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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2. Following a successful nerve block with bupivacaine and a non-steroidal anti-inflammatory drug after orthopaedic surgery, when should methadone be administered?
 - (A) Every 4 hours
 - (B) When pain scores are equal to or above 6/20
 - (C) When pain scores are less than 6/20
 - (D) Never, orthopaedic surgery is not painful

3. Which of the following may be useful to implement to enable assessment of postoperative pain in your practice?
 - (A) Training is a waste of time
 - (B) Assessing patients in their kennels before surgery
 - (C) Assessing patients following extubation
 - (D) Do not use analgesia because it may delay recovery

A review of medical cannabis

Stephen Cital

There are some fundamental distinctions one must make on the topic of medical cannabis, and even certain terminology used when approaching medical cannabis as a valid medical therapy. The first distinction is between a 'marijuana' plant versus a 'hemp' plant. The marijuana plant, with its several subspecies, is in the same gene pool as the hemp plant but has been purpose-bred for higher levels of delta-9-tetrahydrocannabinol (THC), the psychoactive agent people seek to get 'high'. The hemp plant has much lower levels of THC (less than 0.3%) and has been used for thousands of years as a medicine, source of fibre, and other for industrial purposes.

Phytocannabinoids consist of numerous agonists or chemical compounds extracted from marijuana or hemp plants that act on the endocannabinoid system (ECS). The ECS is an extensive group of endogenous cannabinoid receptors found in nearly every vertebrate, both centrally (in the brain) and peripherally. The ECS is responsible for a variety of homeostatic processes, with more being discovered every year. The ECS was first discovered after the isolation of THC in 1964, followed by cannabidiol (CBD) with corresponding receptors CB1 and CB2 of the ECS. There is current debate to name the GPCR55 receptor the CB3 receptor. Anandamide, the endogenous agonist for the CB1 receptor, was discovered in 1992, and that was the key to unlocking the bliss, anxiolytic and other positive attributes people seek with THC use by CB1 expression. Two years later another endogenous agonist for the CB1 and CB2 receptors, known as 2-arachidonoylglycerol (2-AG), was described in much larger amounts in the central nervous system compared to anandamide. There are currently five endogenous cannabinoids described, with the most studied being the two mentioned previously. Scientists have suspected there are other endocannabinoids yet to be described, and several synthetic versions are currently being researched and developed.

Endocannabinoids are not stored systemically but are generated in response to a depolarization-induced rise in intracellular calcium or activation of various

metabotropic receptors, secondarily linked with ion channels on the plasma membrane of the cell through signal transduction, most commonly G proteins. Having endogenous agonists for receptors of the ECS gives validation to the importance of the ECS and the relevance of using pharmacy (like medical cannabis) to utilize their effects safely and effectively for numerous conditions, including pain. The use of marijuana and hemp plant components in veterinary medicine is growing rapidly. Unfortunately, it is growing faster than most practitioners (veterinary surgeons and nursing staff) can educate themselves with scientifically based studies.

KEY LEARNING OBJECTIVES

- Understand the endocannabinoid system
- Understand which molecules can have psychotropic effects
- Understand safety concerns and what to look for in a product

MULTIPLE CHOICE QUESTIONS

1. Using cannabinoids can help with which of the following?
 - (A) Calming
 - (B) Support the body's response to pain
 - (C) Help maintain normal gastrointestinal function
 - (D) All of the above
2. What is the difference between a plant considered marijuana and hemp?
 - (A) Hemp has a very low concentration of THC compared to marijuana
 - (B) Hemp can get animals high and marijuana cannot
 - (C) There is no difference
 - (D) Marijuana is very high in CBD
3. What studies have been performed in dogs?
 - (A) Efficacy for decreasing pain related to osteoarthritis
 - (B) Use for treatment in epilepsy
 - (C) Receptor identification in canine gastrointestinal tract
 - (D) All of the above

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