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The Efficacy of Narcotic Contracts in Preventing Drug-Seeking Behaviors in
Adolescents Experiencing Chronic Pain Related to Sickle Cell Anemia

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Abstract

It is a primary job of a nurse to advocate for their patients. If a patient is in pain, it is the nurse who is responsible for making sure that their pain gets treated.

Adolescents with sickle cell anemia experience chronic pain related to vaso-occlusive crises. Once the symptoms of this disease start, they will, “persist throughout life, and there is no cure” (Atoui, 2015, p. 425). These patients require an effective pain management regimen to accomplish daily activities. Due to their long-term use of narcotics, these adolescents could potentially begin to demonstrate drug-seeking behaviors. Narcotic contracts are an intervention that health care teams have created to try and prevent drug-seeking behaviors in patients using narcotics to treat chronic pain. This study will include distributing a survey to pediatric nurses to obtain data that will suggest whether or not narcotic contracts are effective in preventing drug-seeking behaviors in adolescents with sickle cell anemia. The population of this study is all pediatric nurses, without any inclusion or exclusion criteria. The target population is pediatric nurses involved in Sigma Theta Tau International, Rho Alpha, and of Northern California Society of Pediatric Nurses Chapter Forming. Convenience and snowball sampling will be used, as well as giving the survey to members of Sigma Theta Tau International, Rho Alpha and Northern California Society of Pediatric Nurses Chapter Forming. The target sample size is thirty participants. The results will be analyzed using descriptive statistics; mean, median and mode; and frequency distributions. Narrations gathered from the

surveys will be analyzed using content analysis. Results of this study are pending and will be shared with conference participants.

Acknowledgements

I dedicate this paper to my parents, Joel and Jennifer Russotti. Thank you for all of your unconditional love and support.

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Introduction

Sickle cell anemia is a disease that is characterized by the production of sickle-shaped red blood cells. It is a hereditary disease that causes acute vaso-occlusive crises. This is caused by the malformed, sickled red blood cells linking together and forming a clot, which prevents blood from flowing freely throughout the body (Wilson, 2015). Chronic pain is a very common symptom of Sickle cell anemia. “The symptoms of SCD may occur during the first few months of age or appear later during childhood or adolescence; however, once they appear, the symptoms persist throughout life, and there is no cure” (Atoui, 2015, p. 425). Because their pain is chronic and life long, they need to have effective pain management to live their daily lives. However, many times adolescents with sickle cell anemia are stigmatized as addicts or drug seekers (Wilson, 2015). One way that health care teams have created to try and prevent them from becoming drug seeking is the use of narcotic contracts.

Narcotic contracts, also known as pain contracts, are documents that represent a formal agreement between the physician and the patient. “These agreements aim to enhance pain care by requiring patients and their pain care providers to set out in writing their respective expectations and obligations in the course of treatment,” with narcotics (Anderson, 2010, p. 15). Even so, there is data that shows that patients that experience pain and are prescribed opiates to control it do not usually become addicted. Many times it is the patients who has never been prescribed an opiate medication that experiences these adverse effects (Anderson, 2010).

This paper will discuss whether or not narcotic contracts are effective in preventing addiction and drug seeking behaviors in adolescents with sickle cell anemia. Are health care teams using these contracts as a way to help patients or is it a way for physicians to protect themselves? Are they actually effective in describing the risks of their medications and what they need to do to take care of themselves? How must these contracts be implemented so that there is no bias or stigmatization of patients? Does this hinder the therapeutic relationship between the physician and adolescent patient that is so vital to their care? There is much research that needs to be done to further learn the efficacy and ethical considerations of narcotic contracts. Further, there needs to be research on how narcotic contracts affect adolescents who are in legitimate pain.

