines will enable RNs to support ENs more effectively as they care for people experiencing pain.

Recognising an opportunity to identify and articulate the fundamental knowledge and skills that nurses require to care for people with pain within a professional development framework, a small group of pain nurse specialists from the Nurses’ Interest Group (NIG) under the auspices of the New Zealand Pain Society late 2009 commenced work on the Pain Management Nursing Knowledge and Skills Framework for Registered Nurses in New Zealand. The working group acknowledges the use of the National Diabetes Knowledge and Skills Framework (2009) as an initial guide. The release of the New Zealand Adult Respiratory Knowledge and Skills Framework (2010) further informed the development of the NZPMKSF.

A draft framework was circulated for critical comment amongst pain management nurses nationally, and following changes made to the document, a further round of consultation with this core group occurred. A process of national consultation has also taken place with professional nursing groups such as NZNO, including the National Council of Māori Nurses, Te Rūnanga O Aotearoa NZNO, College of Nurses Aotearoa (NZ), Nurse Executives in the Tertiary Sector (NETS), Nurse Educators New Zealand (NENZ), New Zealand Institute of Rural Health (NZIRH), and Private Hospitals Association. Public agencies such as the Cancer Society, Aged Concern, Arthritis NZ, and Endometriosis NZ were also invited to submit comment. Informal discussion was also held with mental health and addictions health practitioners in the consultation/development process.

In response to constructive feedback following national consultation, the NZPMKSF has undergone further refinement with the intention of making it a more concise and accessible document. As well, I extend thanks to Erica Gleeson (CNS, Pain Management, MidCentral Health) who has made a significant contribution to the assessment process of this document, and to Judy Leader (NP, Pain Management, MidCentral Health) and Kate McCallum (CNS, The Auckland Regional Pain Service, ADHB) for their constructive contributions.

Sue King
Nurse Practitioner – Pain Management, Waikato Hospital
Rationale and approach

Pain is a significant health problem in New Zealand\textsuperscript{1,2}, yet it continues to be largely under recognised. Despite the availability of effective strategies, modalities and treatments known to control pain and pain related side effects, inadequate assessment and the under treatment of pain remains a problem for significant numbers of people\textsuperscript{1}. International literature highlights that acute pain associated with trauma, surgery and other conditions continues to be poorly managed with less than 50\% of patients receiving effective pain relief\textsuperscript{6}. This results in adverse outcomes including the risk of progression from acute to chronic (persistent) pain\textsuperscript{6}. Similarly, it has been estimated that at least 40\% of people with cancer pain are not receiving effective pain interventions\textsuperscript{6,7}.

Chronic pain affects 1 in 5 people at some point in their life\textsuperscript{1,2}. We are living longer which results in an increasing number of New Zealanders developing cancer\textsuperscript{8} and/or other chronic conditions that can cause pain\textsuperscript{8}. Chronic conditions such as diabetes and cardiovascular disease disproportionately affect Māori and Pacific Island people\textsuperscript{1}. Statistically, Māori and Pacific Island peoples are socioeconomically disadvantaged, a recognized factor influencing health. Differential access to health care, communication difficulties and costs associated with treatments are well recognised barriers to healthcare\textsuperscript{1}. Complications of poorly managed diabetes and heart disease include the development of chronic pain through ulcers, stroke, and diabetic neuropathy.

The size of the gap between recommended best practice and current practice in pain management in New Zealand is not known. Clinical outcome data on pain management in New Zealand is also scarce\textsuperscript{2}. Undoubtedly, pain management could be significantly improved and Registered Nurses have the potential to play a vital role in promoting pain management and education. A major prerequisite of effective care delivery is nurses who are prepared at a fundamental level of current knowledge, competence and confidence in understanding and managing pain. A pathway has been created with the development of this Knowledge and Skills Framework which will promote consistent evidence-based practice and will contribute to improved health outcomes for the person/people with pain.
New Zealand Pain Management Nursing Knowledge and Skills Framework for Registered Nurses – an Introduction

New Zealand Registered Nurses (RN) are required to prove their competence to practice under the Health Practitioners’ Competence Assurance (HPCA) Act (2003)\(^1\), as well as demonstrate competence as a prerequisite for renewal of their practising certificate. The Act’s principal purpose is to protect the public’s health and safety by ensuring all health practitioners are competent and fit to deliver the care for which they are charged.

There are a number of frameworks by which this can be done, though none is specific to pain management nursing or accurately reflects the diversity of settings in which nurses’ practice. The New Zealand Pain Management Nursing Knowledge and Skills Framework sets out the required knowledge and skills across the variety of areas of nursing practice where Registered Nurses will come into contact with people who have pain in the New Zealand context. It is cross-referenced to the Nursing Council of New Zealand’s (2007) competencies for registration\(^1\).

Registered Nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions, delegate to and direct Enrolled Nurses, Healthcare Assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings; in partnership with individuals, families, whānau and communities. Registered Nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered Nurses may also use this expertise to manage, teach, evaluate nursing practice and research.
This framework articulates three levels of practice however they do not directly correlate with levels on PDRPs

1. COMPETENT
All Registered Nurses regardless of their practice setting are likely to have contact with the person with pain and will require a level of practical capability in pain management nursing.

2. PROFICIENT
These Registered Nurses require specialty pain management nursing knowledge and skills to enable them to provide care to people with pain who have increasingly complex health needs.

3. EXPERT
These Registered Nurses require advanced knowledge and skills in pain management nursing as their practice requires them to respond to people with pain who have complex health needs requiring episodic or longer-term partnership in their pain management.

Domain 1 – Professional Responsibility
This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement as well as being accountable for their own actions and decisions, while promoting an environment that maximises patient safety, independence, quality of life and health.

Domain 2 – Management of Nursing Care
This domain contains competencies that relate to patient assessment and management of care which is responsive to patients’ needs, and which is supported by nursing knowledge and evidence-based research.

Domain 3 – Interpersonal Relationships
This domain contains competencies that relate to interpersonal and therapeutic communication with patients and other nursing staff, as well as interprofessional communication and documentation.

Domain 4 – Interprofessional Health Care and Quality Improvement
This domain contains competencies requiring the nurse to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.
Registered Nurse Prescribing

Registered Nurse prescribing is a potential future development, and the Nursing Council is currently undertaking extensive consultation in preparation for this to occur for identified nursing groups. Nurse Specialists are one of the groups. Extending prescribing rights to specialist nurses has been assisted by a recent successful project allowing Nurse Specialists in Diabetes who have completed specific education to prescribe. Evaluation of the project found that the nurses prescribing was of good quality, clinically appropriate and safe. It is expected that pain management nurses who wish to be designated RN prescribers would be practising at the expert level and this knowledge and skills would be augmented by specific prescribing education, experience and endorsement as determined by NCNZ.

How can the New Zealand Pain Management Nursing Knowledge and Skills Framework Assist Nurses, Employers and People with Pain?

The New Zealand Pain Management Nursing Knowledge and Skills Framework for Registered Nurses:

- Assists in the development of a range of transferable clinical skills which can be used in care delivery throughout a nurse’s career;
- Seeks to minimise risk by providing a framework of knowledge and skills to guide pain management nursing care;
- Provides guidance to employers about what to expect at different levels of registered nursing practice in the management of pain;
- Can inform curriculum development for undergraduate and postgraduate registered nursing programmes;
- Provides a reference point for the planning of educational programmes / content and clinical preparation of each area of registered nursing practice;
- Helps the preparation of registered nurses who wish to progress to advanced practice roles in pain management;
- Provides a mechanism by which registered nurses can measure health outcomes and the effectiveness of their practice;
- Provides a mechanism for portfolio development for local Professional Development and Recognition Programmes and Nursing Council of New Zealand’s requirements for ongoing registration.
References


4. IASP (2004). Pain Relief as a Human Right. *Clinical Updates XII(5)*


Diagram illustrating NCNZ domains, levels of practice, aspects of care and education pathway

NEW ZEALAND PAIN MANAGEMENT KNOWLEDGE & SKILLS FRAMEWORK FOR REGISTERED NURSES

A pictorial illustration of NCNZ domains, levels of practice, aspects of care and educational pathway.
The following section sets out the assessment process acknowledging that the purpose of any assessment is to allow the nurse to re-evaluate their learning needs. The NZPMNKSF is a tool which expresses levels of practice for Registered Nurses interacting with patients requiring pain management across various clinical settings, and in a variety of roles. Evidence of competence demonstrated can also be utilised within the nurse’s Professional Development and Recognition Portfolio (see Table one below). The NZPMNKSF provides the nurse with a structured approach to move up the levels of practice from competent through to expert in the area of pain management.

