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ASPMN takes note of the time spent by multiple specialists and the literature search conducted by the Guideline Development Group (GDG) of the World Health Organization (WHO). ASPMN has always held that a pillar foundation of a complete pain regimen contains a multimodal approach; one that contains physical therapy and psychological management as does these guidelines. We however fall short of completely endorsing the Guidelines of the Management of Chronic Pain in Children due to the lack of clear support for the appropriate use of morphine (opioids) in children with persistent pain.

We support and approve their outline of an opioid stewardship. We agree with their acknowledgement “Fundamental human rights recognized in international human rights instruments include the right to be free from torture, and from cruel, inhuman or degrading treatment or punishment.” However, their recommendation for opioids in 6.4, 4a “the use of morphine may include indications for end-of-life care.” Also 6.4,4b states “in children with life-limiting conditions, defined as illnesses for which there is no cure, and an early death is expected but with which a person may continue to live for several more years,” is too vague. The identification of patients that could benefit from this definition is too ambiguous. This can and will most likely lead to similar unnecessary suffering we have witnessed in recent years with the CDC Guideline for Prescribing Opioids for Chronic Pain.

It is ASPMN’s hope that these guidelines are not misinterpreted and that nurses and all healthcare providers are allowed to have all the tools available to offer quality pain management with an individualized approach that best meets the patient’s needs.