Purpose Statement

It is a primary job of a nurse to advocate for patients. If patients are in pain, it is the nurses who are responsible for making sure that that pain gets treated, whether that be through obtaining an order from the doctor or trying non-pharmacological treatments. Nurses are taught that pain is whatever the patient says it is, whenever the patient says it is. It is the duty of the nurse to treat pain promptly and effectively. This becomes more complicated when there is a stigma against people with sickle cell anemia that labels them as drug seekers. "Some physicians refer to patients with sickle cell anemia as 'sicklers' – defining them in a derogatory manner by their disease," and they are also more likely to be asked to have blood or urine testing in their narcotic contracts than patients without the disease (Payne, 2010, p. 9). Stigmatization is not helpful to their treatment or to their quality of life. Atoui

found that the adolescents with this disease that she interviewed “shared a tendency to downplay the severity of their disease and pain and to accept the illness as part of their life” (Atoui, 2015, p. 428).

Narcotic contracts are an agreement between the health care team members and the patient. It is important that all are educated on the concept and are aware of the terms that were agreed to. When caring for an adolescent with sickle cell anemia, nurses are their advocates and the ones who are able to fight for what the patients need so that they are able to go home and live their lives as the adolescents that they are. Nurses need to be involved in the process of creating the contract and also need to be well educated on sickle cell disease in general. Nurses can help prevent discrimination against the patient, make sure that the contract includes fair and reasonable requests that benefit the patient’s health, and make sure that it is being used effectively to educate the patient and prevent the behaviors that we are worried about. Also, nurses can report whether or not they think that these documents are useful and if they should continue to be used. This paper will result in a survey that will be given to pediatric nurses to obtain data that will suggest whether or not narcotic contracts are effective in preventing drug-seeking behaviors in adolescents with sickle cell anemia.

Research Questions

Are narcotic contracts effective in preventing drug-seeking behaviors in adolescents experiencing chronic pain related to sickle cell anemia?

How effective are narcotic contracts in contributing to an overall pain management plan?

Literature Review

The nursing student explored the available literature related to the topic of study. She found 4 themes within the literature: Adolescent Experiences with Sickle Cell Anemia, Narcotic/Opioid Contracts, Interventions for Adolescents with Chronic Pain, and Articles that focus on adults. The nursing student was able to find connection to her own research through each article identified below. This information will help guide her in her study of narcotic contract use in adolescents with sickle cell anemia.

Adolescent Experiences with Sickle Cell Anemia

The article, "*The Daily Experiences of Adolescents in Lebanon with Sickle Cell Disease*," is by Atoui, Badr, Brand, Khoury, Shahine, and Abboud (2015). The authors' aim was to find out what it is like to be in the life of an adolescent with sickle cell anemia in Lebanon. This qualitative study had a small sample size of only twelve adolescents with sickle cell anemia between the ages of twelve and seventeen. This was performed at the CCCL at the American University of Beirut Medical Center (AUBMC). This study utilized a qualitative phenomenological methodology. They received their data from the adolescents using a semi-structured survey. The interview was made up of open-ended questions that allowed the participants to express themselves and explain their daily experiences with sickle cell anemia. They used this framework to capture the lived experiences of their participants. The authors were able to put together themes from their interview using thematic analysis. Through this process, they were able to find five different themes. These themes included: pain, school issues, psychosocial and

physical limitations, family as a source of support and a source of guilt, and divine intervention.

The researchers found that, “adolescents with SCD experience a layered burden consisting of physical, emotional, and sympathetic pain that affects much of their daily personal and social lives” (Atoui, Badr, Brand, Khoury, Shahine & Abboud, 2015, p. 424). Through the data obtained by this study, the researchers have provided medical professionals information that will assist in creating well-rounded and complete interventions for the adolescent living with sickle cell anemia. These findings imply a great and important need for there to be active communication between health care providers, parents, teachers, caregivers, etc. so that we can provide them with the care that they need. There also should be opportunities created outside of the health care setting for the adolescents with sickle cell anemia to engage with their peers and feel like a normal teenager.