**Knowledge and Skill Development**

The greatest emphasis is on self-directed learning and clinical practice experiences utilising critical reflection. There are a variety of teaching/learning strategies used, including but not limited to clinical experts, self-directed learning, ward rounds, and case review.

**Assessment**

Assessment is part of the teaching/learning process, designed to assist the nurse to evaluate their own progress, facilitate feedback, assist with the identification of learning needs/re-evaluation and establish that the nurse has achieved the required level of knowledge and skills.

**Assessor**

It is recommended that the assessor will have completed the level of practice that they are assessing the candidate against.

### Table one

Illustrates where the Knowledge and Skills Framework sits utilizing a systems approach. The lists proved are examples and are not limited to the components shown.

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>PROCESSES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and Skills Framework</td>
<td>Service delivery</td>
<td>Clients treated</td>
<td>Competence</td>
</tr>
<tr>
<td>Guidelines</td>
<td>Clinical practice</td>
<td>Service delivered</td>
<td>Confidence</td>
</tr>
<tr>
<td>Protocols</td>
<td>Clinical mentorship</td>
<td>Nurse Portfolio:</td>
<td>Quality pain management care</td>
</tr>
<tr>
<td>Patient Population</td>
<td>Case review</td>
<td>• PDRP</td>
<td>Improved health outcomes</td>
</tr>
<tr>
<td>Service Infrastructure</td>
<td>Quality assurance</td>
<td>• Accreditation</td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>Quality improvement</td>
<td>• Evaluation</td>
<td></td>
</tr>
<tr>
<td>Clinical mentorship</td>
<td>Assessment of competence</td>
<td>• Transfer of care</td>
<td></td>
</tr>
</tbody>
</table>

Developed by Sue Wood, Director of Nursing, MidCentral Health
Recognition of Prior Learning (RPL)

It is the nurse’s responsibility to provide evidence of the depth and nature of prior learning and to identity how this knowledge relates to their current practice. Exemptions may be granted on the basis of RPL defined as a process of recognising learning outcomes achieved through formal study, work experiences and/or life experiences. RPL will be granted when a nurse can satisfactorily demonstrate that their prior learning matches current knowledge and skills required for the identified level of practice. The nurse must demonstrate or provide evidence that they meet the pain management nursing knowledge and skills required for their level of practice within the Framework.

The following may be used as evidence for the RPL process:

- The nurse’s portfolio provides evidence of the nurse’s professional development in the area of pain management nursing. It gives the nurse the opportunity to provide evidence of knowledge and skills gained through prior learning and experiences
- Challenge testing, where knowledge and skills in pain management in an identified area are evaluated in a simulated or clinical setting by a preceptor or peer (see glossary)
- The interview assessment
- Exemplars
- Validated personal statements

All applications for RPL should be made to the relevant body for e.g. PDRP Coordinator/Education Unit who will seek further expert opinion if required.
Process for Completing the NZPMNKSF for Registered Nurses

Process for completing the NZPMNKSF for Registered Nurses:

- All aspects of care relevant to clinical practice are to be completed within a specified time period determined by the nurse and the preceptor.

- Gather, collate and present the evidence required to meet the identified knowledge and skill requirement as per level of practice.

- Discuss/demonstrate knowledge/skills with a preceptor and have them sign in the relevant sections of the assessment template (refer to Appendix 1).

- It is acknowledged that exemptions for specific Aspects of Care may be applicable depending on the nurse’s practice setting. For instance, a Registered Nurse working in Primary Health Care, Marae-based Health Services or in an Aged Care facility may be exempt from meeting the competencies associated with the Aspect of Care 5 - Interventional Therapies. Interventional therapies include but are not limited to subcutaneous infusion analgesia, patient-controlled analgesia, epidural, paravertebral and intrathecal analgesia which are only utilised in specific settings and contexts.

Criteria for Clinical Competency Evaluation - The modified Bondy Assessment Tool (refer to page 10)

Competence in practice may be assessed using the modified Bondy (1983) assessment tool. This tool was developed some time ago therefore it has been modified to align the language with current use. The tool allows for objective assessment while providing focused feedback. It also places particular emphasis on the amount of supervision required to perform each task. A variety of methods may be utilised to assess learning outcomes. These include demonstration of knowledge and skills, assessment and care planning, presentations in the form of case review, exemplars, and critical reflection on practice. These activities assist the nurse to develop new knowledge and skills to help with planning their further development.

The following rating scale is used for evaluating pain management nursing knowledge and skills within this Framework. The modified Bondy assessment tool identifies three areas for evaluation:

- Standard of procedure
- Quality of performance
- Level of assistance required
Five levels of competence are identified: (5) independent, (4) supervised, (3) assisted, (2) marginal and (1) dependant

Independent means meeting the criteria identified in each of the three areas above. It does not mean without observation, as the performance must be observed to be rated independent by someone other than the nurse carrying out the procedure. A nurse can still demonstrate independent judgment if they appropriately request guidance or assistance (Bondy, 1983).

The following terms are clarified for ease when using the modified Bondy assessment tool.

Quality of performance: includes the use of time, space, equipment and expenditure of energy.

Assistance required: cues can be supportive or directive. Cues such as “that’s right” or “keep going” are supportive or encouraging, but do not change what the nurse is doing.
## The modified Bondy Assessment Tool

<table>
<thead>
<tr>
<th>SCALE LABEL</th>
<th>SCORE</th>
<th>STANDARD OF PROCEDURE</th>
<th>QUALITY OF PERFORMANCE</th>
<th>LEVEL OF ASSISTANCE REQUIRED</th>
</tr>
</thead>
</table>
| Independent       | 5     | Safe  
Accurate  
Achieved intended outcome  
Behaviour is appropriate to outcome | Proficient  
Confident  
Expedient                                                                 | No supporting prompts required                                                                |
| Supervised        | 4     | Safe  
Accurate  
Achieved intended outcome  
Behaviour is appropriate to outcome | Proficient  
Confident  
Reasonably expedient                                                               | Required occasional supportive prompts                                                        |
| Assisted           | 3     | Safe  
Accurate  
Achieved most objectives for intended outcome  
Behaviour generally appropriate to context | Skilful in parts of behaviour  
Inefficient and unco-ordinated  
Expends excess energy  
Within a delayed time frame         | Frequent verbal and occasional physical directive prompts required in addition to supportive ones |
| Marginal           | 2     | Safe only with guidance  
Not always accurate  
Incomplete achievement of intended outcome | Unskilled  
Inefficient                                                                 | Continuous verbal and frequent physical prompts required                                      |
| Dependant          | 1     | Unsafe  
Unable to demonstrate behaviour  
Lacks insight into behaviour appropriate to context | Unskilled  
Unable to demonstrate procedure/behaviour.  
Lacks confidence, co-ordination, efficiency | Continuous verbal and physical prompts required                                             |
| X                 | 0     | Not observed                                                                                     |                                                                                          |                                                                                                |
| Recognition of Prior Learning (RPL) |       | Certifications gained, demonstration, oral presentation, and/or challenge test may be used as evidence |                                                                                          |                                                                                                |

Competent level of pain management nursing knowledge and skills for all registered nurses

