

Breakthrough Cancer Pain: What Outpatient Oncology Nurses Need to Know

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Breakthrough cancer pain (BCP) is a devastating symptom that can occur in individuals with cancer throughout the disease trajectory, particularly in those with advanced cancer. Oncology nurses have a critical role in treating BCP in the outpatient setting. Transmucosal and short-acting opioids are the treatment of choice, but a comprehensive assessment and patient education by an oncology nurse are also essential to managing BCP in individuals with cancer.

AT A GLANCE

- Comprehensive assessment of BCP is required to rule out the need for emergency care.
- Triage protocols for assessing and managing BCP can support care in the outpatient setting.
- The key to successful treatment of BCP is to circumvent under- or overmanagement of pain with opioids.

KEYWORDS

breakthrough cancer pain; outpatient oncology; pain; opioid medications

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Breakthrough cancer pain (BCP) is a frequent and devastating symptom that can affect individuals with cancer throughout the disease trajectory. BCP is more commonly experienced by patients with advanced cancer. BCP is reported by 40% of individuals treated in the outpatient oncology setting and by 80% of those receiving hospice care (Deandrea et al., 2014). It is often undertreated, resulting in higher healthcare costs; increased patient adverse effects such as anxiety, depression, and reduced mobility; and decreased quality of life (QOL) (Herrero et al., 2019).

Oncology care has shifted toward outpatient treatment and services, including BCP management (Prip et al., 2018). BCP is defined as a transient exacerbation of severe pain that occurs in individuals who are on an established, consistent, and individualized opioid regimen for background pain (i.e., chronic pain that is typically well controlled) (Brant, Rodgers, et al., 2017; Gonella et al., 2019; Herrero et al., 2019; Lioffi et al., 2021). BCP can be classified as incident pain or idiopathic pain according to its cause. Incident pain occurs as a result of predictable or unpredictable triggers, but idiopathic pain occurs spontaneously (Azhar et al., 2019; Gallagher et al., 2017; Herrero et al., 2019). BCP typically lasts 30–60 minutes and can occur multiple times daily (Alarcón et al., 2019; Iglesias-Docampo et al., 2019). Because of its severity, BCP should be identified and treated promptly.

BCP can be detrimental to activity level and functional status in patients with cancer (Brant, Rodgers, et al., 2017; Iglesias-Docampo et al., 2019). In addition, BCP can be associated with the patient's perception of inadequate pain relief (Herrero et al., 2019). Despite its frequency and adverse effects, BCP continues to be underdiagnosed and undertreated, and it remains a challenging problem in the outpatient oncology setting (Lovell et al., 2022). To lessen the negative impact of BCP on patients, nurse competencies include providing adequate pain assessment and management, as well as pertinent patient education (Iglesias-Docampo et al., 2019). The purpose of this article is to review the management of BCP in the outpatient oncology setting, including comprehensive assessment, pharmacologic interventions, and patient education.

Nursing Implications

Pain Assessment and Reassessment

A comprehensive assessment is the first step in successful BCP management. When a pain assessment is not completed or not thoroughly performed,