“The findings of this study shed a light on the importance of listening and being aware of adolescents’ experiences with SCD on the part of health care providers in order to provide extra attention and support” (Atoui, Badr, Brand, Khoury, Shahine & Abboud, 2015, p. 432). One of the limitations of this study is that it does not allow us to generalize because it had a very small and was performed in only one setting. Another limitation was that the participants in this study were self-selecting and these specific adolescents may not be a good representation of this population as a whole.

The article, “*Adolescents with sickle cell anaemia: Experience in a private tertiary hospital serving a tertiary institution,*” by John-Olabode, Awodele, and Oni

(2015), the researchers studied, “the crises and morbidities associated with SCD in adolescents in Babcock University Teaching Hospital (BUTH)” (p. 204), to determine their knowledge and emotions related to their diagnosis. The population studied was adolescents sickle cell anemia patients who had the “haemoglobin genotype SS established by the cellulose acetate haemoglobin electrophoresis” (John-Olabode, Awodele & Oni, 2015, p. 204). There were a total of fifty participants. The researchers retrospectively reviewed a set of case notes from the emergency department and hematology clinic at BUTH, Ogun State, Nigeria from adolescents with sickle cell anemia from May 2013 to April 2014.

The data was analyzed using descriptive statistics. The most common crisis discovered by this study was bone pain caused by vaso-occlusive crises. The morbidities associated with sickle cell anemia seen in this study included: malaria, tonsillitis, pneumonia, leg ulcers, azotemia, and subarachnoid hemorrhage. Eighty-eight percent of the participants in this study had an adequate understanding of the health maintenance they require due to their diagnosis, but inadequate knowledge on their nutritional needs and analgesia use. The study also identified depression, suicidal ideation, and history of suicide attempts in their sample. The data obtained by this study concludes that health care professionals need to incorporate psychosocial interventions into the care of adolescents with sickle cell anemia. This data implied that these patients have to develop, “both short- and long-term psychological and social skills needed to successfully navigated this developmental period and the medical and social systems in which they function” (John-Olabode,

Awodele & Oni, 2015, p. 205). This study was limited because they only gathered their data from one hospital, which means that the data may not be generalizable.

The next article that will be discussed is titled, "*Pain, Coping, and Sleep in Children and Adolescents with Sickle Cell Disease*," and it was written by Graves and Jacob (2014). These authors aimed to study the relation of pain, coping, and sleep with other factors in children with sickle cell anemia that could affect these three variables (gender, age, pain frequency, and pain intensity). The sample was made up of sixty-six participants (children and adolescents) who had sickle cell anemia. They were found through the Sickle Cell Disease Foundation of California. To be included, the participants had to be able to speak English, be between the ages of ten and seventeen, and have the ability to use a computer. They were excluded if they had impairments, either physical or cognitive, that could affect their ability to complete the tools and procedures required by the study. The researchers used a cross-sectional design when collecting data and asked the participants to complete an electronic visual analog scale (eVAS), the Pain Coping Questionnaire, and the Pittsburg Sleep Quality Index. When analyzing their collected data, the researchers used the Statistical Package for Social Sciences. The results showed that approximately two thirds of the participants experienced pain in the month prior to the study. They did not find any significant correlations between pain or sleep and the participant's age, gender, pain intensity or pain frequency. However, "there were significant negative correlations in males between worse pain severity and behavioral distraction and internalizing or catastrophizing" (Graves & Jacob, 2014, p. 104). Problem solving, seeking emotional support, and

