pancreatitis or thoracotomies when using opioids instead of a blocking agent.

KEY LEARNING OBJECTIVES

- Learn which drug combinations prolong the blocks effects and practical blocks for any clinic to use
- Develop a safety strategy when performing local blocks
- Dispelling myths surrounding local anaesthetics

MULTIPLE CHOICE QUESTIONS

1. Lidocaine acts specifically at what cellular anatomical site to block pain?

(A) Opioid receptor	(C) NMDA receptor
(B) Sodium channel	(D) Potassium channel

2. Which combination of drugs will not prolong the typical length of lidocaine's effects?

(A) Lidocaine and saline
(B) Lidocaine and an opioid
(C) Lidocaine and dexmedetomidine
(D) Lidocaine and a steroid
3. Utilizing local anaesthetics will aid in patient safety by which of the following?

(A) Decreasing the amount of gas anaesthesia necessary to keep the patient at a surgical plane of anaesthesia
(B) Decreasing the overall amount of system analgesics needed for patients
(C) Minimize stress related to pain while in hospital
(D) All of the above

Feline: what's new in pain recognition and scoring?

Elizabeth Leece

Individual cats respond differently to the same noxious stimulus. Pain is a multidimensional experience and involves a sensory aspect, which describes how it feels for the patient, as well as a psychological component, describing how it makes the patient feel. Cats have a unique way of expressing their pain which can differ between individuals and it is vital that we can assess each individual for identifying signs.

Assessing pain in cats prior to surgery can be extremely helpful for us so that we can learn what their normal behaviour is within the stressful kennel environment. More importantly writing this information down will also help people who are looking after the cat later in the day. Does the cat groom? Does it move around their kennel? Does it interact with people and what kind of interaction is seen? A friendly cat can become very withdrawn or even aggressive when painful in an attempt to protect itself from further pain.

In cats, facial expressions and postures are often used as a guide of pain. Low ear carriage, squeezing of the eyes and a furrowed brow can be an extremely useful tool when assessing pain in cats, whilst a hunched posture or being restless can also indicate pain. Lying in an abnormal position and guarding themselves can demonstrate severe pain so it is imperative to watch the cats before they have surgery. Other signs of pain can involve licking, and this may not necessarily be the surgical area.

Normal behaviours, such as grooming, eating or using the litter tray, may not occur. Observation from a distance may pick up signs of pain but interaction is the best way to establish whether a patient is painful, gently stroking the area, or palpating alongside the wound. If a reaction is seen then you don't need to continue!

Dysphoria can also be seen in cats and it is important to differentiate this from pain. Dysphoria may even be a result of the analgesic drugs used and it is important to realize these side effects exist to highlight the introduction of a more multimodal technique to the analgesia provided.

A number of methods for assessing pain in cats have been developed and these should be incorporated by your practice and potentially adapted. The most recent ones encompass several areas of assessment but are quick and easy to perform and can allow information to be passed between caregivers and for the response to analgesia to be assessed. However, they do not replace writing notes about what is found on examination and interaction with the cats since each patient is an individual and this information is vital to ensure continuity in care.

Documenting pain scoring will allow for the training of colleagues in your team and also promote discussion within the practice regarding analgesia provision. It may highlight specific cases where improvement on pain management is needed and also allows the pain management to be assessed for efficacy.

KEY LEARNING OBJECTIVES

- An interactive review of pain assessment in cats
- Discover the use of different pain scoring systems and learn how to introduce their use successfully to your practice
- Learn how to assess pain in difficult cases, including dysphoric cats

Delivered by BSAVA to:

Guest (guest)

IP: 54.174.149.18

On: Wed, 26 Apr 2023 12:41:51

MULTIPLE CHOICE QUESTIONS

1. What will using pain scales within your clinic achieve?
 - (A) Allow communication between staff regarding cases
 - (B) Enable staff to establish efficacy of an analgesic in a particular patient
 - (C) May reduce the incidence of opioid-related side effects
 - (D) All of the above
2. Which of the following statements describes a painful cat in the hospital environment?
 - (A) The cat will sit at the front of the kennel meowing

- (B) The cat will curl up asleep and not interact with people
 - (C) The cat will be happy to eat its food when offered
 - (D) The cat will pace up and down in its kennel
3. Regarding the Glasgow composite measure of pain scale for cats, which of the following statements is true?
 - (A) It has now been validated
 - (B) A score of 7/20 is a suggested score for analgesia administration
 - (C) Eyelid position is incorporated in the scale
 - (D) Certain facial expressions are included

Canine: what's new in pain recognition and management?

Elizabeth Leece

We can always predict a degree of postsurgical pain unless local nerve blocks have been successfully used. Even then, pain may develop when the block wears off so it is imperative that we are able to assess the patient for signs of pain and to decide if our therapeutic plan is sufficient for that patient. Trauma will always cause some degree of pain but visceral pain can be difficult to recognize and quantify.

Pain can rapidly escalate and if left untreated may lead to chronic pain states. The patient will also become fearful of the veterinary practice and staff members which will be easily picked up by owners. As nurses we need to be able to discuss pain assessment with owners who may not be familiar with how their pet may exhibit pain.

There is always an emotional component to pain and this can sometimes make pain assessment quite difficult in individuals. It is important to gain the dog's trust within the kennel environment before restraining it for pre-medication or anaesthesia. It is worthwhile performing the Glasgow composite measure of pain scale on each patient before any surgery is performed so that you can quantify that patient's normal behaviour in the alien environment of your kennels and how they interact with the nursing team normally. It will also strengthen the bond between the nursing team and the patient and this will make recognizing pain easier. Instead of just performing a TPR (temperature, pulse, respiration) at admission, a fourth vital sign 'P', representing 'pain', should be included, once the dog has had time to settle so that you have a baseline value to start with.

Pain is an experience and this will affect behaviour – one dog will show you pain; other dogs may hide that pain and perhaps only tell you when it becomes extreme. Pain scoring for our veterinary patients has evolved over the past couple of decades. We will use video assessment to lead us through the current systems recommended for use to demonstrate the ease and speed of using them and introduce how we should be implementing them in our daily practice care. This will empower nurses to speak up for a painful patient in the wards and then to assess how pain progresses (or decreases) with appropriate treatment.

KEY LEARNING OBJECTIVES

- Enable the implementation of pain scales in your practice
- Allow you to discuss painful cases with colleagues to establish the best approach to managing their pain successfully
- Deliver an objective pain plan for each individual case using case examples

MULTIPLE CHOICE QUESTIONS

1. Which of the statements about the administration of methadone is correct?
 - (A) Pain will be reduced for up to 4 hours and no longer
 - (B) The pain scale should be repeated after 30 minutes to assess methadone's efficacy
 - (C) The pain scale does not need to be repeated for at least 4 hours because the patient has received analgesia
 - (D) Gastrointestinal side effects are rare following administration of methadone in dogs

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