







## Pain Assessment Tool

10	Pain as bad as it could be	
9		
8	Extreme Pain	
7		
6	Severe Pain	
5		
4	Moderate Pain	
3		
2	Mild Pain	
1		
0	No Pain	



## Opioid Combinations

Drug (Brand)	Ingredients (Generic)
Darvocet® N	50mg propoxyphene + 325mg APAP
Darvocet® N 100	100mg propoxyphene + 650mg APAP
Percocet®	2.5mg oxycodone + 325mg APAP or 5mg oxycodone + 325mg APAP or 7.5mg oxycodone + 325mg APAP or 7.5mg oxycodone + 500mg APAP or 10mg oxycodone + 650mg APAP
Percodan®, Endodan®	5mg oxycodone + 325mg aspirin
Roxicet®, Endocet®	5mg oxycodone + 325mg APAP
Roxicet®, Tylox®	5mg oxycodone + 500mg APAP
Lorcet®-HD	5mg hydrocodone + 500mg APAP
Lorcet® Plus	7.5mg hydrocodone + 650mg APAP
Lorcet® 10/650	10mg hydrocodone + 650mg APAP
Lortab® 2.5/500	2.5mg hydrocodone + 500mg APAP
Lortab® 5/500, Vicodin®	5mg hydrocodone + 500mg APAP
Lortab® 7.5/500, Vicodin ES®	7.5mg hydrocodone + 500mg APAP
Lortab® 10/500	10mg hydrocodone + 500mg APAP
Vicoprofen®	7.5mg hydrocodone + 200mg ibuprofen
Tylenol #3	30mg codeine + 300mg APAP
Ultracet®	37.5mg tramadol + 325mg APAP

APAP=acetaminophen

## Opioid Use for Liver or Renal Failure

RECOMMENDED	USE WITH CAUTION
Hydromorphone Fentanyl	Codeine* Morphine* Oxycodone*

\* These opioids have active metabolites that are renally eliminated.

Meperidine is not recommended because the metabolite, normeperidine, may accumulate in patients with poor renal function causing CNS toxicity (i.e. –tremor, seizures, or muscle twitches). Meperidine is contraindicated with MAO inhibitors.

Darvocet (propoxyphene) – norpropoxyphene metabolite can accumulate in elderly causing sedation, confusion, and hallucinations.

### Breaking Bad News:

1. Appropriate Time and Setting
2. What do you know?
3. What do you want to know?
4. Tell them
5. Respond to feelings and questions
6. Make a plan

### In Serious Illness

#### Patients Want:

Pain and Symptom Control  
Avoid inappropriate prolongation of the dying process  
Achieve a Sense of Control  
Relieve Burdens on Family  
Strengthen relationships with loved ones

#### Families Want:

Loved One's Wishes Honored  
Inclusion in Decision Process  
Support/Assistance at Home  
Practical Help (transportation, medicines, equipment)  
Personal Care Needs (bathing, feeding, toileting)  
Honest information  
24/7 Access  
To be listened to  
Privacy  
To be remembered and contacted after the death

### Pronouncing a Death

Recognize the extreme emotional significance.  
Establish eye contact with family members present.  
Introduce yourself to the family.  
Examine patient for absence of breath and heart sounds.  
Note time of death.  
When confirmed, verbally acknowledge death to family.  
Communicate condolences verbally or non-verbally.  
Determine legal next of kin from face sheet.  
Ask next of kin about autopsy and organ donation.  
Notify nursing staff and attending of time of death.

## Resources

Name	Phone number	Fax Number
FUMC Transitions and Life Choices (TLC) Consult Service	612-273-6399	
Southdale Transitions and Life Choices (TLC) Consult Service	952-924-8424	
FUMC Inpatient Pain Consult Service	612-273-5499	
Fairview Hospice	651-632-6855	
Pain Clinic	612-273-5400	612-273-9945
Fairview Riverside Clinic Pharmacy (8:30-6pm M-F; 8-2am Sun)	612-672-7500	612-672-7501
Fairview Riverside Hospital Pharmacy	612-672-4200	
Fairview University Clinic Pharmacy (8am-5:30pm Mon-Fri)	612-626-2828	612-625-6452
Fairview University Discharge Pharmacy (7am-10pm Mon-Sun)	612-273-2121	612-273-8156
Fairview University Hospital Pharmacy	612-273-3001	
FUMC Compounding Pharmacy Gary Carlson, RPh	612-273-6128	612-273-2176
Fairview Southdale Hospital Pharmacy	952-924-5160	952-924-1511