positive self-statements were the most common coping mechanisms. The greater majority of the participants experienced mild to severe disturbances in their sleep pattern. These results showed the importance of assessing pain, coping, and sleep as interrelated concepts by health care professionals. This article states that nurses must promote rest and positive coping strategies in these patients when they are experiencing pain. This implied that interdisciplinary collaboration is needed when working with these patients (nurse, physician, pharmacist, social worker, etc.) to fully support the patient. This article also had some limitations. One of these limitations is that, because it used convenience sampling, generalization may not be possible. Also, “information about confounding psychiatric or physical problems was not reported” (p. 117), and this information could affect the participants’ perceptions of their pain, coping, and sleep (Graves & Jacob, 2014, p. 117). Another limitation of this study was that it was only collected during one specific time period. The study could also have included additional tools to evaluate sleep to make the results more accurate. The last limitation of this article was that they did not utilize the parents or their medical charts. They only used the children’s responses, which could have caused, “recall and memory bias” (Graves & Jacob, 2014, p. 117).

The retrospective study, “*Predictors of Health Related Quality of Life Over Time Among Adolescents and Young Adults with Sickle Cell Disease*,” by Jackson, Lemanek, Clough-Paabo, and Rhodes (2014), aims to accomplish two things. First of all, they wanted to explore the relationship between: demographics, disease severity, health care utilization, symptoms of psychological, and baseline health-

related quality of life. The other purpose of this study was to determine which variables were effective in predicting a change in a patient's health-related quality of life. There were eighty-seven participants between the ages of thirteen and twenty-two. The participants were given health-related quality of life questionnaires at each clinic visit regarding their sickle cell anemia. The results show that a lower physical health-related quality of life was associated with the female gender, increased hospital visits, increase in the time spent in hospital during one admission, increase in the amount of time the participant went to the emergency department, and internalization of symptoms. Psychosocial health-related quality of life was lessened by "symptoms of an internalizing or externalizing disorder" (Jackson, Lemanek, Clough-Paabo & Rhodes, 2014, p. 317). Improvement of symptoms was faster in participants who had externalizing symptoms. Limitations of this study included: small sample size, variation on the number and frequency of follow up visits in the clinic for sickle cell anemia, and the increase in health related quality of life "could be a reflection of regression to the mean as more symptomatic patients may present to clinic and therefore show more improvement over time" (Jackson, Lemanek, Clough-Paabo & Rhodes, 2014, 318).

Narcotic/Opioid Contracts

The article, "*Literacy Demands and Formatting Characteristics of Opioid Contracts in Chronic Nonmalignant Pain Management*" is written by Roskos, Keenum, Newman, and Wallace (2007), from the University of Tennessee Graduate School of Medicine, Department of Family Medicine in Knoxville, Tennessee. The purpose of this study was to look at the reading grade level and the formatting

characteristics utilized in opioid contracts in the United States of America. The study looked at 162 opioid contracts, written in English, from current members of the American Pain Society that lived in the United States. Reading grade level was determined using McLaughlin's Simplified Measure of Gobbledygoop (SMOG) formula. Formatting was assessed using the Suitability of Materials Assessment and User-Friendliness Tools. Statistical analysis was used to further explore the data obtained from these tools. The average reading grade level was about 13.8 with a range of 10-17. Active voice was used in about half of the opioid contracts. The vocabulary used within the contract included not only medical jargon, but also complicated terms that the average layperson would not be able to identify. These results show that these opioid contracts would be difficult for most patients to fully understand. Those who create these contracts need to be aware of their audience and tailor their vocabulary, reading difficulty, and formatting to their needs. The limitations in this study included that there may be a selection bias based on the fact that their response rate was only about forty percent. Lastly, they did not take into account the fact that, most likely, patients will have a medical professional go over the contract with them when it is signed.

