

# Clinical Guideline



**HNEkidshealth**  
Children, Young People & Families



**Health**  
Hunter New England  
Local Health District

## Children's Complex Pain Service (CCPS) at the John Hunter Children's Hospital

<b>Sites where Clinical Guideline applies</b>	All facilities where children and young people may present
<b>This Clinical Guideline applies to:</b>	
1. Adults	No
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	No
<b>Target audience</b>	Clinicians working with children and young people
<b>Description</b>	An overview of the CCPS and CCPS business rules

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<b>Keywords</b>	Complex, acute pain, chronic pain, children, young people
<b>National Standards</b>	1
<b>Document registration number</b>	HNELHD CG 18_27
<b>Replaces existing document?</b>	No

**Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:**

- [NSW Health Pain Management Plan 2012-2016](#)
- [National Pain Strategy 2010](#)

<b>Position responsible for Clinical Guideline Governance and authorised by</b>	Trish Davidson, Director Children, Young People & Families
<b>Clinical Guideline contact officer</b>	Elizabeth Kepreotes
<b>Contact details</b>	<a href="mailto:Elizabeth.Kepeotes@hnehealth.nsw.gov.au">Elizabeth.Kepeotes@hnehealth.nsw.gov.au</a> Ph: 4921 3447
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## GUIDELINE SUMMARY

This document establishes best practice for HNE Health. While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within the guideline, or for measuring consistent variance in practice.

**Introduction** This guideline has been developed by the Children's Complex Pain Service at the John Hunter Children's Hospital (JHCH).

**Situation** This document outlines the functions and processes of the Children's Complex Pain Service, known hereafter as the CCPS.

**Risk Category:**

Processes for maintaining high quality clinical care, patient safety, and sound bioethical practice are outlined.

**Background** The CCPS began on July 1<sup>st</sup>, 2013 as the third paediatric chronic/complex pain service in NSW. The Tier 2 service functions out of the JHCH, seeing children and young people through consultative inpatient appointments, outpatient clinics, and by telehealth follow-up when it is possible to provide care close to home. The part-time multidisciplinary team comprises a senior staff specialist in pain medicine 0.6 FTE, a clinical nurse consultant (CNC) 0.6 FTE, a physiotherapist (Physio) 0.4 FTE, a clinical psychologist (Psych) 0.4 FTE, and an administrative assistant (Admin) 0.4 FTE. The clinical service is currently available on Thursdays and Fridays in business hours 0830-1700hrs. The doctor and nurse are available for case discussions and inpatient consultation, by arrangement, on Wednesdays.

**Assessment** This guideline describes the goals of the CCPS, with business rules, referral pathways, and other information that will help clinicians to understand how to access help for children and young people with complex pain, and how the service will work with them to provide ongoing management as close to the family's home as possible.

**Recommendation** Clinicians working with children and young people within HNELHD should be aware of how to utilise the service so that pain management is timely, appropriate, and effective.

