# Pain Management and Dosing Guide

**Updated November 2016**

## Principles of Pain Management

### Pain Management Considerations

- **Type of pain:** nociceptive, neuropathic, inflammatory
- Acute vs chronic pain
- Causation: surgery, trauma, infection, post-op
- Pain mediators: COX, TNF, and various other cytokines and interleukins
- **Patient factors:** genetics, age, gender, previous pain experiences, comorbidities
- **Verifying dosing:** time for <60 mg and >85 mg

### Treatment Options

- **Physiotherapy:** systemic, topical, transdermal, nerve blocks
- **Non-pharmacological modalities:** music, cognitive-behavioral therapy, relaxation
- **Pharmacological painkillers or other specialists for advanced treatment**

### Non-pharmacological modalities

- **Sedation:** distraction, hot/cold therapy, exercise, massage, imagery, and others

### Discharge and Patient Safety Considerations

- **Assess and counsel regarding falls, driving, work safety, and medication interactions**
- **Bowel regimen for opioid induced constipation**
- **Medication intake prescription**
- **Document all pain medications administered and response at time of discharge or disposition**
- **Consider OTC and non-pharmacological options**
- **Patient can implement pain management plan**
  - insurance coverage, transportation, etc.

## Analgesic Ladder and Treatment Basics

**Non-opioid Analgesics**

- **Opioid Prescribing Guidelines and Equianalgesic Chart**
- **Opioid Cross-Sensitivities**
- **Intravenous Medications**

### Pain Management Goals and Regimen

- Establish realistic pain goals
- Will vary depending on patient and type of pain—goal of zero may not be feasible

### Consider pharmacological and non-pharmacological options and initiative therapy

- **Continually reassess patient’s pain and monitor for medication efficacy and side effects**
- **Use same scale to reassess pain**
- **Use scales that are age-appropriate and cognitively appropriate**
- **Implement and adjust regimen**

### Step 3: Severe Pain

**Step 1 and 2 Strategies**

1. **Neutralization**
2. **Additions**
3. **Adjuncts**

**Step 2: Moderate Pain**

1. **Step 1 Strategy**
2. **Intermittent Dose of Opioid Analgesics (PO, IV) & Intermittent**

**Step 1: Mild Pain**

1. **Non-opioid Analgesic (APAP, NSAIDs, COX-2 Inhibitors) & Local/Topical Anesthetics**

## Pain Assessment and Management Initiative

- [http://pami.emergency.med.jax.ufl.edu/](http://pami.emergency.med.jax.ufl.edu/)
- [https://go.ufl.edu/4Y1c8](https://go.ufl.edu/4Y1c8)

Send your feedback on all PAMI materials and how you use them to improve patient safety and clinical care. If you would like to adapt this guide for your institution or have recommendations, please contact PAMI at emrresearch@jax.ufl.edu or 904-244-4886.

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