"The Trilateral Opioid Contract: Bridging the Pain Clinic and the Primary Care Physician Through the Opioid Contract," by Fishman, Mahajan, Jung, and Wilsey (2000), is a study that discusses patient and primary care giver's acceptance of a new "variation of a standard opioid contract and factors mitigating its outcome" (Fishman, Mahajan, Jung, & Wilsey, 2002, p. 336). This new opioid contract requires the primary care provider's participation. They would be given the duty of

prescribing the medications once the patient had a set medication regimen. Fifty patient/primary care provider teams agreed to participate. In this study, in many cases, it was the patient who was unwilling to comply with the contract, not the primary care provider. If the patient and primary health care provider did agree to this contract and completed it, in every case the patient was successfully stabilized on a medication regimen and discharged to the primary care provider. The primary care provider was then able to continue working with the patient for long-term care, with the availability of a pain specialist for consultation. The researchers believe that opioid contracts could be used as a networking tool between pain specialists and primary care providers. This study may not be able to be used for the general population if the primary care provider does not have easy access to a pain specialist.

Interventions for Adolescents with Chronic Pain

In the article, "*Effects of a Guided Internet-Delivered Self-Help Intervention for Adolescents with Chronic Pain*," by Voerman, Remerie, Westendorp, Timman, Busschanbach, Passcheir, and Kler (2015), explores the effectiveness of an internet-delivered self-help intervention for pain treatment on adolescents experiencing chronic pain. The participants had to be between the ages of twelve and seventeen years old, have chronic pain without a clear medical cause that interferes with their daily lives, have internet access, be fluent in Dutch, be without any current psychological treatments or psychosocial problems, and not be currently involved in any other research study. They randomly assigned each of the sixty-nine participants to one of two groups: one group was on the waiting list and one

received the interventions. They were randomly assigned using *The Move It Now* website. When comparing the two groups, the study's result showed that this intervention was effective in reducing the amount of pain experienced by the adolescents in this study. One of the major limitations of this study was that the participants were only monitored for a week. The results may have been more accurate if they were evaluated for a longer amount of time, such as one month, so that they were able to familiarize themselves with the new intervention and allow it more time to have an effect. Also, they realized that it was difficult to assess these adolescents because they would stop using the treatment and would not follow-up. The researchers called for further studies to explore this topic. They also identified the fact that their study was multidimensional due to them following PedIMMPACT recommendations as one of their study's main strengths.

“Psychological therapies for the management of chronic and recurrent pain in children and adolescents (Review),” by Eccleston, Palermo, Williams, Lewandowski, Morely, and Law (2016) focuses on face-to-face psychological interventions for the treatment of pain. The participants in this study were involved in other pain treatment trials that had more than ten participants and compared psychological therapies with other pain treatments. The pain was split into headache pain or non-headache pain. The result of this study show that face-to-face psychological therapies can be effective in reducing pain in both children and adolescents. There were cases of improvement of pain in both headache and non-headache pain, however, these results were only maintained in headache pain; non-headache pain

had come back in follow-up visits. The authors state that their research was limited by the lack of a control group, but that this may be implemented in a future study.

Articles that focus on adults

The study, "*Effectiveness of Opioid Analgesics in Chronic Noncancer Pain*," by Ferrari, Zanolin, Duse, and Visentin (2015), explored the impact that chronic opioid treatment has on a patient's pain and quality of life. The research also studied the variables that could act as predictors of the effectiveness of the opiates. This observational, prospective study was held at two different Italian Pain Relief Units and there were seventy-seven patients involved. These patients suffered from chronic pain. The participants were given psychological tests aimed at "investigating the individual pain experience, risk of opioid misuse, mood states, quality of life, and personality characteristics prior to starting treatment and at two, four, and six-month follow up" (Ferrari, Zanolin, Duse, & Visentin, 2015, p. 272). The participants were given a medication questionnaire. Pain significantly decreased at the two, four, and six-month follow-up meetings. This shows that, over this six-month treatment period, opiates were effective in reducing pain and increasing quality of life. The results were better in the participants that had a low risk of opioid misuse. This means that a psychological assessment is necessary before giving these medications. This study had a small sample size that prevents the use of these results as a generalization to all patients with chronic pain.

