ACUTE PAIN MANAGEMENT

Disclaimer

The information in the guide is meant to help decide on the treatment approach to each patient individually. Therefore, the professional's advice is to take full responsibility of their safety and know their limits. Before treating your patient using this guideline be sure that your patient is well diagnosed and has been treated before. Every professional should take full responsibility for the safety of their patient.
This guide reflects opinions synthesized from an organized group of experts into a written document. It should reflect the expert views of the treatment of the disease.
The team of professional experts reviewed the guidelines and discussed it with the panel of individuals who are well versed on the topic of interest while carefully examining and discussing the scientific data available.
This guideline has been designed to provide a practical and accessible guidance for health care practitioners. It is the responsibility of treating physicians to decide what is suitable for their patients. Therefore, the guidelines are not a substitute for the attending doctor's clinical judgment

MEDICATIONS: (NO PETHIDINE: Re risk of seizures) (Use multi-modal analgesia)
(Refer to table 3 for appropriate doses depending on pain severity):

- □ Patient should not be on Hydroxyurea
- □ Analgesia to be administered within 30 minutes of presentation

Mild pain (pain score 1-3/10) **Start Non-opioid analgesic:** **Non-NSAID:**	
□ Acetaminophen	500-1,000 PO Q4-6 h (max 4000mg/day) x 24 hours * Contraindicated if liver dysfunction.
OR	
NSAID (Choose 1 only) (contraindicated if renal dysfunction, GI bleeding or coagulopathy):	
□ Ibuprofen	200-400 q4-6h (max: 3,200; 2,400; 1,200)
□ Diclofenac	In some patients, initial 50, 100 TID (max : 150) * Patch available—to be applied twice daily to painful area (intact skin only), Gel and solution dosing joint specific
□ Indomethacin	20 mg 3 times daily or 40 mg 2 or 3 times daily. (maximum dose 150 ; 200) * Contraindicated if history with urticaria , asthma and proctitis
OR	
NSAID (Choose 1 only) (Contraindicated if renal dysfunction, GI bleeding or coagulopathy): (pain score 3-5)	
□ Ketorolac	15- 30mg IV Q6-8 h as needed (Dose for elderly and those under 50 kg) (max 120mg/day) OR * 1 spray (15.75 mg) in each nostril every 6-8 h in adults <65 yr and weight ≥ 50 kg *Contraindicated if use as prophylactic analgesic in major surgery, in the setting of CABG ,Labor or delivery , breastfeeding , advanced renal impairment ,bleeding risk ,active peptic ulcer disease.
□ Ibuprofen	400-800mg PO Q6-8 h as needed (max 3200mg/day)

Moderate pain (pain score 4-6/10) **(weak opioids + nonopioids)** **Non-NSAID**

□ Acetaminophen	500-1,000 PO Q4-6 h (max 4000mg/day) x 24 hours * Contraindicated if liver dysfunction.
OR	
NSAID (Choose 1 only) (contraindicated if renal dysfunction, GI bleeding or coagulopathy):	
□ Diclofenac	□ In some patients, initial 50, 100 TID (max : 150) * Patch available—to be applied twice daily to painful area (intact skin only), Gel and solution dosing joint specific
□ Indomethacin	20 mg 3 times daily or 40 mg 2 or 3 times daily. (maximum dose 150 ; 200) * Contraindicated if history with urticaria , asthma and proctitis
OR	
NSAID (Choose 1 only) (Contraindicated if renal dysfunction, GI bleeding or coagulopathy): (pain score 3-5)	
□ Ketorolac	15- 30mg IV Q6-8 h as needed (Dose for elderly and those under 50 kg) (max 120mg/day) OR * 1 spray (15.75 mg) in each nostril every 6-8 h in adults <65 yr and weight ≥ 50 kg *Contraindicated if use as prophylactic analgesic in major surgery, in the setting of CABG ,Labor or delivery , breastfeeding , advanced renal impairment ,bleeding risk ,active peptic ulcer disease.
□ Ibuprofen	400-800mg PO Q6-8 h as needed (max 3200mg/day)
OR	
ORAL Non-opioid analgesics Plus Opioid Combination OR Oral opioid:	
□ Acetaminophen + Codeine	Acetaminophen (300 to 1,000 mg/dose) /codeine (15 to 60 mg/dose) every 4 hours as needed (max acetaminophen 4,000 mg/codeine 360 mg per 24 hours).
□ Tramadol	50-100 mg every 4 hours PRN(max 400mg/day).

	* Contraindicated if gastrointestinal obstruction, concurrent use of (MAOI) or use within 14 days, acute intoxication with alcohol, renal impairment or severe/acute asthma.

