

# CANCER CENTRE EDUCATION NEWSHEET

## March 2007

*Welcome February's education newsheet. Please find below all the education events for this month and overleaf information about useful cancer and palliative care website.*

*The Cancer Centre Education Group*

**Nurse Led**  
**Junior Doctor Oncology Teaching**

**Guest Speaker**

**Departmental Meeting**  
**Palliative Care Education**

Date	Topic	Venue	Comment
1 <sup>st</sup>	Moving and Handling Documentation Teaching	Postgraduate Centre Seminar Room 2.00 – 3.00pm	Lynn Arrol
5 <sup>th</sup>	Velcade Update	Chemo Suite Coffee Room 12.30 – 1.00pm, 1.00 – 1.30pm	Neil Munro Ortho Biotech. Lunch Provided
6 <sup>th</sup>	Syringe Driver 1 (am)	MSC Lecture Hall – 10.00 – 12.30	Book via Anni Hall
6 <sup>th</sup>	Syringe Driver 2 (pm)	MSC Lecture Hall – 13.15 – 15.00	Book via Anni Hall
8 <sup>th</sup>	Hickman/Picc/Port Training	MSC Lecture Hall – 10.00 – 13.30	Book via Anni Hall
8 <sup>th</sup>	Oncology Nurse Development Programme – Social Support	Marie Curie Lecture Room – 2.15 – 3.00pm	All Grades welcome
8 <sup>th</sup>	Infection Control Meeting	Marie Curie Ward Day Room – 14.30 – 15.00	Esther Burden – Team Leader, Marie Curie Ward
9 <sup>th</sup>	Applied Therapeutics for Palliative Medicine	MSC Lecture Hall – 09.30 – 16.30	Book via Anni Hall
9 <sup>th</sup>	Junior Doctor LCP Workshop	MSC Meeting Room – 10.00 – 11.30	Book via Dr Dickson
13 <sup>th</sup>	Laryngectomy Training / Teaching / Update	Marie Curie Lecture Room – 14.15 – 15.00	Louise O'Neill, Platon Medical
13 <sup>th</sup>	Conversations in Palliative Care	MSC Seminar Room – 14.00 – 15.00	Just turn up
14 <sup>th</sup>	Education Meeting	MSC Lecture Hall – 13.15 – 14.30	Sarah Russell
15 <sup>th</sup>	Oncology Day 1	MSC Lecture Hall – 10.00 – 16.00	Book via Anni Hall
16 <sup>th</sup>	Oncology Day 2	MSC Lecture Hall – 10.00 – 16.00	Book via Anni Hall
19 <sup>th</sup>	Taxatere Update Side Effects Management	Chemo Suite Coffee Room 12.30 – 1.00pm, 1.00 – 1.30pm	Roxy Ali, Sanofi Aventis. Lunch Provided
21 <sup>st</sup>	Intermediate Communication Skills	MSC Lecture Hall – 10.00 – 16.00	Book via Anni Hall
22 <sup>nd</sup>	Intermediate Communication Skills	MSC Lecture Hall – 10.00 – 16.00	Book via Anni Hall
22 <sup>nd</sup>	Oncology Nurse Development Programme – Prostrate Cancer	Marie Curie Lecture Room – 2.15 – 3.00pm	All Grades welcome
23 <sup>rd</sup>	Volunteer Training	MSC Lecture Hall – 10.00 – 12.00	Book via Jaonne Edwards
23 <sup>rd</sup>	Clinical Cases in Palliative Care	Lecture Hall MSC – 12.30 – 14.00	Lunch Provided Book via Anni Hall
23 <sup>rd</sup>	Action Learning Set Group 3	MSC Lecture Meeting Room – 14.15 – 15.15	Book via Liz Carruthers
27 <sup>th</sup>	Conversations in Palliative Care	MSC Seminar Room – 14.00 – 15.00	Just turn up
27 <sup>th</sup>	Difficult Conversations – Managing Anger Workshop	MSC Lecture Hall – 10.00 – 16.00	Book via Anni Hall
29 <sup>th</sup>	Breaking Bad News	MSC Lecture Hall – 10.00 – 13.00	Book via Anni Hall
31 <sup>st</sup>	Cancer Centre Visit	MSC Meeting Room – 10.00 – 13.00	Book via Anni Hall
31 <sup>st</sup>	Applied Therapeutics for Palliative Medicine	MSC Lecture Hall – 09.30 – 16.30	Book via Anni Hall

**To add your education event to this diary, please contact Lorraine O'Connell on EXT 4669 with your name, designation, dept, ext no, date, teaching topic & speaker, target audience and preferred date & venue choice**

PLEASE TURN OVER

# WHO Analgesic Ladder

## TREATMENT OF PAIN PHARMACOLOGICAL MANAGEMENT BASED ON THE WORLD HEALTH ORGANISATION ANALGESIC LADDER

### STEP 3: MODERATE TO SEVERE PAIN

**STRONG OPIOID  
PLUS A NON-OPIOID ± CO-ANALGESIC**

**Drug options**

**First line**

- Morphine p.o.
- Diamorphine SC

**Alternative opioids**

- Fentanyl
- Oxycodone
- Hydromorphone

### Moderate to Severe Pain

The oral route is the recommended route of administration and should be used where possible. Morphine is the oral opioid of choice. If the oral route is not appropriate diamorphine is the recommended parenteral opioid of choice.

In the absence of optimal pain management or if adverse drug effects occur, seek Specialist Palliative Care advice.

A trial of alternative opioids should be considered for moderate to severe pain where dose titration is limited by side effects of morphine / diamorphine.

### Prescribing Notes

Ensure anti-emetics and laxatives are available for the patient

### STEP 2: MILD TO MODERATE PAIN

**WEAK OPIOID  
PLUS A NON-OPIOID ± CO-ANALGESIC**

**Drug options**

- Codeine 60mg 6h + Paracetamol
- Dihydrocodeine 60mg 6h + Paracetamol

### Pain persisting or increasing (Mild to Moderate Pain)

Patients with mild to moderate pain should receive a weak opioid plus a non-opioid. Consider combination preparations eg co-codamol 30/500.

If the effect of a weak opioid for mild to moderate pain given regularly at its optimum dose is not providing adequate pain relief, move to step three of the analgesic ladder.

Do not prescribe two paracetamol-containing products.

### STEP 1: MILD PAIN

**NON-OPIOID ± CO-ANALGESIC**

**Drug options**

- Paracetamol
- Non-steroidal anti-inflammatory drugs (NSAIDs)

### Mild Pain

Patients with mild pain should receive either a NSAID or paracetamol at licensed doses. The choice should be based on a risk/benefit assessment for each individual patient. Paracetamol commences at 1g 6 h.

**Do not exceed total daily dose of Paracetamol 4g**

Patients receiving a NSAID who are at risk of gastrointestinal side effects should be prescribed a proton pump inhibitor.

This page and other symptom control guidelines are available from:

<http://www.mvcnprof.nhs.uk/Category.asp?cat=1193>

[http://www.mshouse.co.uk/edu\\_downloads.htm](http://www.mshouse.co.uk/edu_downloads.htm)

Have we got your contact address wrong?  
If so please contact  
Sarah Russell on 01923 844567 or  
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