The study, "*Care Seeking for Pain in Young Adults with Sickle Cell Disease*," by Jenerette, Brewer, and Ataga (2014), aimed to "identify preliminary factors that influence care seeking for pain in young adults with SCD" (Jenerette, Brewer &

Ataga, 2014, p. 324). The participants in this study were between the ages of eighteen and thirty-five and had sickle cell anemia. The study ended up with sixty-nine total participants. The results showed that most waiting for a mean pain score of about 8.7 (on a scale of 1 to 10) before they sought out care. Some of the reasons for not seeking out care were because they did not feel like they had the time, they did not have a positive past care experience, they did not want to be admitted or go into the emergency department, or they wanted to treat their own pain in the comfort of their own home. These results posed the idea that these young adults need support from family, friends, and medical professions to know when and how to seek out care in an appropriate amount of time. The main limitation of this study was that it is, “not applicable to any other population, specific institution, or clinician group” (Jenerette, Brewer & Ataga, 2014, p. 329).

Summary

The articles that fall under the category of, “Adolescent Experiences with Sickle Cell Anemia” gave the nursing senior conducting this study with background information on the daily lives of these patients. To be able to fully study this population, it is important to understand the difficulties that this population experiences, both physically and psychologically. The articles that fall under the category of, “Opioid Contracts” provided the nursing student with a baseline knowledge of the use of opioid contracts in patients who have chronic pain (related to sickle cell anemia or otherwise). The nursing student aims to study the efficacy of these opioid contracts and this requires an understanding of how the contracts work, as well as their positive and negative components at this time.

The articles that fall under the category, “Interventions for Adolescents with Chronic Pain” offered information on treatments that are beneficial, or non-beneficial, in the treatment of chronic pain in adolescents. Opioid contracts generally provide the patient with interventions, other than pharmacological treatment, that they should try to manage their pain. By studying this, the nursing student can learn about the individual components of the narcotic contracts, as well as further her knowledge on pain interventions that may be useful in chronic pain management of adolescents, possibly with sickle cell anemia.

Lastly, the articles that fall under the category, “Article that Focus on Adults,” while they do not focus on the target population that the nursing student is studying, provided useful information on patients with sickle cell anemia in general and also in opioid treatment in pain management. The nursing student will use the information gathered in this literature review to guide her in her study of the efficacy of narcotic contracts in preventing drug-seeking behaviors in adolescents with sickle cell anemia.

Theoretical Framework

The theory that this nursing student used to relate back to her study was Imogene King’s Theory of Goal Attainment. This theory was developed in the early 1960s. It “describes a dynamic, interpersonal relationship in which a patient grows and develops to attain certain life goals” (Petiprin, 2016). Goal attainment theory identified roles, stress, space and time as some of the factors that can affect a patient’s ability to successfully reach their goals. King says that nurses are working to help their patients optimize their health so that they are able to stay independent

in their day-to-day lives. The patients need health information, preventative care, and help when they are no longer able to maintain their independence. To optimize the patient's health, there needs to be good communication between the patient and the nurse. "The nurse brings special knowledge and skills whereas the patient brings knowledge of him or herself, as well as the perception of problems of concern to the interaction" (Petiprin, 2016).

This theory works well with the topic identified in this study because the nursing student is exploring the nurses' perspective of the narcotic contracts. The contracts are put into place to achieve a goal of preventing drug-seeking behaviors in these patients. King's theory of Goal Attainment can be used to infer that including the nurse in the use of narcotic contracts can help the patient optimize their health and achieve their goal of avoiding drug seeking behaviors. The nurse can provide the patient with health information, preventative care (through these narcotic contracts), and assist them with tasks that they are no longer able to do themselves when they are experiencing pain due to their sickle cell anemia. This would allow the nurse to provide all three identified needs of the patient, as stated by King. Narcotic contracts are used to achieve a patient goal and, according to King's Theory, the nurse would be a great benefit in this process.