**GLOSSARY**

<b>Acronym or Term</b>	<b>Definition</b>
ACI	<i>Agency for Clinical Information</i>
Acute pain	<i>Pain immediately following surgery or injury, which is expected to be of a relatively short duration &lt; 3 months.</i>
CCPS	<i>Children's Complex Pain Service</i>
Chronic pain	<i>Persistent pain lasting &gt; 3 months and having some impact on daily function</i>
Complex pain	<i>Acute or chronic pain that is difficult to understand, manage, or treat</i>
Child	<i>Aged from birth to 12<sup>th</sup> birthday</i>
ED	<i>Emergency Department</i>
GP	<i>General Practitioner</i>
HNELHD	<i>Hunter New England Local Health District</i>
iPMS	<i>Information Patient Management System</i>
JHCH	<i>John Hunter Children's Hospital</i>
Multidisciplinary	<i>A number of different health care disciplines working together</i>
Opioids	<i>Medicines with actions similar to those of morphine, including substances derived from the opium poppy (morphine and codeine) and synthetic and semi-synthetic medicines (such as hydromorphone, fentanyl, buprenorphine, oxycodone, and tramadol).<sup>1</sup></i>
Pain	<i>An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.<sup>1</sup></i>
Parent	<i>Adult with a biological, adoptive, foster, or kinship relationship to the child or young person who has legal custody and responsibility for the child or young person.</i>
Primary Care	<i>The first level of care or point of entry to the healthcare system for consumers. It includes (but is not limited to) services delivered by GPs, practice nurses, nurse practitioners, community nurses, allied health providers, Aboriginal health workers, pharmacists, and dentists.<sup>1</sup></i>
RIMS	<i>Referral Intake Management System</i>
Referral Pathway	<i>How a referral is made by the person requesting care (referrer) for a child/young person and moved to the recipient medical officer (consultant) so that children/young people are seen in a timely manner.</i>
SCHN	<i>Sydney Children's Hospital Network (Randwick and Westmead Campuses)</i>
Secondary healthcare	<i>Services provided by practitioners who don't normally have first contact with a patient, such as medical specialists; intermediate between primary healthcare and that available at a tertiary facility.<sup>1</sup></i>
Tertiary healthcare	<i>Care provided in a service that has the personnel and facilities required for specialist investigation and treatment, e.g Level 6 teaching hospital such as JHCH or SCHN.</i>
Transition	<i>The coordinated transfer of care from paediatric health services to adult health services for young people requiring ongoing healthcare after the age of 16 years. Transition should generally be completed by the 19<sup>th</sup> birthday.</i>
Young Person	<i>Aged from 12 years to 19<sup>th</sup> birthday</i>

## BUSINESS RULES

### Overview

Following a 2012 NSW Health Taskforce into chronic pain,<sup>2</sup> funding for a multidisciplinary service at the John Hunter Children's Hospital (JHCH) was made available by the NSW Ministry of Health, and is now administered through the Agency for Clinical Innovation (ACI). The JHCH Children's Complex Pain Service (CCPS) is multidisciplinary team of senior clinicians with expertise in paediatric complex pain management. The team includes a Senior Staff Specialist (0.6 FTE), Clinical Nurse Consultant (0.6 FTE), Physiotherapist (0.4 FTE), Clinical Psychologist (0.4 FTE), and an Administration Assistant (0.4 FTE). Interdisciplinary clinic appointments or inpatient consultations occur for most new referrals to the service. Occasionally, children requiring urgent assessment may only see the doctor and CNC in their initial consultation. Follow-up consultations may be with individual team members or in combination. All care is highly individualised and tailored to the needs of the child and family.

### 1. Referral to the Children's Complex Pain Service

Formal written referrals to Dr Susie Lord or her delegate must be made by general practitioners (GPs), paediatricians, specialists, or sub-specialist medical officers who intend to maintain an ongoing role in the management of the child or young person. The CCPS accepts new referrals for children aged 0 – 16<sup>th</sup> birthday. The referral should include:

- a history of the child's pain problem
- details of any comorbid health conditions
- information about the pain impact on sleep, school attendance, mood, and activity
- all current, and previous analgesic, medication use
- therapies trialled, including pharmacological, physical, psychological, complementary and alternative
- information about relevant examinations, Emergency Department (ED) presentations, investigations, or interventions
- a list of clinicians currently involved in care and any relevant correspondence (with consent)
- referrer email and contact numbers

A NSW Pain Management Referral Form is also available from

<http://www.hnekidshealth.nsw.gov.au/site/pain> in lieu of a letter. Referrals must be faxed to 02 49223904 for inclusion in the digital medical record (DMR) and Referral Intake Management System (RIMS). If the referral is urgent, or case discussion is sought ahead of triage, this should be flagged directly with the team by email [HNELHD-CCPS@hnehealth.nsw.gov.au](mailto:HNELHD-CCPS@hnehealth.nsw.gov.au), by team fax 02 49213559 marked 'ATTENTION Elizabeth Kepreotes (CNC) or Dr Susie Lord', or by phoning the team on 02 49223398 Wednesday to Friday.

Referrals for young people aged 16 years and older should be directed to the Hunter Integrated Pain Service (HIPS) <http://www.hnehealth.nsw.gov.au/pain>

Young people over the age of 16 yrs who are on-service may require a re-referral for the purpose of billing. These referrals will be treated as an ongoing episode of care, rather than a new referral to the service, if the pain problem has not changed.

