PAIN MEDICATION GUIDELINES

This is a guide of the medications available on GW formulary for pain management. It is organized according to the World Health Organization (WHO) Analgesic Ladder.

When treating pain, it is imperative to assess the location, intensity and duration. Assess the patients home medication regimen and please restart it, acute pain is very difficult to treat when the chronic pain is left unmanaged. If the patient is NPO, convert home medication doses to IV or transdermal equalanalgesia medications (see opioid conversion chart, page __).

STEP 1: Consider Non-Opioid and Adjunctive Therapies

NON-STEROIDAL ANTI-INFLAMMATORIES AND ACETAMINOPHEN
Consider use in ALL patients to augment opioid based therapies or for mild to moderate pain:
**ADJUST dose for renal impairment.**

- celecoxib (Celebrex) _____ mg PO q 12 hours (200mg standard; contraindicated with sulfa allergy)
- OR ketorolac (Toradol) _____ mg IV q 6 hours; end date _____ (15, 30mg dose; max 3 days)
- acetaminophen (Tylenol) _____ mg PO q 6 hours (325, 500mg tablet; max 3600mg/24 hours; caution in hepatic impairment)
- OR
- If NPO, acetaminophen IV (Ofirmev) 1000mg IV q 8 hours (infuse over 15 minutes)

ANTICONVULSANTS/NEUROPATHICS - Consider these medications in patients at increased risk for neuropathic pain component to and/or multimodal pain control.
**Titrate dose up and titrate off as well- do NOT stop abruptly.**

- lidocaine (Lidoderm) 5% patch (maximum of 3 patches). Apply topically to painful area for 12 hours on, 12 hours off
- pregabalin (Lyrica) _____ mg PO q 12 hours (25, 50, 100, 150 mg capsule)
- OR
- gabapentin (Neurontin) _____mg PO q HS (100, 300, 400 mg capsule; 250mg/5mL oral suspension)
- OR
- clonidine patch _____mg/24hr, apply to skin, change q week (0.1, 0.2, 0.3 mg/day patch) (caution: bradycardia, hypotension)
- OR
- clonidine 0.1 mg PO daily (caution: bradycardia, hypotension)

ANTIDEPRESSANTS - Consider these medications for chronic pain, neuropathic pain and sleep/mood disorders:

- nortriptyline (Pamelor) _____mg PO q HS (10, 25, 50, 75 mg capsule)
- OR
- amitriptyline (Elavil) _____ mg PO q HS (10, 25 mg tablet)
- OR
- duloxetine (Cymbalta) _____ mg PO daily (20, 30, 60 mg)
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STEP 2: ADD SHORT ACTING OPIOIDS when pain uncontrolled with non-opioids and adjuncts.
**DC other acetaminophen orders if combined with the opioid.**

MILD TO MODERATE POST SURGICAL PAIN (1-4/10) - Consider ONE of the following:

- hydrocodone 5mg/acetaminophen 500mg (Vicodin) 2tablets PO q 6 hours
- tapentadol (Nucynta) _____mg PO q 4 hours (50, 75, 100mg tablets; avoid in renal and hepatic impairment)
- oxycodone 5mg/acetaminophen 325mg (Percocet) 1 -2 tablets PO q 4 hours
- oxycodone 5mg/acetaminophen 325mg oral suspension (Roxicet) _____mg PO q 4 hours
- oxycodone ____ mg q 4 hours (5mg tablets)
- liquid morphine sulfate (short acting) ____mg PO q 4 hours (10mg/5ml oral suspension)
- morphine sulfate Immediate Release (MS-IR) _____mg PO q 4 hours (15mg tablets)
- oxymorphone (Opana) _____mg PO q 6 hours (10, 20mg tablets)
- hydromorphone (Dilaudid) ____ mg PO q 4 hours (2, 4 mg tablets)

**May want to consider having an IV rescue dose for breakthrough pain (below).**

FOR MODERATE TO SEVERE BREAKTHROUGH PAIN (9-10/10), or if NPO-
Consider ONE of the following:

- morphine sulfate _____ mg IV bolus q 2 hours PRN
- hydromorphone (Dilaudid) ______ mg IV bolus q 2 hours PRN
- fentanyl _____mcg IV bolus q 2 hours PRN (only allowed in PACU/ICU).
- oxymorphone (Opana) _____ mg IV bolus q 4 hours PRN (0.5mg; 1-1.5mg SC/IM q 4 hours PRN)

STEP 3: ADD OPIOID FOR MODERATE TO SEVERE PAIN (5-8/10), or if NPO

- morphine sulfate PCA (see PCA order set)
- hydromorphone (Dilaudid) PCA (see PCA order set)
- fentanyl PCA (see PCA order set)

**Recommended PCA Dosing for First 24hrs**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Bolus</th>
<th>Lockout</th>
<th>Basal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilaudid</td>
<td>0.2 mg</td>
<td>10 min</td>
<td>0.3-0.5mg/hr</td>
</tr>
<tr>
<td>Morphine</td>
<td>1 mg</td>
<td>8 min</td>
<td>1-2 mg/hr</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>10 mcg</td>
<td>6 min</td>
<td>50-100 mcg/hr</td>
</tr>
</tbody>
</table>

**NO basal in opioid naïve patients for first 24 hours**
**Adjust bolus doses for opioid naïve patients**

LONG ACTING OPIOIDS- Consider ONE of these after titrating short acting opioids:

- sustained release morphine (MS Contin) _____ mg PO oral q 8 hours (15, 30, 100 mg tablet)
- sustained release oxycodone (Oxycontin)_____ mg PO q 12 hours (10, 20, 80 mg tablet)
- oxymorphone (Opana) ____ mg PO q 12 hours (5, 7.5, 10, 15, 20, 30, 40 mg tablet)
- fentanyl (Duragesic Patch) _____ mcg TD q 72 hours, allow 12 hours to work when applying the first patch (25, 50, 75, 100 mcg patch)
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SIDE EFFECT MANAGEMENT:

BOWEL REGIMEN - *Prescribe in conjunction with opioids to manage constipation unless contraindicated:*

- ducosate (Colace) 100mg PO q 12 hours (stool softener) (titrate to 300mg TID)
- ducosate (Colace) 10mg/ml **Liquid** PO q 12 hours
- senna (Senokot) 8.6mg tablet PO q 12 hours (natural laxative) (titrate to 17.2mg/ day)
- polyethylene glycol (Miralax) oral powder 1 capful in 4-8oz liquid PO Q daily PRN (MAX- 1 capful/ day)
- lactulose 10grams/15ml PO BID

ANTI-EMETICS - *Prescribe in conjunction with opioids for management of opioid induced nausea and vomiting:*

- ondansetron (Zofran) 4 mg IV q 6 hours for nausea
- lorazepam (Ativan) 0.5 mg IV q 6 hours for nausea (titrate dose for effect, 4mg daily)
- haloperidol (Haldol) 0.5mg IV q 4 hours for nausea (elderly population, titrate to 5mg daily)
- clonazepam (Klonopin) 0.5mg q 8 hours for nausea (2 mg daily)
- meclizine (Antivert) 12.5mg PO BID for vestibular nausea (titrate to 25mg BID)
- scopolamine transdermal (Transdermal Scop) 1.5mg TD patch Q 72 hours for vestibular nausea
- metoclopramide (Reglan) 10mg PO AC/ HS for nausea related to decreased gastric motility
- dexamethasone (Decadron) 4mg BID PO/ IV/ SQ for intracranial pressure nausea (titrate to 12mg daily)

CONSULTS:

ACUTE PAIN SERVICE CONSULT
*Consider consulting the Acute Pain Service when standard treatments fail or for complicated pain issues that may require assistance.*

- Acute Pain Consult (please call RF 6097 or page 741-1479)

CHRONIC PAIN SERVICE CONSULT
*Consider consulting the Chronic Pain Service when the patient sees a pain management physician or for steroid injections, for complete list of services, see page ____.*

- Chronic Pain Consult (please see Web Exchange for physician on call)

PALLIATIVE & SUPPORTIVE CARE SERVICE CONSULT
*Consider consulting the Palliative and Supportive Care Service when the patient or family needs assistance in end of life care, referral to hospice or outside support services for chronic and/or terminal illness.*

- Palliative & Supportive Care Consult 0830 to 1800 (please call RF 6139 or 4337)