Methods

It is a primary job of a nurse to advocate for patients. Narcotic contracts are an agreement between the health care team members and the patient who experiences chronic pain. Nurses can report whether or not they think that these documents are useful and if they should continue to be used. This paper will result

in a survey that will be given to pediatric nurses to obtain data that will suggest whether or not narcotic contracts are effective in preventing drug-seeking behaviors in adolescents with sickle cell anemia.

This nursing student reviewed literature on the daily experiences of adolescents with sickle cell anemia, the use of opioid contracts, and interventions used for treatment of pain. Adolescents with sickle cell anemia experience chronic pain related to vaso-occlusive crises. There are both pharmacological and non-pharmacological treatment options. Opioid contracts are best utilized when managed by pain specialists and the primary health care provider. It is very important for the nurse to be informed and involved in this treatment option. Also, nurses should be knowledgeable about other interventions for pain management that could be incorporated in the contracts. This nursing student used the theoretical framework of King's Theory of Goal Attainment in her studies of this topic.

Research questions

Are narcotic contracts effective in preventing drug-seeking behaviors in adolescents experiencing chronic pain related to sickle cell anemia?

How effective are narcotic contracts in contributing to an overall pain management plan?

Population

The population of this study is all pediatric nurses.

Target Population

The target population for this study is the pediatric nurses involved in Sigma Theta Tau International, Rho Alpha, and of Northern California Society of Pediatric Nurses Chapter Forming.

Subjects

There are no inclusion or exclusion criteria for this study. All pediatric nurses are invited to participate.

Design and Sampling

This study is going to be focused on the nurse's perspective of whether or not these narcotic contracts are effective in preventing drug-seeking behaviors in adolescents with sickle cell anemia. The study is going to have a survey design. The survey will be given to pediatric nurses. Convenience and snowball sampling will be used, as well as giving the survey to members of STTI Rho Alpha and Northern California Chapter (forming) of the Society of Pediatric Nursing.

Sample Size

The sample size of this study will be 30 pediatric nurses.

Data analysis

This nursing student will analyze the results of this study using descriptive statistics, mean, median and mode, and frequency distributions. Narrations gathered from the surveys will be analyzed using content analysis.

Instrument

Demographics:

Age: _____

Gender: _____

How long have you been a nurse? _____

What degree in nursing do you hold? _____

How long have you been a pediatric nurse? _____

Do you have any specialty certifications? _____

What clinical setting do you currently work? _____

Survey:

1. Does your health care institution use narcotic contracts?
2. How often do you see a narcotic contract used for an adolescent with sickle cell anemia?
3. In your opinion, what are the three most effective components of a narcotic agreement for adolescent?
4. How involved are you, as a nurse, in the process of creating narcotic contracts?
5. How involved are you, as a nurse, in the use and maintenance of narcotic contracts?
6. What suggestions do you have for improving these contracts?
7. Do you believe that these contracts work best with a specific population of patients?
If yes, please explain.
8. Have you ever felt that there was a stigmatization put on patients with sickle cell anemia concerning narcotics use?
9. Are narcotic contracts written in a language that is appropriate for each specific patient?

10. In your opinion, what works and what does not work in the use of narcotic contracts?
11. In your opinion, are narcotic contracts effective in preventing drug-seeking behaviors in adolescents experiencing chronic pain related to sickle cell anemia?
12. In your opinion, how effective are narcotic contracts in contributing to an overall pain management plan?
13. Additional comments on the use of narcotic contracts in adolescents experiencing chronic pain related to sickle cell anemia:

Step-by-step:

1. Secure Dominican IRB approval
2. Request permission from the presidents of rho alpha STTI and NCCSPN
3. Recruit members using convenience, purposeful, and snowball
4. Send out survey via email to STTI and SPN with my abstract
5. Obtain all surveys by March 1st
6. Analyze the results
7. Compare to the information obtained in the literature review
8. Draw conclusions
9. Discuss
10. Present findings at the DUC scholarly and creative works conference

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