Index

Competent Registered Nurses - Roles and Responsibilities 16

Aspect of Care

1.0 Total Pain 17
2.0 Pain Assessment 18
3.0 Pharmacological Therapies 20
4.0 Interventional Therapies 22
5.0 Non-Pharmacological Interventions 23
5.1 Physical Strategies 24
5.2 Psychological and Behavioural Strategies 25

© 2013 New Zealand Pain Society - Nurses’ Interest Group
### Roles and Responsibilities in relation to pain management nursing knowledge and skills:

<table>
<thead>
<tr>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Applies the principles of the Treaty of Waitangi in nursing practice</td>
<td></td>
</tr>
<tr>
<td>• Practises as part of a larger health care team, understands roles and responsibilities in pain management</td>
<td></td>
</tr>
<tr>
<td>• Practises nursing in a manner that the person with pain determines as culturally safe</td>
<td></td>
</tr>
<tr>
<td>• Assists individuals with pain and their families/whānau to access resources/information</td>
<td></td>
</tr>
<tr>
<td>• Provides delegation and direction to Enrolled Nurses and Health Care Assistants in the care of the person who has pain</td>
<td></td>
</tr>
<tr>
<td>• Provides information and education about pain and its management to the person with pain and their family/whānau and community groups</td>
<td></td>
</tr>
<tr>
<td>• Is aware of local services to seek advice for the person with pain as required</td>
<td></td>
</tr>
<tr>
<td>• Is engaged in quality activities related to pain and its management</td>
<td></td>
</tr>
<tr>
<td>• Has an awareness of local pain management policies, protocols and guidelines and where and how to access these</td>
<td></td>
</tr>
</tbody>
</table>

### In the clinical setting

<table>
<thead>
<tr>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conducts comprehensive health assessment which includes pain assessment</td>
<td></td>
</tr>
<tr>
<td>• Assesses and interprets clinical indicators of general health status including pain</td>
<td></td>
</tr>
<tr>
<td>• Accurately documents assessment, care plan recommendations, evaluation of response/treatment outcomes</td>
<td></td>
</tr>
<tr>
<td>• Communicates clinical care provided and outcomes to patient/family/whānau and to relevant health professionals</td>
<td></td>
</tr>
<tr>
<td>• Consults with experts/other health professionals as required and refers to appropriate services when necessary</td>
<td></td>
</tr>
<tr>
<td>ASPECT OF CARE</td>
<td>1. Levels of knowledge and skills – Total Pain</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Total Pain</td>
<td>COMPETENT</td>
</tr>
<tr>
<td></td>
<td>Name ..................................................</td>
</tr>
</tbody>
</table>

**NCNZ: Domain 1 – Professional Responsibility**

**Domain 2 – Management of Nursing Care**

To deliver competent care to people with pain you will be able to:

1.1 Describe the role of the nervous system in the transduction, transmission, perception and modulation of pain

1.2 Define the main classifications of pain with examples:
   - Acute pain
   - Chronic (persistent) pain – cancer and non-cancer

1.2.1 Describe with examples fundamental knowledge of:
   - nociceptive pain
   - neuropathic pain
   - visceral pain
   - somatic pain

1.3 Identify the potential relationship of the following to the person’s experience of pain:
   - anxiety
   - depression
   - fear/avoidance
   - spirituality
   - quality of life

1.3.1 Describe with examples illness behaviours associated with pain

1.4 Identify with examples relevant to clinical practice the potential adverse effects of pain from the perspective of:
   - cardiovascular and respiratory systems
   - gastrointestinal system
   - musculoskeletal system
   - endocrine system
   - genitourinary system
   - development of chronic (persistent) pain
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>2. Levels of knowledge and skills – Pain Assessment</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To assess the person with pain at a competent level you will:</td>
<td>2 – experienced but need review</td>
</tr>
<tr>
<td></td>
<td>2.1 Discuss the rationale for assessment of pain as a multi dimensional experience, and barriers that can occur</td>
<td>3 – experienced</td>
</tr>
<tr>
<td></td>
<td>2.2 Identify special populations with potential challenges to assessment and demonstrate fundamental knowledge of appropriate assessment frameworks/tools where relevant to practice for:</td>
<td>4 – can teach and help others learn</td>
</tr>
<tr>
<td></td>
<td>• Neonates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Older adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• People with:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mental health and/or addiction issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cognitive impairment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• English as a second language</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Altered level of consciousness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3 Demonstrate the ability to undertake a fundamental pain history utilising a validated age appropriate approach to gather comprehensive health data that includes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Onset and duration of pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Site(s) of pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Character of pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Intensity of pain (at rest, with activity/movement)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Timing/temporal factors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Aggravating factors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Associated symptoms (e.g. nausea, constipation, fatigue)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health history/co-morbidities and allergy status</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Smoking, alcohol and other illicit drug history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Effect of pain on activities of daily living (ADLs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Modulating factors – pharmacological including Over The Counter (OTC), Traditional Therapies, Modulating factors - non-pharmacological and spiritual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anxiety and mood disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal/family history – schooling, work, relationships</td>
<td></td>
</tr>
<tr>
<td>2.3.1</td>
<td>Where appropriate for those who identify as Māori, offer a Māori Model of Health in the assessment process, and demonstrate awareness that Māori may have unique cultural needs for example Rongoa Māori (traditional healing practices) acknowledged and incorporated into care.</td>
<td></td>
</tr>
<tr>
<td>2.3.2</td>
<td>Within the health history identify situations e.g. complex pain problem/suicidal ideation/memory problems that require a more comprehensive assessment and seek advice or refer as appropriate</td>
<td></td>
</tr>
</tbody>
</table>
| 2.4 | Assess the patient/family/whānau knowledge/understanding of:  
• Their condition  
• The likely cause(s) or contributing factors to their pain  
• Patient goals of pain treatment/management  
• Beliefs about pain, expectations about outcome of treatment/management and their preferences for treatment/management |
| 2.5 | Discuss clinical rationale for investigations in the assessment of the person with pain such as but not limited to and relevant to practice:  
• Haematology profiles  
• Biochemistry  
• Plain Xray/USS  
• CT/MRI  
• Bone scan |
| 2.6 | Perform a focussed physical assessment using where relevant techniques of inspection, percussion, palpation and auscultation |
| 2.7 | Accurately document and communicate assessment data/findings with relevant health personnel  
| 2.7.1 | Negotiate and implement a culturally responsive individualised management plan that incorporates a biopsychosocial/spiritual approach to pain management  
| 2.7.2 | Document timeline for reassessment of pain and evaluation of pain management interventions  
| 2.7.3 | Accurately evaluate effectiveness of the pain management plan in partnership with person in pain and communicate amendments required to appropriate health personnel |
### 3. Levels of knowledge and skills – Pharmacological Therapies

#### COMPETENT

<table>
<thead>
<tr>
<th>Name ..................................................</th>
</tr>
</thead>
</table>

**Pharmacological Therapies**

- **NCNZ: Domain 1** – Professional Responsibility
- **Domain 2** – Management of Nursing Care.
- **Domain 3** – Interpersonal Relationships.
- **Domain 4** – Interprofessional Health Care and Quality Improvement

For the safe administration and appropriate use of pharmacological therapies at a competent level you will:

#### 3.1 Describe the mechanism/s of action of the following classes of drugs used in acute and chronic (persistent) pain management where relevant to practice:

- **Non-opioids**
- **Opioids**
- **Anti-convulsants**
- **Anti-depressants**
- **Anti-spasmodics**
- **Local anaesthetics**
- **Gases – entonox**

