

The WindowPain

The newsletter of the American Society
for Pain Management Nursing -
Long Island Chapter

AMERICAN SOCIETY FOR
Pain Management
Nursing



ASPMN Long Island Chapter

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A Message from the President

Happy Holidays to
Everyone!

I cannot believe 2016 flew
by. I feel like it was just last
month we were in Louisville
enjoying a wonderful
conference.

Our conference in June was
very well received, and we
are well into the planning
for the conference on June
2, 2017. It will once again
be held at the DeMatteis
Center. We have some very
exciting speakers lined up
and hope that everyone will

try to attend. There will be more
information posted at the end of the
newsletter.

Once again I hope everyone had a
wonderful holiday and a happy and healthy
New Year.

Thank you to the Board of Directors and
Committee Chairmen. Without their help I
would not have gotten through this year.
Thanks again for making this a banner year

Lynn Grimaldi, RN-BC
Past President, ASPMN LI

Lawful Prescribing and the Prevention of Diversion

The Long Island Chapter of ASPMN had a
sponsored lecture by Perdue Pharma. The
speaker was Edward Cartwright, Associate
Director Law Enforcement Liaison &
Education. Mr. Cartwright shared many
stories from his days in law enforcement
and reinforced the need for practitioners to
be ever vigilant in documentation. This
includes following the new CDC
recommendations: urine toxicology
screening and using the I-stop (PMP)
prescription monitoring programs to verify
patients' pain medication usage.

Some tips to prevent hospital based
diversion were discussed. These include
placing the sharps container close to the
Pyxis machine for easy waste, the second
nurse watching a waste to confirm it was
done and not turning away assuming it was
done. The Pyxis machine should be highly
visible, therefore the diverter would not be
able to linger longer at the machine and
divert the medication to him/herself.

Staff and nurse manager should watch
colleagues for changes in behavior, such as
previously prompt arrival to work and now
chronically late, falling asleep at the
computer, recent problems at home and if
there are spots of blood on thighs which
may indicate injections through their
uniform.

Nurse managers should monitor usage via
Pyxis. This includes patients receiving
pain medication only at night and not
during the day. It is important to be aware
when there are concerns.

Mr. Cartwright spoke of the need to watch
the community for "pill mills". These
establishments may not have normal
business hours, cause high traffic
situations when open, and instead of office
staff there is a bouncer due to "all cash"
business.

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Donna Sipos Cox, FNP

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Sandra Kuefner, ANP

The most popular medication for diversion is - ALL MEDICATIONS! Most diverted medications are sold on the street for \$1 per milligram, therefore oxycodone 10mg = \$10. Brand name medications are sold for 25-50 cents more per pill. Generic medications could be any type of medication (not necessarily a pain medication).

Mr. Cartwright offered a helpful tip to members who are having difficulties with administration and pain control in the face of HCAPs. He suggested using the phrase "I am looking at the totality of the problem, not just one aspect".

Submitted by
Sandra Kuefner, ANP

Xtampza ER - An Abuse Deterrent, Oxycodone ER

Collegium Pharmaceutical has FDA approval of an oxycodone extended release medication named Xtampza ER. The medication is in capsule form with DETERx micro spheres. This allows the medication to be sprinkled on food as well as inserted into a tube feeding.

The micro spheres consist of a waxy substance surrounding the oxycodone. This opioid medication needs food and the digestive enzymes to release the oxycodone. Therefore, the same amount of food should be consumed when taking this medication to ensure a consistent release of the medication.

Xtampza ER can be crushed or injected, but a significantly less amount of the opioid is released. An interesting fact during the clinical trials is 54.5% of subjects snorting placebo liked it (in comparison to Xtampza ER 61.8% and 82.7% of oxycodone IR). A possible reason may be related to the anticipation of the possibility to receive opioid - Pavlov dog's reaction to a dinner bell.

The second question asked subjects after ingesting the medications listed above was how likely would you take the medication again. The placebo was rated at 45.9%, Xtampza 47.7% and oxycodone IR 71.4%.

Xtampza ER does not have the same doses as Oxycontin. The doses are: 9mg, 13.5mg, 18mg, 27mg, and 36mgs. Xtampza ER is dosed every 12 hours.

Submitted by
Donna Sipos Cox, FNP, MSN

Long Island Chapter's Annual Conference

On Friday, June 2, 2017 the Long Island Chapter is presenting their 16th Annual Conference at the DeMatteis Center in Greenvale. This year's title is "Managing Pain: Light at the End of the Opioid Tunnel".

The topics for this year's conference include a physical therapist speaking about one program to conquer pain, how to motivate your patient to participate in his/her health plan and the science behind medical cannabis. Another topic is complex regional pain syndrome which will include a patient with CRPS.

The brochure for this conference is located on the Long Island Chapter's website www.aspmn-li.org. The brochure is listed under the Annual Conference tab.