## **2. Intake Management [See Appendix 2]**

Referrals are reviewed as they become notified through email alerts or as letters to the staff specialist are received. On receipt of the referral, the CNC will ensure that it is lodged with RIMS. It will then be triaged to one of four\* categories corresponding to those available in the RIMS database. NB: pain triage categories are different to the surgical triage categories used in RIMS. The date that the referral is received by the CCPS, will be taken to be the referral date from which the wait-time should be calculated.

### **Eligibility**

Age less than 16 years (up to the 16th birthday) for new referrals and up to 19<sup>th</sup> birthday for re-referral of an existing patient + intrusive pain:

- Persisting for at least 3 months, or less if associated with a new chronic condition diagnosis, AND
- Interfering with personal function – sleep, self-care, independent mobility, dignity, and/or
- Interfering with psychosocial function – self-worth, mood and social functioning, and/or
- Interfering with vocation – education and/or work as age-appropriate, and/or
- Interfering with optional activities – desired sport or leisure activities

+ a trial of local services (GP and allied health care for at least 3 months) proves insufficiently effective, or is certain to be ineffective due to the degree of complexity.

Complexity may include multigenerational persistent pain, rare comorbid conditions, psychiatric conditions, or the patient being a child-carer or emancipated minor.

Referrals for children and young people living within HNELHD [including Mid-North Coast/North Coast as part of the Northern Child Health Network] will be prioritised ahead of referrals for those living in other health districts/states.

**Triage Criteria**

Category*	Criteria	Max. wait recommended
<b>Urgent</b>	Severe impact on sleep, self-care, mental health AND <ul style="list-style-type: none"> <li>causing frequent emergency presentations, or</li> <li>preventing hospital discharge</li> </ul>	7 days
<b>1</b>	Major impact on sleep, self-care, independent mobility or mental health AND <ul style="list-style-type: none"> <li>Causing <math>\geq 60\%</math> school absence, or</li> <li>Causing <math>\geq 40\%</math> school absence in a child from a disadvantaged group (Aboriginal and/or Torres Strait Islander, or refugee, and/or in out-of-home care), or</li> <li>Needing assessment in order to rationalise potentially-harmful medications (e.g. opioids), or to commence an off-licence medication</li> </ul>	1 month
<b>2</b>	Some impact on mobility or mental health AND <ul style="list-style-type: none"> <li>Causing any school absence (other than as in Cat 1), or</li> <li>Limiting work for an employed adolescent</li> </ul>	2 months
<b>3**</b>	Impact on sport and leisure only	3 months – not accepted**

\*\*The CCPS does not accept Cat. 3 referrals due to the demand from the higher acuity categories. Clinicians will provide advice to the referrer and parent as to the best course of action for the child and family. This may include the provision of information about an online paediatric chronic pain management resource that CCPS staff contributed to – PainBytes

<http://www.aci.health.nsw.gov.au/chronic-pain/painbytes>

### 3. Liaison with other Tier 3 Paediatric Pain Services

Where the referral is triaged as Urgent, Cat. 1, or Cat.2, but the CCPS waitlist is such that the child cannot be seen within the target timeframe, the parent/legal guardian and referrer will be notified of the delay and offered the option of referring the child to a Tier 3 Pain Service at either the Sydney Children's Hospital Randwick or the Sydney Children's Hospital Westmead campus. Children accepted by these teams will have care provided by the Sydney team until the child is ready to be discharged from the specialist service. The three NSW services currently collaborate in an effort to provide timely care to families.

#### 4. Closing the Gap for Aboriginal and Torres Strait Islander Families

The CCPS has identified that 23% of patients on service during 2016-2017 are Aboriginal.<sup>3</sup> No Torres Strait Islander children or young people have been referred to date. The team is committed to providing culturally appropriate care with additional strategies to close the gap between Indigenous and non-Indigenous health outcomes. All staff have attended the full course of Cultural Respect Training and together have identified the following strategies as core business:

- At least one member of the CCPS is Aboriginal and/or Torres Strait Islander to provide additional cultural support to families and as a resource/consultant for the team regarding cultural issues.
- Identification of Aboriginality during the intake process. If Indigenous status is not recorded, the parent or young person will be asked if he/she is Aboriginal and/or Torres Strait Islander. Updated information will then be entered into the Information Patient Management System (iPMS).
- Indigenous clients will be triaged according to the triage categories but will be moved to the top of their assigned triage category's waitlist.
- Particular needs for the child and family will be identified by the CNC during the intake consultation phone call with the parent. The initial and any subsequent consultations will then be tailored to those needs, e.g. additional family members present, Aboriginal Liaison Officer contacted if requested, IPTAS travel support documentation, telehealth opportunities.
- Telehealth will be offered whenever possible to provide care as close to home for the family and to facilitate the exchange of information and education with primary care providers.
- Consultations will be conducted in the clinic area but the seating will be set out in a circular formation to incorporate the concept of a learning circle and equality.
- Families will be notified of the location of the outdoor learning circle on site at the JHH campus.
- An Indigenous advisor or consumer will assess all patient related documents and processes for cultural appropriateness and helpfulness.

#### 5. Inpatient consultations

The CCPS staff specialist does not admit patients to the JHCH due to the part-time nature of the service, but may share admitting rights with another medical consultant in the most complex cases. Medical consultants may request an inpatient pain specialist consultation using the standard inpatient consultation request form, together with a phone call to notify the CCPS CNC and/or specialist. Up to 2 hours per week has been designated on a Wednesday for this service. The consultation and recommendations will be documented in the medical record under a header CHILDREN'S COMPLEX PAIN SERVICE, and can be communicated directly to the admitting medical officer or their delegate if the relevant contact is notified to CCPS.

Where possible, the CCPS will see on-service children during any coincidental admissions, but individual time with therapists will be negotiated on a case-by-case basis – their inpatient care remains the responsibility of the admitting team and ward allied health staff. Service events will be recorded in the patient's medical record and in *epiCentre* [see section 15].

Children should not be transferred to JHCH from other hospitals for the purpose of chronic pain management by the CCPS.

Parents should not be directed to present their child to JHH Emergency Department for the purpose of chronic pain management by the CCPS.

## **6. Outpatient consultations**

An outpatient consultation date will be assigned by the CNC and communicated to the parent/young person and the JHCH Ambulatory Care Clinic by phone or email following triage. The Clinic Manager or Administrative Assistant will generate an appointment in iPMS and the family will then receive an appointment letter, and a SMS reminder the day before the scheduled appointment.

- Initial outpatient appointments are scheduled for 3 hours to allow for a thorough assessment and treatment formulation, and they include a 30 minute case conference, which is documented and billed.
- Subsequent interdisciplinary appointments and individual appointments are scheduled for 60 minutes with a 15 minute case conference.

Parents who fail to present their child for the appointment will be contacted and offered another appointment.

The CNC will phone parents and/or young people to follow-up on their general progress monthly or more frequently if required, particularly if starting a new medication. Other clinicians will follow-up as required. All follow-up consultations are documented in the DMR.

## **7. Case Conferences**

Written consent is sought from the parent/young person at the initial consultation for case conferencing within team, and with other clinicians involved in the care of the child. Case conferences are minuted and a summary document is provided to the parent and relevant clinicians. Case conferences are bulk-billed to Medicare according to their duration when they meet the above requirements.

## **8. Clinical handover / Correspondence**

The intake consultation is recorded directly into the child's DMR after an appointment is opened. The initial consultation is recorded in handwritten progress notes, which are then scanned into the medical record with the child's Individual Pain Management Plan (Appendix 1).

The medical consultant then dictates a letter for other healthcare providers, copying in the parents,

following the consultation and this is mailed out by the Administration Assistant, with a copy placed into the Clinical Access Portal (CAP).

ED Patient Management Plans will be written in conjunction with the family and all treating clinicians for children who require a specific approach to pain management during presentations to the John Hunter Hospital (JHH) ED.

Exchange of information with any non-government organisation (NGO) involved in the care and/or support of the child/family will only occur with the consent of the parents/young person and records of such correspondence will be stored in the DMR or CAP.

Information will be exchanged with Family and Community Services (FACS) as required by Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998.

Email correspondence from clinicians will be entered into DMR if clinical care changes are needed as a result of the communication.