**3.1.1** Give an example from each of these classes of drugs relevant to practice

#### 3.2 Demonstrate knowledge of the serious and common side effects of each of these classes of drugs

#### 3.3 Understand the clinical signs, symptoms and management of adverse effects

**3.3.1** Demonstrate ability to assess for adverse effects

#### 3.4 Demonstrate knowledge of indications and contraindications for administration of these drugs

#### 3.5 Discuss the concept of balanced analgesia using the principles of the “Analgesic Ladder” (World Health Organisation, 1982) or “Pyramid Plus Ribbon” (AHCPR, 1994)
3.6 In relation to opioid drugs, describe the meaning of:
- Tolerance
- Physiological dependency
- Pseudoaddiction
- Addiction

3.7 Demonstrate a fundamental knowledge of the following special considerations in the prescription and administration of analgesics:
- Extremes of age
- Opioid tolerance
- Pregnancy and/or breast feeding
- Organ impairment/failure
- Mental health/addiction
### 4. Levels of knowledge and skills – Interventional Therapies

**COMPETENT**

**Name ..................................................**

<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>4. Levels of knowledge and skills – Interventional Therapies</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
</table>
| Interventional Therapies | NCNZ: Domain 1 – Professional Responsibility. Domain 2 – Management of Nursing Care. Domain 3 – Interpersonal Relationships. Domain 4 – Interprofessional Health Care and Quality Improvement. **For the safe and appropriate management of the person with pain utilising interventional therapies you will:** | 1 – no previous experience  
2 – experienced but need review  
3 – experienced  
4 – can teach and help others learn |
| **4.1** | Demonstrate fundamental knowledge of the role and use of interventions in the treatment of acute and/or chronic (persistent) pain where relevant to practice for example: | |
| | • Subcutaneous/Intravenous infusion analgesia  
• Patient-controlled analgesia (PCA)  
• Nurse controlled analgesia (NCA)  
• Epidural analgesia  
• Intrathecal analgesia  
• Wound catheters  
• Common nerve blocks  
• Radiotherapy | |
<p>| <strong>4.2</strong> | Describe the rationale for observations undertaken when interventional therapies are used where relevant to practice | |
| <strong>4.3</strong> | Describe the potential clinical signs, symptoms and management of adverse effects of these therapies where relevant to practice | |
| <strong>4.4</strong> | Discuss/demonstrate how to evaluate the effectiveness of the intervention utilised and rationale for accurate documentation in clinical records | |</p>
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>5. Levels of knowledge and skills – Non-pharmacological Interventions</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-pharmacological Interventions</td>
<td></td>
<td>1 – no previous experience</td>
</tr>
<tr>
<td></td>
<td>For the competent management of the person with pain utilising non-pharmacological interventions you will:</td>
<td>3 – experienced</td>
</tr>
<tr>
<td></td>
<td>5.1 Demonstrate fundamental knowledge with examples of common non-pharmacological interventions in the treatment of acute or chronic (persistent) pain including but not limited to:</td>
<td>4 – can teach and help others learn</td>
</tr>
<tr>
<td></td>
<td>• Environment modification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physical strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Psychological and behavioural strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.2 Access and utilise, where available, practice-based guidelines to discuss the role, advantages and limitations of such interventions in pain management with the patient/family/whānau</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.3 Demonstrate using an example the incorporation of non-pharmacological interventions into clinical practice or where appropriate refer for specialist assistance</td>
<td></td>
</tr>
</tbody>
</table>
### Physical Strategies

<table>
<thead>
<tr>
<th>5.1 Levels of knowledge and skills – Physical Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMPETENT</strong></td>
</tr>
<tr>
<td>Name ..................................................................</td>
</tr>
</tbody>
</table>

#### 5.1.1 Describe how the use of the following physical strategies and/or modalities assists pain management and helps to improve/maintain function from the perspective of:
- Range of motion, muscle strength and endurance
- Cardiovascular fitness
- Pain relief
- Appetite and weight
- Activities of daily living including sleep
- Mood

#### 5.1.2 Discuss with patient/family/whānau the rationale for the use of physical strategies and/or modalities to manage pain and to improve/maintain function.

#### 5.1.3 Describe how the use of the following physical strategies and/or modalities assists pain management and helps to improve/maintain function.
- Turning and positioning
- Wound support
- Reach devices
- Heat/cold
- Massage
- Manipulation of joints and bones
- Mobilization
- Transcutaneous Electrical Nerve Stimulation (TENS)
- Hydrotherapy/Exercise

#### 5.1.4 Be familiar with the roles and responsibilities of other healthcare professionals with expertise in the area of activity and function.

---

**SELF ASSESSMENT**

1 – no previous experience
2 – experienced but need review
3 – experienced
4 – can teach and help others learn

---

**NCNZ: Domain 1** – Professional Responsibility
**Domain 2** – Management of Nursing Care.
**Domain 3** – Interpersonal Relationships.
**Domain 4** – Interprofessional Health Care and Quality Improvement

In order to promote, maintain or restore the physical well-being and manage pain you will:
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>5.2 Levels of knowledge and skills – Psychological and Behavioural Strategies</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPETENT</td>
<td>Name ..................................................</td>
<td>1 – no previous experience</td>
</tr>
</tbody>
</table>
In order to maximise and support improvement in the person’s pain and quality of life you will: | 2 – experienced but need review |
| | 5.2.1 Describe how psychological, behavioural and/or spiritual factors can contribute to pain and how these factors may influence pain management/treatment | 3 – experienced |
| | 5.2.1.2 Demonstrate awareness of Māori models of health for people who identify as Māori | 4 – can teach and help others learn |
| | 5.2.2 Discuss how psychological, behavioural and spiritual factors influence the experience of pain with patient/family/whānau | |
| | 5.2.3 Discuss strategies used in nursing practice to care for patient’s psychological/spiritual wellbeing | |
| | 5.2.4 Demonstrate knowledge of the availability of local psychological, occupational, recreational, spiritual, community support services | |
| | 5.2.5 Discuss process for referral to appropriate services | |
Proficient level of pain management nursing knowledge and skills for all registered nurses

Index

Proficient Registered Nurses - Roles and Responsibilities  27

Aspect of Care

1.0 Total Pain  28
2.0 Pain Assessment  29
3.0 Pharmacological Therapies  32
4.0 Interventional Therapies  34
5.0 Non-Pharmacological Interventions  35
  5.1 Physical Strategies  36
  5.2 Psychological and Behavioural Strategies  38
### Proficient Nurses

<table>
<thead>
<tr>
<th>Roles and Responsibilities in relation to pain management nursing knowledge and skills (as for competent and):</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Facilitates nursing diagnosis of pain through comprehensive assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provides physiological, psychosocial and spiritual care to the person with pain who has health needs of increasing complexity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Facilitates referrals to pain management specialists/other health professionals when necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utilises sound judgement to advise on or develop clinical management plans for the person with pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Uses a collaborative approach to negotiate care/changes in care or management plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Actively imparts evidence-based knowledge of pain and its management in a variety of settings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Leads or participates in clinical audit of pain management within practice setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Leads or contributes to local and/or regional clinical protocol/guideline development, or service developments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPECT OF CARE</td>
<td>1. Levels of knowledge and skills – Total pain</td>
<td>SELF ASSESSMENT</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Total Pain</td>
<td>PROFICIENT</td>
<td>1 – no previous experience</td>
</tr>
<tr>
<td></td>
<td>Name ..................................................</td>
<td>2 – experienced but need review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 – experienced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 – can teach and help others learn</td>
</tr>
</tbody>
</table>

**Total Pain**

**NCNZ: Domain 1 – Professional Responsibility**

**Domain 2 – Management of Nursing Care**

To deliver proficient care to people with pain you will be able to:

1. **1.1 Demonstrate an in-depth knowledge of the biopsychosocial model of pain and relationship to pain behaviours.**
   - 1.1.1 Discuss the concept of total pain and the implications for practice that involves:
     - sensation
     - emotion
     - cognition, and
     - sociocultural and political factors

2. **1.2 Demonstrate knowledge of the pathophysiology of:**
   - Nociceptive pain
   - Neuropathic pain
   - Visceral pain
   - Somatic pain