Severe pain (pain score 7-10/10) ORAL Non-opioid analgesics Plus Opioid Combination OR Oral opioid:	
□ Acetaminophen + Codeine	Acetaminophen (300 to 1,000 mg/dose) /codeine (15 to 60 mg/dose) every 4 hours as needed (max acetaminophen 4,000 mg/codeine 360 mg per 24 hours).
□ Tramadol IV	50-100 mg every 4 hours PRN (max 400mg/day). * Contraindicated if gastrointestinal obstruction, concurrent use of (MAOI) or use\ 14 days, acute intoxication with alcohol, renal impairment or severe/acute asthma.
OR Opioids (Choose 1 from the following): (pain score 5-10) (contraindicated if respiratory depression or the use of CNS depressant)	
□ Morphine	Opioid naive 2.5 to 5 mg every 3 to 4 hours; patients with prior opioid exposure may require higher initial doses. * Administration of 2 to 3 mg every 5 minutes until pain relief or if associated sedation, oxygen saturation <95%, or serious adverse event; dose reduction in the immediate postoperative period (postanesthesia care unit) in the elderly is usually not necessary. (max, 10 mg)
□ Hydromorphone	Opioid naive: 0.2 to 1 mg every 2 to 3 hours as needed. *Hydromorphone HP should NOT be used in opioid-naive patients.
□ Oxycodone	Opioid naive: ER tablet: 10 mg every 12 hours

	OR 5 to 15 mg every 4 to 6 hours as needed; dosing range: 5 to 20 mg per dose
Plus or minus	
NSAID (Choose 1 only) (contraindicated if renal dysfunction, GI bleeding or coagulopathy):	
□ Diclofenac	In some patients, initial 50, 100 TID (max: 150) * Patch available—to be applied twice daily to painful area (intact skin only) Gel and solution dosing joint specific
Plus or minus	
□ Indomethacin	20 mg 3 times daily or 40 mg 2 or 3 times daily. (maximum dose 150 ; 200) * **Contraindicated if** history with urticaria , asthma and proctitis
Plus or minus	
NSAID (Choose 1 only) (Contraindicated if renal dysfunction, GI bleeding or coagulopathy): (pain score 3-5)	
□ Ketorolac	15- 30mg IV Q6-8 h as needed (Dose for elderly and those under 50 kg) (max 120mg/day) OR * 1 spray (15.75 mg) in each nostril every 6-8 h in adults <65 year and weight ≥ 50 kg ***Contraindicated if use** as prophylactic analgesic in major surgery, in the setting of CABG, Labor or delivery, breastfeeding, advanced renal impairment, bleeding risk, active peptic ulcer disease.
□ Ibuprofen	400-800mg PO Q6-8 h as needed (max 3200mg/day

Plus, or minus

- **Anti-emetic (Choose 1 only)**
  - □ **Dimenhydrinate** 25-50mg **PO** (max 400 mg/day) /**IV** Q4-6 h as needed (max 100 mg every 4 hours)
  - □ **Metoclopramide** 5-10mg PO/IV Q6-8 h as needed.
  - □ **Ondansetron** 8mg PO/IV Q12 h as needed

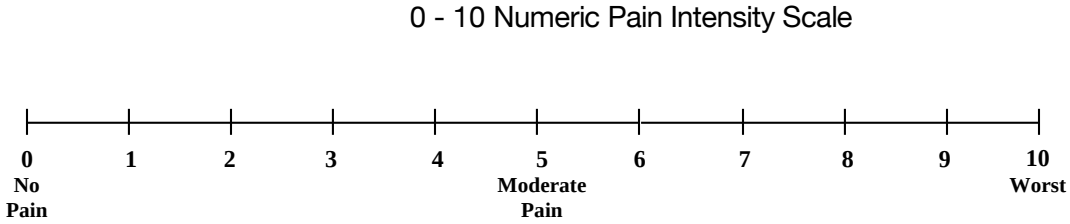
- **Adjunctive:**
  - □ **Naloxone** : 0.4 to 2 mg; may need to repeat doses every 2 to 3 minutes.
  - * A lower initial dose (0.1 to 0.2 mg) should be considered for patients with

opioid dependence or if there are concerns regarding concurrent stimulant overdose.

- □ **Laxatives** with opioids use e.g. Lactulose 10 ml Q 12 h as needed

Figure: Pain Rating Scale: Use the following scale for pain assessment:

- 1 – 3 Mild
- 4 – 6 Moderate
- 7 – 10 Severe



Signature Date Physician Name

Doses for the management of pain in acute and chronic pain

Medication	Oral	Parenteral	Side Effects	Teratogenicity
Morphine	10-30mg Q 3-4 h	5-10mg Q 2-4 h	Sedation, constipation, pruritus and respiratory depression	No human reports of birth defects, NAS
Hydromorphone	7.5mg Q 3-4 h	1.5mg Q3-4 h	Sedation, constipation, pruritus and respiratory depression	No human reports of birth defects, NAS
Codeine	15-60mg Q 3-6 h	NA	Sedation, constipation, pruritus and respiratory depression	Reports in human pregnancies inconsistent, NAS
Ibuprofen[1]	400-800mg Q 6-8 h Max 3200mg/day	NA	Dyspepsia, GI bleeding, nausea and tinnitus	Inconsistent reports suggest increased risk for miscarriage Concerns for premature ductal closure
Ketorolac[2]	10mg Q 4-6 h Max 120mg/day	30mg Q 6-8 h Max 120mg/day	Headache, nausea, abdominal pain, dyspepsia, and GI bleeding	Concerns for premature ductal closure
Acetaminophen	300-1000mg Q 4-6 h Max 4000mg/day	NA	Nausea, rash, headache, and hepatotoxicity	Considered safe although some inconsistent reports of association with childhood asthma or cryptorchidism

NAS: neonatal abstinence syndrome
[1, 2] Can consider occasional use if 12-28 weeks of gestation