Parents and young people are given the CCPS email address during the intake consultation: [HNELHD-CCPS@hnehealth.nsw.gov.au](mailto:HNELHD-CCPS@hnehealth.nsw.gov.au) and it is also recorded on the Individual Pain Management Plan. They are informed as to which staff monitor this email, limitations due to part-time hours and leave, and instructed that, if the issue is of an urgent or serious medical nature, they should communicate instead with appropriate primary and emergency healthcare services. Any correspondence from parents or young people, which results in a change of management is entered into DMR with their knowledge.

## 9. Telehealth

Telehealth will be considered for all consultations. The CCPS uses telehealth particularly for children and families affected by Paediatric Medical Traumatic Stress (PMTS), when school attendance is compromised by a clinic visit, or when a face-to-face consultation is unduly burdensome on the child or family (e.g. mobility issues, parents caring for other sick or physically impaired children).

Telehealth will be Medicare bulk-billed according to the duration of the consultation when the sites are > 15 km apart. Where possible the primary healthcare provider is included in the consultation to enhance communication and education.

CCPS clients indicate that Telehealth has had no negative effects, and has benefits such as:

- facilitating lip-reading for those who are hearing impaired (compared with telephone contact)
- enabling attendance during an infectious illness that would normally have resulted in the child not attending a clinic
- increasing school attendance due to out of school hours consultation options
- reducing time off work for parents and carers
- reducing parking and transport costs for families decreasing the stress and anxiety associated with attending a hospital for those with PMTS.

## 10. Improving the consumer experience

At the first contact, parents and young people are provided with the contact details for the CCPS including the team phone number: 49223398 and the team email address: [HNELHD-CCPS@hnehealth.nsw.gov.au](mailto:HNELHD-CCPS@hnehealth.nsw.gov.au) This facilitates communication between the team and the family. When the correspondence involves changes to care or clinically relevant information such as descriptions of the pain or its impact, or photographs demonstrating a clinical concern, the correspondence will be copied into the child's DMR with the knowledge of the parent/young person.

The Individual Pain Management Plan [Appendix 1] includes a section for consent for:

- the CCPS to discuss case details within team and with other clinicians involved in care
- the child's pain management plan and any clinical correspondence via email or telephone being recorded in the child's medical record
- CCPS staff to recontact the family for quality improvement and/or to offer relevant research participation opportunities.

## 11. Disposition

Patients of the CCPS may:

- return to a pain-free state and no longer need pain management
- recover sufficiently for transfer of care to primary and community services
- require transfer to another tertiary pain service due to a residential move or high complexity requiring a more intensive approach to therapy or an inpatient admission
- require ongoing pain management through the adult Hunter Integrated Pain Service (HIPS)
- die

Young people who require ongoing pain management beyond the age of 16 yrs may remain with the CCPS until their 19<sup>th</sup> birthday; however, the transition to HIPS will begin at an appropriate time after the 16<sup>th</sup> birthday.

In the event that a young person requires ongoing pain management with HIPS, a referral will be made to the HNE Transition Coordinator with the young person's consent. The Transition Coordinator will make contact and accompany the young person to the first consultation with the new service to facilitate a smooth transition.

## 12. Relationship with the Agency for Clinical Innovation (ACI), NSW Health

The three NSW Children's Pain Services at the John Hunter Children's Hospital, Sydney Children's Hospital Westmead and Sydney Children's Hospital Randwick connect through the ACI Pain Network to consider ways of improving pain management services for children and young people. The ACI website contains resources for the public regarding chronic pain management for adults and children: <https://www.aci.health.nsw.gov.au/chronic-pain>

The ACI makes competitive funding available for research and quality improvement activities. The CCPS aims to apply for grants and to provide paediatric advocacy within and via the ACI.

### 13. Paediatric electronic Persistent Pain Outcomes Collaboration (PAEDePPOC)



PAEDePPOC is an initiative of the Australian and New Zealand children's pain management sector and is administered through the University of Wollongong. PAEDePPOC involves the collection of a standard set of data items, using validated assessment tools, administered by specialist paediatric pain services throughout Australia and New Zealand to measure outcomes for their patients following treatment programs. This information is being used to develop a national benchmarking system in the hope of providing better outcomes and best practice interventions for people living with chronic pain. The information will also enable development of a coordinated approach to research into the management of pain in Australia and New Zealand.