3. **5.3 Discuss using knowledge of pain pathophysiology and psychology, the two main classifications of pain:**
   - acute pain
   - chronic (persistent) pain

   **1.3.1 Demonstrate knowledge of the terms “neural plasticity” and “central sensitization”**

4. **1.4 Discuss the potential adverse physiological and psychological effects of acute and persistent pain from the perspective of:**
   - cardiovascular and respiratory systems
   - gastrointestinal and genitourinary systems
   - metabolic and neuroendocrine systems
   - wind-up (hyperalgesia and allodynia)
   - mood, activities of daily living (ADLs)
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>2. Levels of knowledge and skills – Pain Assessment</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFICIENT</td>
<td></td>
<td>1 – no previous experience</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>2 – experienced but need review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 – experienced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 – can teach and help others learn</td>
</tr>
</tbody>
</table>

**Pain Assessment**

NCNZ: Domain 1 – Professional Responsibility  
Domain 2 – Management of Nursing Care.  
Domain 3 – Interpersonal Relationships.  
Domain 4 – Interprofessional Health Care and Quality Improvement

*To assist with the assessment of the person with pain at a proficient level you will:*

**2.1** Demonstrate knowledge of the rationale for, and barriers to assessment and evaluation of pain from the perspective of health professionals, patient/family/whānau and general public

**2.2** Demonstrate proficiency in the use of appropriate frameworks/tools for special populations as required and relevant to practice for the assessment of pain in:
- Neonates
- Children
- Older adults
- People with:
  - Mental health and/or addiction issues
  - Cognitive impairment
  - Aphasia/dysphasia
  - English as a second language
  - Altered level of consciousness

**2.3** Undertake a comprehensive pain history to gather health data to inform nursing diagnoses across a range of complex pain presentations:
- Onset and duration of pain
- Site(s) of pain
- Character of pain
- Severity of pain
- Timing/temporal factors
- Aggravating factors
- Associated symptoms (eg nausea, constipation, fatigue)
- Health history/co-morbidities and allergy status
- Smoking, alcohol and other illicit drug history
- Effect of pain on activities of daily living
- Modulating factors – pharmacological including Over The Counter (OTC), Traditional Therapies


• Modulating factors - non-pharmacological and spiritual
• Anxiety and mood disorders
• Personal/family history – schooling, work, relationships

2.3.1 Where appropriate for those who identify as Māori, offer a Māori Model of Health in the assessment process, and demonstrate awareness that Māori may have unique cultural needs acknowledged and incorporated into care.

2.4 Within the health history identify actual or potential for pain-related:
• Anxiety/depression/catastrophizing
• Fear avoidance behaviours
• Persistent pain
• Medication misuse/abuse
• Self harm
• Abuse

2.5 Assess the patient/family/whānau knowledge of:
• Beliefs about pain, coping strategies, expectations about outcomes of treatment/management, preferences for and goals of, treatment/management
• Their condition
• The likely cause(s)/contributing factors to their pain
• Patient strengths
• Their role in pain management

2.6 Demonstrate rationale for appropriate laboratory investigations in response to patient’s clinical condition including but not limited to and where relevant to practice:
• FBC
• Coagulation
• Biochemistry
• HbA1C

2.6.1 Discuss rationale for specific radiological investigations as part of diagnostic work-up for the person with pain where relevant to practice, for example:
• Plain XRay
• USS
• CT/MRI/bone scan

2.7 Demonstrate recognition of abnormal laboratory results, and identify potential explanation and the implications for pain management therapy
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.8</strong></td>
<td>Perform a focused physical assessment incorporating where relevant techniques of inspection, percussion, palpation and auscultation</td>
</tr>
<tr>
<td><strong>2.9</strong></td>
<td>Negotiate and implement a culturally responsive individualised management plan that incorporates a biopsychosocial/spiritual approach to pain management.</td>
</tr>
<tr>
<td><strong>2.9.1</strong></td>
<td>Demonstrate an awareness that Māori have a unique culture and explain barriers/opportunities to integrate Rongoa Māori (traditional healing practices) into care plan</td>
</tr>
<tr>
<td><strong>3.0</strong></td>
<td>Document timeline for reassessment of pain and re-evaluation of pain management interventions</td>
</tr>
<tr>
<td><strong>3.1</strong></td>
<td>Accurately evaluate effectiveness of the pain management plan in partnership with person in pain and communicate amendments required to appropriate health personnel and services</td>
</tr>
</tbody>
</table>
### Pharmacological Therapies

**3. Levels of knowledge and skills – Pharmacological Therapies**

**PROFICIENT**

<table>
<thead>
<tr>
<th>Name .................................................</th>
</tr>
</thead>
</table>


For the safe administration and appropriate use of pharmacological therapies at a competent level you will:

**3.1** Describe mechanism/s of action of the following classes of drugs, as well as those classes of medicines listed in 3.1 for the competent nurse, and give examples where relevant to practice:
- Membrane stabilisers
- Alpha-2 agonists
- Salmon calcitonin
- Ketamine
- Gases – methoxyflurane

**3.1.1** Discuss some of the common over the counter (OTC) products, herbal and homeopathic remedies used in pain management where relevant to practice.

**3.2** Discuss common side effects of each of the classes of medicines identified in 3.1 above and explain their cause(s) as well as those identified in 3.1 for the competent nurse.

**3.3** Demonstrate ability to identify the clinical signs and symptoms of side effects and demonstrate knowledge of how to minimise and/or manage any adverse effects of these medicines.

**3.4** Demonstrate knowledge of indications and contraindications for administration of the classes of drugs outlined in 3.1 above.

**3.4.1** Discuss how and why pharmacological management of acute pain and cancer pain may differ from chronic (persistent) non-cancer pain using these medicines.

**3.5** Discuss the strengths and weaknesses of the “Analgesic Ladder” and “Pyramid Plus Ribbon” in relation to the treatment of pain, be it cancer or non-cancer.
3.6 In relation to opioid drugs, explain the features of and key differences between:
- Tolerance
- Physiological dependency
- Pseudoaddiction
- Addiction

3.6.1 Discuss what is meant by the term “opioid-induced hyperalgesia”

3.7 Act as a resource to other nurses and health care staff in relation to special considerations in the prescription and administration of analgesics where relevant to practice:
- Extremes of age
- Opioid tolerance
- Pregnancy and/or breast feeding
- Renal and liver impairment/failure

3.7.1 Discuss pain medicines that require special authority, including specific criteria required for funding approval
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>PROFICIENT</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
</table>
| Intervenional Therapies | **NCNZ: Domain 1** – Professional Responsibility. **Domain 2** – Management of Nursing Care. **Domain 3** – Interpersonal Relationships. **Domain 4** – Interprofessional Health Care and Quality Improvement | **1** – no previous experience  
**2** – experienced but need review  
**3** – experienced  
**4** – can teach and help others learn |

**For the safe and appropriate management of the person with pain utilising interventional therapies you will:**

4. **Demonstrate an in-depth knowledge of the role and use of interventions in the treatment of acute or chronic (persistent) pain where relevant to practice for example:**

- Subcutaneous/intravenous infusion analgesia
- Patient-controlled analgesia (PCA)
- Nurse controlled analgesia (NCA)
- Neuraxial blockade
- Common peripheral nerve blocks
- Trigger point injections
- Neuromodulation e.g. Spinal cord stimulators

4.2 **Demonstrate an in-depth knowledge and understanding of the required monitoring and its rationale when these interventional pain management strategies are used**

4.3 **Demonstrate the ability to critically interpret the potential clinical signs and symptoms, and institute appropriate management of adverse effects of these therapies where relevant to practice**

