PAIN AND COVID 19

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Learning Objectives

- Learn how to assess and manage pain in COVID infected patients across health care settings.
- Develop toolkits of resources to promote wellbeing in patients with chronic pain during the pandemic.
- Learn strategies to promote communication with patients and families with chronic pain during the pandemic.

Outpatients

- Try to keep clinics going with phone and video-visits. This will help increase patient safety, reduce unnecessary visits to the ED
- Careful with tools that ordinarily are regarded as part of best practice as they may trigger patients frustration with limitations in activities, physically spending time with friends and family or loss of a job e.g. the PEG scale Pain Enjoyment and General Activity Scale
- Outpatient pain assessment should include an assessment of how patients are dealing with restrictions and their understanding of what they need to do to stay safe TEACHBACK! TEACHBACK!

Provide with tools (COVID workbooks) to help manage stress related to the virus

- Get schedules of hours in grocery stores for elders, immune suppressed, people living with chronic illness Up-to Date national information   https://irma.org/covid-19-senior-shopping/
- Tailor mindfulness activities to acceptance based approaches that focus on tolerating uncertainty and change: Breath work, Grounding, EyeSpy (noticing 5 things)
- Assess what activities they can do to lessen likelihood of rumination and worry opportunities within the constraints of limitations
- Normalize their experiences
- Focus on what's in control instead of what's not in control: Reframe to focus on activities that bring joy rather than distraction.

Tips to manage and reduce anxiety and stress from COVID-19

TAKE BREAKS from watching the news and social media

SELF CARE –

- Deep Breathing
- Stretching/ Exercise (consult with PCP first)
- Fitness Blender – free variety of workouts intensity and time. https://www.youtube.com/channel/UCiP6wD
- Core Power – free yoga classes online while studios are closed. https://www.corepoweryogaondemand.com/keep-up-your-practice
- Meditating - mindful meditation app with some free content. https://www.headspace.com/covid-19
- Guided imagery or progressive muscle relaxation e.g. https://www.youtube.com.watch?v=35sch88kmlls

Tips to manage and reduce anxiety and stress from COVID-19

- Practice good sleep hygiene CDC https://www.cdc.gov/sleep/ about sleep/ sleep hygiene.html
- Listen to music Pandora-Free https://www.pandora.com
- Read or listen to a book https://www.chipublib.org/books/
- Learn something new - Duolingo-free learn a new language https://www.duolingo.com/
- The Great Courses offers 70% off sale currently for a variety of subjects https://www.thegreatcourses.com/

Managing chronic pain

- Strategize with patients on ways to lessen risk to exposure to Co-VID while trying to manage e.g. medication delivery by some commercial pharmacies
- Joint telephonic or video-visits with interdisciplinary team including social workers to include ongoing attention to mental health well-being with proactive outreach to patients with complicated mental health problems and deficits in social support.
- Connect with OT/ PT Mental Health online
- Relax certain strictures on medication refills to ensure a lower likelihood of patient winding up in the Emergency Room
- Help strategize with the patient ways to improve access to healthy food e.g. churches and community based organizations may partner with restaurants and large stores to donate vegetables

Managing mental illness during the pandemic

- Relapse is more common in times of stress and uncertainty.
- Ask about frequency or recurrence of use of risky drug, alcohol and tobacco use
- Foster connection: Advise people on availability of online zoom AA,ANA, Smart Recovery Toolbox
- Make sure that people are staying connected with their sponsor, mental health provider
- Harm reduction: drink inside, home delivery
- If using street drugs make sure someone at home is trained to give naloxone if needed
- For patients with connections to Faith Based Communities help them connect to online services through Zoom, Facetime.

Patient education from the OT's perspective

- Proper body mechanics related to pain to promote success with ADL/IADLs
- Mindfulness based approaches:
  - Use a smart phone applications (Stop, Breath, Think).
  - Suggest a gratitude journal.
  - OT can expand on this with telehealth sessions if appropriate.
- Energy conservation techniques
- Routine planning, keeping a consistent daily routine.
  - Waking/sleep, eating at the same time.
  - Participating in 'work' occupations and 'leisure.'
  - In the midst of a pain episode, encouraging even one small productive activity instead of laying in bed (for example, can be eating a meal at the table, instead of in bed).
- Maintaining social interaction using technology

Maintain good nutrition

- Order meals
  - directly from restaurants for pick up or delivery
  - Using apps or websites such as: Door Dash, Grub Eats, Uber Eats, Post Metes
- To-go boxed lunches available from Chicago Senior Centers that are closed
- Meals on Wheels
  - must be 60 plus, home bound, chronically ill
- Get schedules of hours in grocery stores for elders, immune suppressed, people living with chronic illness
  - Up-to-date national information at https://irma.org/covid-19-senior-shopping/

Pain assessment in hospitalized patients with COVID

- Patient and family are the unit of care
- Creativity is needed to ensure flow of information
- Fear is contagious and likely makes it difficult for patients and families to emotionally regulate their response to pain
- Loneliness and distancing from support systems like faith based communities, mental health providers, recovery community are not likely to make it easier to cope with experiencing pain.