Following HNELHD Human Research Ethics Committee (HREC) approval, HNEHREC No 14/06/18/5.11, the CCPS collects and uses PAEDePPOC data after obtaining verbal, and subsequently written, informed consent from the parent and or young person. Clients may nominate to:

- decline participation in PAEDePPOC
- provide data purely for clinical use
- provide data for clinical and research purposes with the understanding that data are de-identified prior to secure transfer to the University of Wollongong.

During the initial phone intake consultation with the parent, PAEDePPOC is explained verbally and an email address is requested. The ethics approved covering letter and questionnaires containing the various age-appropriate assessment tools are then generated and sent electronically to the parent if he or she consents in principle to participate. Return of the questionnaires implies consent; however, written consent is also sought at the first consultation after PAEDePPOC is explained in person. If the family prefers to receive hardcopy documents, these are mailed out with a reply-paid envelope for their return. Hard copy questionnaires are then entered manually by the CCPS Admin. Electronic summaries are generated for the child's DMR and are included with progress notes with a copy of the consent form. Parent Impact Questionnaires are not transferred to the child's DMR to maintain parent privacy. Parents/Young People are provided with a summary of the PAEDePPOC questionnaires generated in the course of an episode of care.

De-identified data are sent to the University of Wollongong biannually. The CCPS uses the resultant benchmarking reports to inform and improve service provision to children within HNELHD.

The CCPS retains responsibility for the use of the generated data and has autonomy from the UoW regarding its use in local HREC approved/exempted projects.

Where data are aggregated in *epiCentre*, a formal request to the ePPOC Scientific and Clinical Advisory Group (SCAC) is required for research/reports/subgroup analyses. If approved by the SCAC, HREC approval may be required prior to such undertakings.

#### 14. *epiCentre*

*epiCentre* is the software that supports PAEDePPOC. It is denoted by the above icon on the desktop computers in the CCPS office. *epiCentre* requires a secure login, which can be approved and set up by the CNC. The software stores individual client demographic data, questionnaire data for parents and clients, and service delivery data. Questionnaires are generated at the intake consultation when engagement with the family begins, again at the end of the individualised treatment programme, and then at 3 mths post discharge from service.

The CCPS owns its data and can choose or decline to de-identify and send it to the University of Wollongong (UoW). CCPS PAEDePPOC data may be used for clinical improvement projects or research without consultation with UoW. *epiCentre* uses the following terms/definitions:

- Episode – The episode of care from referral to discharge
- Pathway – A specific treatment program. Children's Complex Pain Service clients always receive an "Individual appointments" program
- Follow-up – Three to six months post discharge.

#### 15. Team meetings

The CCPS has a minuted weekly team meeting to discuss team business and clinical cases. The meeting opens with the Acknowledgement of Country and follows the principles of *Excellence*. The minutes are stored in the team share drive and are made available to accreditors as required.

#### 16. Line management

The CCPS sits in the Ambulatory Care Stream of JHCH governance structure and reports through this stream. Each individual clinician reports monthly to a line manager within his/her professional group (Medicine, Nursing, Allied Health, Administration). Meetings are documented, with copies retained by the manager and clinician. 90 Day Action Plans are generated by requested clinicians.

Any issues are taken to the appropriate line manager or raised at quarterly CCPS/management meetings. Managers report to the Children, Young People & Families Network. The service also attends or receives minutes from meetings of the JHH/RNC/JHCH Campus Pain Services Executive, and the Anaesthesia & Pain Area Clinical Stream, although not strategically aligned directly with those entities.

#### 17. School liaison

The CCPS liaises with schools attended by on-service children/young people when it is deemed necessary to facilitate optimal school performance or a return to school program if attendance has declined due to pain. When required, a formal letter with a proposed plan is supplied to the school and family following consultation with key stakeholders and relevant clinicians.

## 18. Audit, Clinical Improvement, and Research

The CCPS is a research active unit whose members contribute original research/academic outputs to the persistent pain literature and at conferences/seminars/workshops nationally and internationally. The CCPS undertakes quality improvement projects within the paediatric and adult complex pain management community. Any ensuing publications and presentations are notified in writing to managers each month.

Demographic and service data are collected on each patient and stored on a password protected computer in a locked office for the purpose of audit, clinical improvement activities, and research.