4.4 **Critically evaluate effectiveness of intervention used, communicate with key personnel and document accurately in clinical record**
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>5. Levels of knowledge and skills – Non-pharmacological Interventions</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-pharmacological Interventions</td>
<td><strong>PROFICIENT</strong>&lt;br&gt;Name ..................................................</td>
<td>1 – no previous experience&lt;br&gt;2 – experienced but need review&lt;br&gt;3 – experienced&lt;br&gt;4 – can teach and help others learn</td>
</tr>
<tr>
<td><strong>NCNZ: Domain 1</strong> – Professional Responsibility, <strong>Domain 2</strong> – Management of Nursing Care, <strong>Domain 3</strong> – Interpersonal Relationships, <strong>Domain 4</strong> – Interprofessional Health Care and Quality Improvement</td>
<td>For the proficient management of the person with pain utilising non-pharmacological interventions you will:</td>
<td></td>
</tr>
<tr>
<td><strong>5.1</strong> Demonstrate drawing on best practice where available, and where relevant to clinical practice, an in-depth knowledge of the role and use of common non-pharmacological interventions in the management of acute or chronic (persistent) pain for example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Environment modification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Psychological and behavioural strategies including cognitive behavioural strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.2</strong> Access and utilise where available, practice-based guidelines to explain the rationale for therapies utilised and discuss their practical use, benefits and limitations in pain management with the patient/family/whānau</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.3</strong> Competently and confidently incorporate such therapies into clinical practice or where appropriate refer for specialist assistance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ASPECT OF CARE

#### 5.1. Levels of knowledge and skills – Physical Strategies

**PROFICIENT**

Name ..................................................

<table>
<thead>
<tr>
<th><strong>Physical Strategies</strong></th>
<th><strong>NCNZ: Domain 1</strong> – Professional Responsibility</th>
<th><strong>Domain 2</strong> – Management of Nursing Care.</th>
<th><strong>Domain 3</strong> – Interpersonal Relationships.</th>
<th><strong>Domain 4</strong> – Interprofessional Health Care and Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In order to promote, maintain or restore the physical and physiological well-being and manage pain you will:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5.1.1** Act as a resource to other health care staff by demonstrating/sharing an in-depth knowledge of the importance of using physical strategies and/or modalities to assist pain management and to help improve/maintain function:

- Range of motion, muscle strength and endurance
- Cardiovascular fitness
- Pain relief
- Appetite and weight
- Activities of daily living including sleep
- Mood
- Activity tolerance including goal setting and pacing

**5.1.1.2** Discuss the difference between active versus passive patient participation in relation to the use of physical strategies and/or modalities to manage pain and to improve/maintain function

**5.1.1.3** Discuss the difference between physical capacity and physical function in relation to physiological and psychological parameters

**5.1.2** Discuss with other health care staff, the patient/family/whānau why improving and/or maintaining function is important in the management of pain in relation to the physiological, pathological and psychological effects of unrelieved pain

**5.1.3** Demonstrate the ability to integrate the patient assessment into an appropriate management plan using physical strategies and/or modalities.

- Turning and positioning
- Wound support
- Reach devices

**SELF ASSESSMENT**

1 – no previous experience
2 – experienced but need review
3 – experienced
4 – can teach and help others learn
- Heat/cold
- Massage
- Manipulation of joints and bones
- Mobilization
- Transcutaneous Electrical Nerve Stimulation (TENS)
- Acupuncture
- Other (biofeedback, comprehensive rehabilitation approaches)

5.1.3.1 Act as a resource to other health care staff in the utilisation of these strategies/techniques as appropriate/required

5.1.4 Promote the merits of interdisciplinary/multidisciplinary collaboration and initiate referrals as appropriate.
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>5.2 Levels of knowledge and skills – Psychological and Behavioural Strategies</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
</table>
| Psychological and Behavioural Strategies | PROFICIENT  
Name .................................................. | 1 – no previous experience  
2 – experienced but need review  
3 – experienced  
4 – can teach and help others learn |
| | 5.2 Levels of knowledge and skills – Psychological and Behavioural Strategies | NCNZ: Domain 1 – Professional Responsibility  
Domain 2 – Management of Nursing Care.  
Domain 3 – Interpersonal Relationships.  
Domain 4 – Interprofessional Health Care and Quality Improvement |
| | In order to maximise and support improvement in the person’s pain and quality of life you will: | |
| | 5.2.1 Act as a resource and demonstrate an in-depth knowledge and understanding of how psychological, behavioural and/or spiritual factors can contribute to pain and how these factors may influence the success of pain management/treatment | |
| | 5.2.1.2 Demonstrate awareness of Māori Models of Health to health for people who identify as Māori | |
| | 5.2.2 Sensitive discuss how psychological, behavioural and spiritual factors influence pain and outcomes of management with patient/family/whānau | |
| | 5.2.3 Act as a resource and demonstrate strategies used in nursing practice to care for patient’s psychological/spiritual wellbeing | |
| | 5.2.4 Act as a resource to other health care staff about the availability of local psychological/recreational/occupational/spiritual/community support services | |
| | 5.2.5 Discuss process for referral to appropriate services | |
Expert level of pain management nursing knowledge and skills for all registered nurses

Index

Expert Registered Nurses – Roles and Responsibilities 40

Aspect of Care
1.0 Total Pain 41
2.0 Pain Assessment 42
3.0 Pharmacological Therapies 45
4.0 Interventional Therapies 47
5.0 Non-Pharmacological Interventions 48
   5.1 Physical Strategies 49
   5.2 Psychological and Behavioural Strategies 50
Expert Nurses

Roles and Responsibilities in relation to pain management nursing knowledge and skills (as for competent and proficient, and):

- Guides others to apply the Treaty Of Waitangi and to implement culturally safe practices
- Demonstrates advanced clinical judgement and decision making, role modelling best practice
- Provides expert clinical care and advice to people with pain of increasing complexity and who may have significant co-morbidities
- Documents comprehensive clinical assessment using differential diagnoses, care/management plan, evaluation and referrals
- Communicates advanced evidence-based knowledge of pain and its management in a variety of settings

Leadership and Management:

- Demonstrate consistently effective nursing leadership, management and consultancy, working across settings and within interdisciplinary environments
- Recognises team diversity and utilises other team members for their strengths/area of expertise
- Contributes nationally to the development, implementation and evaluation of clinical practice guidelines in pain management
- Identifies service deficits, develops strategic plan for the service and continually evaluates aspects of service provision
- Initiates and leads research, and promotes evidence-based nursing practice
- Represents nursing at a strategic level of interdisciplinary planning, advocating for and promoting nursing practice
- Demonstrates collaborative relationships with tertiary educational institutes and other educational providers
- Ensures quality assurance systems are in place to monitor the standard of services for people with pain
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>1. Levels of knowledge and skills – Total pain</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Pain</td>
<td>EXPERT</td>
<td>1 – no previous experience</td>
</tr>
<tr>
<td></td>
<td>Name ..................................................</td>
<td>2 – experienced but need review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 – experienced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 – can teach and help others learn</td>
</tr>
<tr>
<td></td>
<td>NCNZ: Domain 1 – Professional Responsibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Domain 2 – Management of Nursing Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To deliver expert care to people with pain you will be able to:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1 Demonstrate knowledge and comprehensive understanding of the total pain experience as evidenced by the successful completion of a post-graduate paper in pain management.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 Demonstrate leadership in the utilisation of a biopsychosocial/spiritual approach to pain management in practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 Act as a role model to guide and teach other health care staff about the rationale for incorporating a biopsychosocial/spiritual approach to pain management</td>
<td></td>
</tr>
<tr>
<td>ASPECT OF CARE</td>
<td>2. Levels of knowledge and skills – Pain Assessment</td>
<td>SELF ASSESSMENT</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>EXPERT</td>
<td>Name ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</td>
<td>1 – no previous experience</td>
</tr>
<tr>
<td></td>
<td>Pain Assessment</td>
<td>2 – experienced but need review</td>
</tr>
<tr>
<td></td>
<td>NCNZ: Domain 1 – Professional Responsibility</td>
<td>3 – experienced</td>
</tr>
<tr>
<td></td>
<td>Domain 2 – Management of Nursing Care.</td>
<td>4 – can teach and help others learn</td>
</tr>
<tr>
<td></td>
<td>Domain 3 – Interpersonal Relationships.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Domain 4 – Interprofessional Health Care and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To assist with the assessment of the person with</td>
<td></td>
</tr>
<tr>
<td></td>
<td>pain at an expert level you will:</td>
<td></td>
</tr>
</tbody>
</table>