Challenges of remote assessment

- We lose the ability to observe patient's activity levels, non-verbal behaviors associated with pain.
- Some people can be hard to draw out over the phone.
- Check the bedside nurse's assessment of how the patient is doing with their pain

Involve an interdisciplinary team

- Chaplain can address existential pain, worries and questions
- Social worker can address family well-being and help patient with mindfulness and other coping techniques

Involve family

- What are best ways to communicate with ----?
- Tell me some important things to know about---- to help me take care of ----?
- How is your family coping with this?
- Find ways to ensure patient are receiving an effective amount of communication with the team and with the patient e.g. augmenting communication between the family and patient with a clinical ambassador program of volunteers

Sources of acute pain for patients who are admitted to the hospital with COVID-19

- Myalgias and Arthralgias
- Abdominal Pain
- Pleuritic Pain
- Procedural pain: endotracheal tubes, central lines, catheters, NG tubes
- Being proned
- DVTs
- Critcal illness polyneuropathy

Pain assessment in the ICU

- Patients who are requiring sedation for the ventilator will often not be able to communicate needs
- Use behavioral rating scales to assess for pain.
- Increased tone in an extremity may be indicative of pain.
- Grimacing or posturing may be indicative of pain.
- Monitor closely for neurocognitive side effects of opioids: patients with Co-VID are highly susceptible to delirium and their reserve may be reduced by limited visitation and stimulation from family members.
- Agitation and not moving one extremity or limb or facial droop concern for CVAs

Managing chronic pain in hospitalized patients with COVID-19

- Expect to need to reduce the dose of long acting opioids (or their OME) by at least 50% due to hemodynamic instability, risk of respiratory depression and decreased tolerance to opioids due to acute infection
- Expect tolerance to opioids to change due to drug-drug interactions with newly added medications including antimicrobials
- Patients with chronic pain may require higher breakthrough doses that patients without chronic pain for acute breakthrough pain.
- Patients on Transdermal Fentanyl patches who are febrile can be expected to have accelerated systemic release of fentanyl expect to decrease the dose of the Fentanyl patch.

Expect to have to use opioids for longer than you might ordinarily

- Greater risk of Opioid Use Disorder (O.U.D) due to isolation, trauma
- Younger age patients are greater risk of O.U.D
- Proned patients are likely to to have more pain
- Patients with CoVID are averaging 4 weeks in the hospital and 2 weeks on ventilators.

Prolonged use of opioids likely because of prolonged ventilation methadone tapering protocol

- Prolonged Use of Opioids likely because of prolonged ventilation Methadone Tapering Protocol
- Inclusion/Exclusion:
- No hydroxycholorquine use
- EKG with QTC <500
- On IV opioid infusion $\geq$ 5 days
- Fentanyl dose $\geq$ 100 mcg/hr

Treatment

- Start methadone 10 mg enterally q6 hours
- Wean IV opioids as tolerated
- If actively weaning vent/opioids can dc opioid infusion after 24 hours and add fentanyl 50 mcg IV push prn agitation/pain/withdrawal
- If on high dose drip taper by 25% per day
- Once extubated taper methadone by 5mg daily as tolerated.
- Consider SUIT/Palliative Consult for assistance with taper.

Bolus dose

- Make sure there is some proportionality between infusion dose and bolus dose if less than 25% of infusion dose likely not effective and therefore patient may receive higher hourly rate of infusion than they need thereby delaying weaning from the ventilator.
- Bolus dose may be less effective because of the length of the IV tubing.

When patients are on multiple sedating medications

- If a patient is on a high dose opioid infusion and develops agitation if another non opioid medication e.g. midazolam is titrated up without improvement in the agitation consider tapering the opioid infusion dose by 25% as the opioid maybe the source of the agitation.
- Look for other signs of neurocognitive side effects of opioids e.g. asterixes or myoclonus.

When patients are ready to leave the hospital

- Can be expected to have pain due to chronic illness polyneuropathy, prolonged immobility
- Make sure that they have enough pain medication until they can get to their next virtual visit with their primary care provider
- The script should preferably be filled and delivered by the hospital pharmacy to limit the requirement for patients caregivers to have exposure going to their community pharmacy
- If a patient is returning to a nursing home fax the prescription to the nursing home.

If the patient is in a nursing home

- They will be more susceptible to cognitive side effects of pain medications if they are not having sufficient social stimulus to replace family visits.
- Psychosocial coping skills will be strained by the increased isolation.
- Consider scheduling pain medication as the nursing staff maybe needing to limit visits to patients to limit risk of becoming ill from exposure.

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