

Acute Pain Management

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Goals and Objectives

- Develop and be able to control pain in the hospital environment.
- Pain is the issue. Know that controlling the prescription is NOT the goal, pain management is.
- Learn a few basics (pearls) to manage acute pain.
- Palliative Care is SYMPTOM MANAGEMENT
 - Pain is one symptom

Pain

- An uncomfortable sensation
- Acute
- Chronic
- Nociceptive
 - Somatic
 - Visceral
- Neuropathic

Acute Pain

- New onset
 - Days
- Surgery
- Injury
- Fall
- Cancer
- Non cancer
- The etiology often identified and should be treated

Chronic Pain

- Long lasting
- Usually greater than 6 weeks
- Origin or etiology is often obscure
- Emotional overlay difficult to assess
- Concerns of manipulation
- It still hurts

Types of Pain

- Nociceptive, normal nerves, tissue injury
 - Somatic, muscles, joints,
 - Visceral, internal, deep, cramping, waves, squeezing
 - Capsular stretching or inflammation
- Neuropathic, abnormal nerves
 - Burning, tingling, radiating, lancinating, shooting

Pain

- Pain scale 1-10
- Mild
 - 1-3
- Moderate
 - 4-7
- Severe
 - 8-10

Acute Pain Treatment

- Only days to few weeks of treatment are necessary
- Mild medications for mild pain
- Moderate potency medications for moderate pain
- Potent analgesics for severe pain

Chronic Pain Management

- Pain lasting more than days. Often weeks and months. A difficult situation.
- Mild
- Moderate
- Severe

Medications

- Aspirin
- Tylenol
- Ultram
- Codeine
- Hydrocodone
- Morphine
- Oxycodone
- Hydromorphone
- Duragesic

Obstacles to Pain Management

- Culture and concern
- Tylenol
- Narcotics, opioids
- Physician hesitation
- State laws and regulations
- Addiction

Addiction

- Tolerance
- Dependence
- Addiction

Principles of Pain Management

- Find the dose that works
 - Use frequent short acting PRN dosing to comfort pain
 - Calculate the total 24 hour dose
- Use long acting dose around the clock
 - Q8hour or q12hour dosing by mouth
 - Topical q72hour patch
- Use short acting for breakthrough pain
- Adjust the dose as needed for pain relief

Equal Analgesics

- Morphine, 10mg IV/SQ= 30mg PO
- Dilaudid, 1.5mg IV/SQ= 7.5mg PO
- Hydrocodone, 30mg PO

Therapeutic Window

- Tylenol
- Aspirin
- Ultram
- Morphine
- Hydromorphone

Receptors

- Mu
- Kappa
- NMDA

- Opioid rotation

Side Effects

- Histamine release, sweating, itching, nausea
- Drug sensation, nervous then calm
- Constipation
 - Softeners, laxatives
- Respiratory depression??

Methadone

- Methadone
 - Neuropathic pain*
 - Start with lower dose, 2.5 to 5mg BID PO
 - Adjust q 3-5 Days
 - If comfortable in one day the dose is probably too high

*Or any pain

Fentanyl Patch

- Lipophilic
 - Can still be effective in skinny patients
- Temperature sensitive
- 24hours to achieve effect, on or off
- Change* patch q72hours

*Change not Apply

Other Therapies

- Adjuvant
 - Non analgesic medications
 - Anti depressants
 - Anxiolytics
- Non medications
 - Physical therapy
 - Distraction
 - Diversion

Dose Adjustments

- Check often, q4hour or more frequently
- Mild pain, 1-3, increase PRN dose 25%
- Moderate pain, 4-7, increase PRN dose 50%
- Severe pain, 8-10, increase PRN dose 100%
- Adjust long acting dose

- PCA pump the same



Thank you

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References

- AMDA, Clinical Practice Guidelines, Palliative Care in Nursing Homes.
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