2.1 Demonstrate leadership in the use of appropriate frameworks/tools relevant to clinical practice for the comprehensive assessment of pain in:
- Neonates
- Children
- Older adults
- People with:
  - i. Mental health and/or addiction issues
  - ii. Cognitive impairment
  - iii. Aphasia/dysphasia
  - iv. English as a second language
  - v. Altered level of consciousness

2.2 Complete a comprehensive pain history to gather and critically analyse subjective and objective health data to inform differential diagnoses across a range of complex pain presentations:
- Onset and duration of pain
- Site(s) of pain
- Character of pain
- Severity of pain
- Timing/temporal factors
- Aggravating factors
- Associated symptoms (eg nausea)
- Health history/co-morbidities and allergy status
- Smoking, alcohol and other illicit drug history
- Effect of pain on activities of daily living
- Modulating factors – pharmacological including Over The Counter (OTC), Traditional Therapies
- Modulating factors - non-pharmacological and spiritual
- Anxiety and mood disorders
- Personal/family history – schooling, work, relationships, hobbies/interests, financial situation, accommodation, exercise, sexuality
| Section 2.2.1 | Where appropriate for those who identify as Māori, offer a Māori Model of Health in the assessment process, and demonstrate awareness that Māori may have unique cultural needs acknowledged and incorporated into care. |
| Section 2.2.2 | Act as a role model to guide and teach other health care staff about the importance of a comprehensive pain history, the approaches to taking this and the formulation of differential diagnoses for the complex pain patient |

| Section 2.3 | Within the health history identify and formally assess risk factors for: |
| - Anxiety/depression/catastrophizing |
| - Suicidal ideation |
| - Persistent pain |
| - Medication misuse/abuse – licit and illicit |
| - Cognitive impairment/confusion/delirium |

| Section 2.3.1 | Act as a role model to guide and teach other health care staff about the importance of assessment, identification and where possible appropriate management of risk factors in the health history |

| Section 2.4 | Assess the patient/family/whānau knowledge of and provide individualised information/education as appropriate on: |
| - Beliefs and perceptions about pain, expectations about and preferences for treatment/management |
| - Their condition |
| - The likely cause(s)/contributing factors to and/or explanation for their pain |
| - Their role in pain management |

| Section 2.5 | Complete a focussed physical assessment using inspection, percussion, auscultation and palpation techniques demonstrating comprehensive understanding of rationale for use |

| Section 2.5.1 | Act as a role model to teach and/or demonstrate techniques of focussed physical assessment and their rationale for use |

| Section 2.5 | Demonstrate in-depth knowledge of the clinical rationale for laboratory tests and radiological investigations in response to patients’ clinical presentation, abnormal results/findings and implications for treatment including but not limited to: |
| - Haematology profiles |
| - Coagulation |
| Biochemistry  |
| HbA1C       |
| Plain Xray  |
| USS         |
| Gastroscopy |
| CT/MRI/bone scan |
| Nerve conduction studies |

2.6.1 Initiate appropriate referrals in response to abnormal findings and ensure that patients are followed up appropriately.

2.6.2 Comprehensively and critically evaluate effectiveness of pain management interventions at agreed follow-up, modify plan/therapy and/or referrals accordingly, and communicate with appropriate staff/services.
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>3. Levels of knowledge and skills – Pharmacological Therapies</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacological Therapies</td>
<td><strong>EXPERT</strong>&lt;br&gt;<strong>Name ..................................................</strong>&lt;br&gt;<strong>NCNZ: Domain 1 – Professional Responsibility Domain 2 – Management of Nursing Care. Domain 3 – Interpersonal Relationships. Domain 4 – Interprofessional Health Care and Quality Improvement</strong>&lt;br&gt;<strong>For the safe administration and appropriate use of pharmacological therapies at an expert level you will:</strong>&lt;br&gt;<strong>3.1 Demonstrate a comprehensive knowledge of the pharmacodynamics and pharmacokinetics of the classes and sub-classes of analgesic medications in the treatment of acute and chronic (persistent) pain, including effects, side effects, interactions, contra-indications, doses, modes of administration and monitoring parameters</strong>&lt;br&gt;<strong>3.1.1 Discuss with other health care staff and patients/family/whānau the uses of over the counter (OTC) products, herbal and homeopathic remedies in pain management and drawing on available scientific evidence, identify their risks and benefits</strong>&lt;br&gt;<strong>3.2 Utilise available evidence to integrate research of pharmacological interventions into clinical teaching and patient care</strong>&lt;br&gt;<strong>3.3 Demonstrate comprehensive clinical and theoretical knowledge of the signs, symptoms and management of adverse effects to different pharmacological therapies</strong>&lt;br&gt;<strong>3.4 Demonstrate utilising available evidence, comprehensive knowledge of indications and contraindications for utilisation of these drugs</strong>&lt;br&gt;<strong>3.4.1 Demonstrate comprehensive understanding of how pharmacologic management of acute pain and cancer pain may differ from chronic (persistent) non-malignant pain using the different classes of drugs</strong>&lt;br&gt;<strong>3.5 Demonstrate comprehensive knowledge and understanding of:</strong>&lt;br&gt;• Tolerance&lt;br&gt;• Physiological dependency&lt;br&gt;• Pseudoaddiction&lt;br&gt;• Addiction&lt;br&gt;• Opioid-induced hyperalgesia</td>
<td>1 – no previous experience&lt;br&gt;2 – experienced but need review&lt;br&gt;3 – experienced&lt;br&gt;4 – can teach and help others learn</td>
</tr>
</tbody>
</table>
### 3.5.1 Demonstrate expert knowledge of processes to identify and address medication abuse and/or misuse and guide other health care professionals in their assessment and management of such clinical issues

### 3.6 Demonstrate a comprehensive knowledge and understanding of the following special considerations in the prescription, dispensing and administration of analgesics:
- Extremes of age, including the implications of frailty in the older adult
- Opioid tolerance/misuse/abuse
- Pregnancy and/or breast feeding
- Organ impairment/failure – acute or chronic
- Mental health/addiction
- Polypharmacy

### 3.6.1 Role model best practice in teaching other health care professionals and patients/family/whānau about the rationale for special considerations in these populations.
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>4. Levels of knowledge and skills – Interventional Therapies</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
</table>
| Interventions Therapies | EXPERT | 1 – no previous experience  
2 – experienced but need review  
3 – experienced  
4 – can teach and help others learn |

**EXPERT**

Name .................................................

