

Chronic Pain Generic Care Plan: Guidance for MCR

CARE ISSUE	DESIRED OUTCOME	ACTION	ACTION BY	RESPONSE
Patient does not understand cause of the pain.	Patient able to understand why they are in pain and manage condition appropriately.	Discuss with patient and/ or GP to identify cause of pain.	Pharmacist	Patient informed about condition and able to understand how to manage appropriately.
Compliance. (Looking at repeats, patients condition, confusion about meds, exacerbation, patient admits doesn't take, lack of understanding, side effects, etc).	Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	Pharmacist	Patient has a better understanding of how and why to take/use medications for chronic pain, and patient able to explain what the different medicines do.
	Patient understands why they need to take medication.	Advise on how different therapies work, benefits of taking them and the need for compliance.		Patient understands the benefits of medication and risks of not taking it regularly.
	Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.		Patient understands use of medication and improved chronic pain control.
Side effects of medication.	Able to minimise side effects appropriately.	Explain side effects of medication and review with GP if resulting in non-compliance.	Pharmacist GP	Review of medication if s/e is intolerable.
Patient does not understand medication and what they are used for.	Patient understands the need for different medication and what they do.	Discuss drugs with patient to help them understand about the different medications.	Pharmacist	Patient is able to understand need for medication and rationale for drug regime – achieves concordance.
Increase level of pain, uncontrolled pain or acute exacerbations.	Pain level and discomfort reduced and appropriate prn medication available.	Discuss analgesia options for acute episodes.	Pharmacist	Patient is able to help undertake pharmaceutical and non-pharmacological steps to reduce pain and discomfort.
		Discuss pain level and severity of pain.		
		Discuss when pain is likely to be at its worse or what makes it better.		

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Patient has history of stomach ulcer, gastric bleed or reaction to medication.	Patient has appropriate medication.	Discuss with patient and GP to ensure that patient has appropriate type and dose of gastro-protective medication.	Pharmacist Patient GP	Patient's drug regime is appropriate for medical history to reduce risk of further problems.
Patient using OTC therapy especially if history with GI problems.	OTC therapy is appropriate and use is known by clinicians.	Discuss use of OTC or alternative medications with patient.	Pharmacist	Patient informs GP and other clinicians of use of alternative/ OTC medications.
Non attendance at annual review – not invited or declined.	Patient has annual review at surgery once/yr.	Reinforce need for annual review as medication may need altered as condition changed.	Pharmacist Patient GP/Practice nurse	Patient agrees to a review at surgery. Patient contacts practice for a review.
Patient is inactive.	Patient able to participate in some form of exercise.	Discuss possibility of patient participating in gentle exercise.	Pharmacist Patient	Patient takes part in some form of exercise.
Patient smokes.	Smoking stopped.	Reinforce how smoking affects the chest, heart and chronic pain. Brief interventions to motivate patient to reduce or stop smoking.	Pharmacist Patient	Patient agrees to quit attempt and understands why so more motivated to succeed.
		Offer smoking cessation service in pharmacy or local smoking cessation support groups. Quit Your Way services.		
No flu immunisation. (On inhaled steroids, meet age or other criteria).	Patient gets annual flu immunisation.	Promote advice.	Pharmacist Patient	Patient agrees to contact surgery or pharmacy to get the annual flu vaccination.

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Neuropathic Pain specific issues:

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Managing patient's expectations.	Patient understands that there is no cure and pain control will only be minimised and not 100% removed.	Pharmacist discusses with patient issues regarding non-cure.	Pharmacist	Patient able to understand treatment and expectation for presence of some pain.
Drugs used in treatment are unlicensed or "off label".	Prescriber, pharmacist and patient understand need for use of off-license use.	Pharmacist to discuss with prescriber and patient.	Pharmacist	All parties accept use of off-label use for some drugs.
Patient adopts "all or nothing" approach to lifestyle activities.	Patient understands need to pace themselves when doing activities and rationale for doing so.	Pharmacist to discuss management of lifestyle activities into chunks to reduce risk of exacerbation or increase of pain.	Pharmacist	Patient able to manage lifestyle activities appropriately and minimise pain levels. Patient understands pacing. Patient reduces boom/bust
Patient uses their medication when required.	Patient takes medication on regular basis to ensure optimum pain control.	Pharmacist discusses drug regime and need to take medication regularly and not simply when required.	Pharmacist	Patient takes drugs appropriately and manages pain control more effectively.
Drug doses being titrated up or being discontinued.	Prescribers and patients are aware of gradual dose increases for titration or downward for discontinuation. Side effects are minimised due to dose changes.	Pharmacist discusses dose changes with prescriber and patient.	Pharmacist	Titration up and down and managed appropriately.
Patient is taking more than one drug from each class.	Drug regime includes only one drug from each class.	Pharmacist to discuss drug regime and choice of drug with prescriber.	Prescriber	Drug regime is appropriate for patient.