Consent to re-contact the parent/young person for the purpose of clinical improvement activities or to offer participation in relevant research opportunities is recorded on the client's Individualised Pain Management Plan at the initial consultation, and currency of this consent is checked at time of discharge from service.

The team is committed to evidence-based practice, the use of validated assessment tools wherever possible, and extending knowledge through publication, presentations, and education.

## IMPLEMENTATION PLAN

- This guideline has been approved for publication on the HNEkidshealth website to facilitate access to it by clinicians working throughout the HNELHD.
- This guideline will be hyperlinked to the HNE HealthPathway for paediatric chronic pain management so that Primary Care providers understand the service.
- It will be updated within four years of the date of approval or as required to be a current reflection of the service offered by the CCPS.
- Clinicians and stakeholders will also receive information about the CCPS through Telehealth education sessions, Paediatric Grand Rounds, the HNEkidshealth website, and a paediatric chronic/complex pain health pathway for GPs.

## EVALUATION PLAN

No formal evaluation plan is proposed for this guideline. Any feedback or concerns from clinicians will be discussed within the team management meeting and any required amendments will be incorporated before re-approval is sought.

## CONSULTATION WITH KEY STAKEHOLDERS

1. Children's Complex Pain Service Team - reviewed and approved December 2017
2. Ambulatory Care Nurse Manager - reviewed and approved

## FEEDBACK

Please send any feedback on this document to the Contact Officer listed on the front page.

## REFERENCES

1. NSW Health. NSW Pain Management Plan 2012-2016. North Sydney: NSW Health; 2012. p. 28.
2. Pain Australia. National Pain Strategy: Pain Management for all Australians. Melbourne. Faculty of Pain Medicine; 2010. p. 105.
3. Australian Health Services Research Institute. PAEDePPOC Report 2016-17 for John Hunter Children's Hospital. Wollongong; 2017. p.49



Affix Patient Label Here

**CHILDREN'S COMPLEX PAIN SERVICE, John Hunter Children's Hospital**  
**INDIVIDUALISED PAIN MANAGEMENT PLAN**

**Date of Appointment:**

**Appointment Number:**

**CCPS Team Members:**     **Dr Susie Lord**     **Elizabeth Kepreotes**     **Talia Jones**     **Judith Dyer**     **Elise Anthony**  
*Pain Specialist*     *Clinical Nurse Consultant*     *Physiotherapist*     *Clinical Psychologist*     *Administration*

**Others involved:**     GP.....

**Present at the appointment:** .....

**EMAIL THE TEAM:** [HNELHD-CCPS@hnehealth.nsw.gov.au](mailto:HNELHD-CCPS@hnehealth.nsw.gov.au)     **Phone:** 49223398 Wed-Fri;     **Appointments:** 49213750 Mon-Fri

**ABOUT MY PAIN**

**MEDICATIONS:**

Wt:     Ht:     **BMI:**

<b>Where it hurts:</b>				<b>How often it hurts:</b>	<b>What <u>helps</u>:</b>
<b>Score Now:</b>	<b>Best:</b>	<b>Worst:</b>	<b>Average:</b>	<b>Words that describe my pain:</b>	<b>What doesn't <u>help</u>:</b>
<b>Impact: Sleep</b>			<b>School</b>	<b>Mood</b>	<b>Activity</b>
<b>DN4:</b>				<b>DASS:</b>	<b><u>Beighton</u>:</b>

**GOALS**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

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**MY MANAGEMENT PLAN**                      **DATE:**

I AM AIMING TO:	THIS IS IMPORTANT BECAUSE:	WHO CAN HELP?	HOW DID I GO? Date:

**NOTES:**

**CONSENT:**

I consent to the clinicians of the Children's Complex Pain Service discussing my child's care within team and with other named healthcare providers.

I consent to this management plan and clinical correspondence via email or telephone being recorded in my child's medical record.

I consent to being re-contacted after discharge regarding clinical improvement and research opportunities.

Signed:  Parent/Legal Guardian     Young Person     Doctor

**Next Clinic Appointment/s:** \_\_\_\_\_ @ \_\_\_\_\_ Please come to the \_\_\_\_\_ Waiting Room next time

\_\_\_\_\_ @ \_\_\_\_\_ @ \_\_\_\_\_