**Interventional Therapies**


For the safe and appropriate management of the person with pain utilising interventional therapies you will:

4.1 Demonstrate a comprehensive knowledge of the role and use of various intervention therapies in the treatment of acute or chronic (persistent) pain, including benefits, risks, limitations and contraindications:
- Subcutaneous/intravenous infusion analgesia
- Patient-controlled analgesia (PCA)
- Nurse controlled analgesia (NCA)
- Epidural and paravertebral analgesia
- Intrathecal analgesia
- Common nerve blocks
- Spinal cord stimulators

4.2 Comprehensively consult with and assess patients referred for interventional therapies when appropriate and where relevant to practice setting

4.3 Demonstrate a comprehensive knowledge and understanding of the required monitoring when any of these interventional pain management strategies are used and teach/guide other health professionals and/or patients, family/whānau about appropriate monitoring

4.4 Undertake critical assessment and interpretation of clinical signs and symptoms of potential side effects and institute appropriate management if needed

4.4.1 Teach health professionals and/or patients, family/whānau where relevant about how to assess for potential signs and symptoms of side effects and how to institute appropriate management if needed

4.5 Comprehensively evaluate effectiveness of intervention used, document accurately in clinical record and communicate with relevant staff/services.
## 5. Levels of knowledge and skills – Non-pharmacological Interventions

### EXPERT

**Name** ..........................................................

### Non-pharmacological Interventions

**NCNZ: Domain 1** – Professional Responsibility. **Domain 2** – Management of Nursing Care. **Domain 3** – Interpersonal Relationships. **Domain 4** – Interprofessional Health Care and Quality Improvement

For the expert management of the person with pain utilising non-pharmacological interventions you will:

1. **Utilise evidence to demonstrate a comprehensive knowledge of the role, benefits, limitations, contraindications and practicalities of a range of non-pharmacologic pain management interventions in the treatment of acute or chronic (persistent) pain**

2. **Access and utilise where available evidence-based guidelines/research to teach and/or discuss the role, benefits, limitations, and the practicalities of such interventions in pain management with other health care staff, the patient/family/whānau**

3. **Competently incorporate such interventions into clinical teaching and patient care or where appropriate refer for specialist management**

### SELF ASSESSMENT

1 – no previous experience
2 – experienced but need review
3 – experienced
4 – can teach and help others learn
### 5.1 Levels of knowledge and skills – Physical Strategies

**EXPERT**

Name .................................................

**Physical Strategies**


In order to promote, maintain or restore physical and physiological well-being and manage pain you will:

<table>
<thead>
<tr>
<th>5.1.1</th>
<th>Demonstrate a comprehensive knowledge and understanding of the importance of restoring and maintaining function in the management of pain from the perspective of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Activities of daily living (ADLs)</td>
</tr>
<tr>
<td></td>
<td>• Activity tolerance</td>
</tr>
<tr>
<td></td>
<td>• Sleep and sleep hygiene</td>
</tr>
<tr>
<td></td>
<td>• Relationships including intimacy and sexuality</td>
</tr>
<tr>
<td></td>
<td>• Reintegration into work (paid and unpaid employment)</td>
</tr>
<tr>
<td>5.1.1.2</td>
<td>Incorporate this knowledge and understanding into guiding and teaching in a variety of settings.</td>
</tr>
</tbody>
</table>

| 5.1.2 | Provide comprehensive consultation with patient/family/whānau about the importance of using physical strategies and/or modalities to manage pain and to improve/maintain function. |

| 5.1.3 | Demonstrate comprehensive knowledge and understanding of the benefits of different functional activities that can assist people to manage pain and improve and/or maintain function |

| 5.1.4 | Demonstrate comprehensive knowledge and understanding about how to incorporate cognitive-behavioural interventions into functional activities |

| 5.1.5 | Provide current information on, and discuss referral to/collaboration with appropriate services for functional assessment and management |

**SELF ASSESSMENT**

1 – no previous experience
2 – experienced but need review
3 – experienced
4 – can teach and help others learn
<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>5.2 Levels of knowledge and skills – Psychological and Behavioural Strategies</th>
<th>SELF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological and Behavioural Strategies</td>
<td>NCNZ: Domain 1 – Professional Responsibility Domain 2 – Management of Nursing Care. Domain 3 – Interpersonal Relationships. Domain 4 – Interprofessional Health Care and Quality Improvement In order to maximise and support improvement in the person’s pain and quality of life you will:</td>
<td>1 – no previous experience 2 – experienced but need review 3 – experienced 4 – can teach and help others learn</td>
</tr>
</tbody>
</table>

| 5.2.1 Demonstrate comprehensive knowledge and understanding of how psychological, behavioural and spiritual factors contribute to pain and how these factors may influence the success of pain management/treatment, incorporate into teaching other health care staff and discuss with patient/family/whānau | | |

| 5.2.1.1 Demonstrate awareness of the significance of a Māori Model of Health for people who identify as Māori | | |

| 5.2.2 Utilise information taken during the health history in relation to psychological (emotional and cognitive processes) state to consult with patient re appropriate psychological/spiritual care | | |

| 5.2.2.1 Integrate knowledge that Māori have a unique culture and may choose to be treated by Māori using Rongoa Māori (traditional healing practices) and where appropriate incorporate into care plan | | |

| 5.2.3 Initiate referral to local psychological/recreational/occupational/spiritual/community support services as appropriate, and act as a resource to assist other health care staff to initiate appropriate referrals when needed | | |
## Appendix 1. Assessment Templates

<table>
<thead>
<tr>
<th>VALIDATION KEY:</th>
<th>COMMENTS OF ASSESSOR</th>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>C = Competence assessed in practice (use modified Bondy Tool)</td>
<td>Name .................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R = Reviewed policy/resource documents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E = Exemption request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T = Challenge Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D = Demonstration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S = Simulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I = Inservice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O = Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RPL (recognition of prior learning)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Pain**

1.1

1.2

1.3

1.4
<table>
<thead>
<tr>
<th>Pain Assessment</th>
<th>COMMENTS OF ASSESSOR</th>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Pharmacological Therapies

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>INTERVENTIONAL THERAPIES</td>
<td>COMMENTS OF ASSESSOR</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Non-Pharmacological Interventions 5.1</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Strategies</td>
<td>COMMENTS OF ASSESSOR</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>5.1.1</td>
<td></td>
</tr>
<tr>
<td>5.1.2</td>
<td></td>
</tr>
<tr>
<td>5.1.3</td>
<td></td>
</tr>
<tr>
<td>5.1.4</td>
<td></td>
</tr>
<tr>
<td>5.1.5</td>
<td></td>
</tr>
</tbody>
</table>

VALIDATION KEY:
C = Competence assessed in practice (use modified Bondy Tool)
R = Reviewed policy/resource documents
E = Exemption request
D = Demonstration
I = Inservice
O = Other (specify)
RPL (recognition of prior learning)
<table>
<thead>
<tr>
<th>Psychological and Behavioural Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.1</td>
</tr>
<tr>
<td>5.2.2</td>
</tr>
<tr>
<td>5.2.3</td>
</tr>
<tr>
<td>5.2.4</td>
</tr>
<tr>
<td>5.2.5</td>
</tr>
</tbody>
</table>

**COMMENTS OF ASSESSOR**

Name ..................................................

**DATE**

**SIGNATURE**

.................................
Supporting literature and guidelines

Total Pain

Addressing Māori Health - Te Whaioranga Te Whare Tapa Whā – Māori Health Model downloaded from www.tewhaioranga.co.nz


Shipton EA. (2013). Recognition of the vocational practice of the scope of Pain Medicine in New Zealand *NZMJ* 25 126(1368); 5-8


**Pain Assessment**


IASP (2010) Diagnosis and classification of neuropathic pain. *Clinical Updates XVIII, Issue 7*

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (2001). *Pain assessment and management: an organizational approach*


Smith M. (2005). Pain assessment in nonverbal older adults with advanced dementia. *Perspectives in Psychiatric Care* 41(3); 99-113


**Pharmacological therapies**

American Geriatric Society (2009) – *Pharmacologic management of persistent pain in older persons*


Dean M (2004). Opioids in renal failure and dialysis patients. *Journal of Pain and Symptom Management* 28(5); 497-504


**Interventional therapies**


**Non-pharmacological interventions**


Physical Strategies


Psychological and behavioural strategies


Neuberger J, Wright S. (2012). Why spirituality is essential for nurses. *Nursing Standard* 26 (40);19-21


Sartori P. (2010). Spirituality 1; should spiritual and religious beliefs be part of patient care? *Nursing Times* 106 (28)14-17


Evidence-based Guideline/Textbooks


Useful websites
International Association for the Study of Pain www.iasp-pain.org
The Australian Pain Society www.apsoc.org.au
The British Pain Society www.britishpainsociety.org
The New Zealand Pain Society www.nzps.org.nz