



HERE'S A LOOK AT PARTIAL CONTENTS OF SOME OF THE SECTIONS IN THE 2015 BEDSIDE PAIN MANAGER

IV/PO EQUIANALGESIC CHART Equivalent doses are approximate; use only as a guideline.	<i>Equi-analgesic Dose</i>	<i>Usual Starting Dose</i>	<i>Duration: hours</i>	<i>Onset: minutes</i>	<i>Peak: minutes</i>	<i>Half-life: hours</i>	<i>Cost</i>
OXYMORPHONE: IV/IM/SC	IV/IM/SC 1 mg	IV 0.5 mg IM/SC 1-1.5	IV 3-4 IM/SC 3-6	IV 5-10 IM/SC 10-20	IV 15-30 IM 30-90	7-11	\$\$\$
Opana, generic – 5, 10 mg - take 1 hr before or 2 hrs after eating; peak varies based on food/fasting states	PO 10 mg	PO 5-20 mg	4-6	30-45	30-90	7-11	\$\$\$

CONTROLLED RELEASE FORMULATIONS

Avinza Kadian OpanaER Zohydro: Co-ingestion of alcohol or products containing alcohol can result in fatal plasma opioid levels. Do not cut, crush, chew, break, split, dissolve these tablets.

	<i>Equi-analgesic 24 hr dose: mgs</i>	<i># mgs q 24 hrs to convert to Duragesic patch 25 mcg</i>	<i>Dosing duration: hours</i>	<i>Steady state</i>	<i>Cost</i>
Duragesic, generic – CR fentanyl (12, 25, 50, 75, 100 mcg) <i>contraindicated in opioid-naive</i>	see pg 10	NA	48-72	after 2 patches	\$\$
MS Contin, generic – CR morphine (15, 30, 60, 100, 200 mg ER)	30 mg	60-134	8-12	after 1 day	\$\$\$
Zohydro – CR hydrocodone (10, 15, 20, 30, 40, 50 mg) <i>see alcohol caution</i>	30 mg	60-134	12	after 3 days	\$\$\$

NSAID CHART

Generic name in bold. All drugs available as generics except Vimovo DR, ER, XR tablets/capsules: Do not cut crush chew break sprinkle

	<i>Recom-mended starting dose: mg</i>	<i>Dosing schedule: hours</i>	<i>Maximum daily PO dose: mg</i>	<i>Half-life: hours</i>	<i>Cost</i>
ketorolac (Toradol 10 mg) use limited to 5 days. <i>Caution: see pearl 35</i> nasal spray, parenteral	10	4-6	40	5.3	\$\$
SELECTIVE COX-2 AGENT: celecoxib (Celebrex 50, 100, 200, 400 mg) <i>low risk of adverse GI effects;</i>	100-200	12-24	400	11.2	\$\$

TRANSMUCOSAL IMMEDIATE RELEASE FENTANYL PRODUCTS (TIRF)

Do not cut crush chew swallow

Cost \$\$\$\$

Starting dose: mcg
Half-life: hours

Subsys - spray under tongue 100, 200, 400, 600, 800 mcg spray	100	5-12
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CAUTION: Transmucosal immediate release fentanyl products are NOT BIOEQUIVALENT. DO NOT convert patients on a mcg per mcg basis from one product to another. Package insert for each product has specific instructions for conversion. Healthcare professionals must enroll in the TIRF REMS Access program to prescribe, dispense, or distribute TIRF meds.

Naloxone (Narcan) Guidelines

3. NALOXONE ADMINISTRATION

- Naloxone: give 0.4 -2 mg IV every 2-3 minutes prn up to 10 mg (0.4 mg/mL; 1 mg/mL)
- May dilute 0.4 mg in 10 mL normal saline and give 0.5 mL in 1 minute increments to avoid abrupt cessation of pain control

NAUSEA – Consider:

- ondansetron** (Zofran).....**parenteral, liquid**
PO (4, 8, 16, 24 mg) 4-8 mg BID.....\$\$\$\$
ODT (4, 8 mg) 4-8 mg BID.....\$\$\$\$
Strip (Zuplens 4, 8 mg) 4-8 mg every 8-12 hr.....\$\$\$\$
(allow to dissolve on tongue, swallow as dissolves)

ADJUVANT MEDS:

- tapentadol** (Nucynta 50, 75, 100 mg) 50-100 mg q 4-6 hr; also available Nucynta ER 50, 100, 150, 200, 250 mg BID.....\$\$\$\$
- milnacipran** (Savella 12.5, 25, 50, 100) starting dose 12.5 mg daily; see pkg insert for dosing directions; *taper to DC*.....\$\$

PAIN MANAGEMENT PEARLS

- Duration of analgesia is dose dependent. The higher the dose, usually the longer the duration. *9-Pasero, p. 445*
- A drug is considered to be eliminated from the body 4-5 half-lives after it has been discontinued. *9-Pasero, p. 278*
- The dose and analgesic effect of most mu agonist opioids have no known ceiling. Exceptions: meperidine and methadone, due to active metabolites. Side effects, however, may be limiting. *7-Wrede-Seaman, p. 183; 9-Pasero, p. 281*

Agonist-Antagonist Opioids

If agonist-antagonist opioids are taken concurrently with mu agonist opioids, analgesia may be reversed and withdrawal may be experienced. These drugs have a ceiling on analgesic effects which makes them inappropriate for severe or escalating pain. Agonist-antagonist opioids: buprenorphine (Buprenex), butorphanol (**Stadol**), nalbuphine (**Nubain**), pentazocine (Talwin). Mu agonist opioids: all drugs listed in analgesic charts on pages 4-5, 9, 10. **butorphanol nasal spray (Stadol)** mixed agonist-antagonist; 1 mg/nasal spray - onset 5-15 min, peak 1-2 hr, duration 4-5 hrs; see package insert for specific instructions; useful for intermittent pain, ie headaches **transdermal buprenorphine (Butrans)** - partial opioid agonist:

ANALGESIC MEDICATIONS • PROS & CONS OF AVAILABLE ROUTES

Oral – Long-Acting	PRO	CON
	<ul style="list-style-type: none"> Easy to take, patient has total control. Even analgesia, less peak and trough effect. Can vary the dose on a regular basis i.e., 30 mg MS Contin AM, 60 mg PM. Can be used rectally, helpful in crises. 	<ul style="list-style-type: none"> Frequently causes nausea and vomiting for first few days, may need an antiemetic. Causes constipation in most patients.