This is not a complete pharmaceutical review and should be used in conjunction with the AHCP and APS guidelines for acute, cancer and arthritis pain management. No liability will be assumed for the use of this guide and the absence of typographical errors is not guaranteed. This card was authored by:

Virginia L. Glen, Pharm.D., Fairview Pain Management Center, Minneapolis, Minnesota  
Nicole L. Paterson, Pharm.D. BCPS, Fairview Health Services, Minneapolis, Minnesota  
Mark Leenay M.D., M.S., Medical Director, TLC Programs, Fairview Health Services. 612-672-6465, [mleenay1@fairview.org](mailto:mleenay1@fairview.org)

Requests for copies can be made by email to Dr. Paterson at [nanders1@fairview.org](mailto:nanders1@fairview.org)

6/24/02



## IV and Oral Opioid Therapy

Drug	Equianalgesic Dose (mg)		Usual Starting Dose <sup>a</sup>		Oral Price <sup>b</sup>
	Oral	IV	Oral	IV	
Morphine short-acting Roxanol <sup>®</sup> Use First <sup>c</sup>	30 <sup>d</sup>	10	10-20 mg q 3-4 hrs	2 mg q 3-4 hrs	\$
Oramorph SR <sup>®</sup> long-acting morphine Use First <sup>c</sup>	30	NA <sup>f</sup>	15-30 mg q 12 hrs	NA <sup>f</sup>	\$\$
Hydromorphone (Dilaudid <sup>®</sup> )	7.5	1.5	2-4 mg q 4 hrs	1.5 mg q 4 hrs	\$\$
Methadone (Dolophine <sup>®</sup> )	5 chronic	2.5 chronic	5 mg q 6-8 hrs	2.5 mg q 6-8 hrs	¢
Oxycodone short-acting Roxicodone <sup>®</sup>	20 <sup>d</sup>	NA <sup>f</sup>	5-10 mg q 3-4 hrs	NA <sup>f</sup>	\$
Oxycontin <sup>®</sup> long-acting oxycodone	20	NA <sup>f</sup>	10-20 mg q 12 hrs	NA <sup>f</sup>	\$\$\$
Oxycodone w/ Acetaminophen (Percocet <sup>®</sup> )	Max. APAP 4 gm	NA <sup>f</sup>	5-10 mg q 4 hrs	NA <sup>f</sup>	\$
Hydrocodone w/ Acetaminophen (Vicodin <sup>®</sup> )	Max. APAP 4 gm	NA <sup>f</sup>	5-10 mg q 4 hrs	NA <sup>f</sup>	\$
Meperidine (Demerol <sup>®</sup> )	300	75	NR <sup>g</sup>	NR <sup>g</sup>	

<sup>a</sup>Dose in patients with no history of prior opioid use

<sup>b</sup>Relative cost differences in Retail Pharmacy

<sup>c</sup>Use first unless contraindicated (i.e., allergy, renal failure, etc.) Pt allergic to morphine will be allergic to oxycodone, hydrocodone, hydromorphone, codeine

<sup>d</sup>Short-acting dosage forms are available in tablets and liquid

<sup>e</sup>SR = Sustained Release

<sup>f</sup>NA = Not Available

<sup>g</sup>NR = Use not recommended by the American Pain Society

## Transdermal Fentanyl Patch

Indicated:

- True morphine allergy (bronchospasm, hives/urticaria)
- Unable to take PO due to bowel obstruction &/or head/neck cancer
- Patient/Caregiver not able to be compliant or understand oral narcotics due to cognitive dysfunction

Not indicated: changing pain, patient weights < 110lbs

### Opioid doses equivalent to 25 mcg/hr fentanyl patch

Drug	Oral	IV
Morphine	45 mg/24 hrs	15 mg/24 hrs
Hydromorphone	10 mg/24 hrs	2 mg/24 hrs

Fentanyl – Maximum recommended dose for transdermal fentanyl is 300 mcg/hr.

Relative cost difference of Fentanyl Patch: \$\$\$

## Adjuvant Agents

Drug	Usual Dose Range	Max. Daily Dose (mg)	Oral Price
Acetaminophen (Tylenol <sup>®</sup> )	325-650 mg po q 6-8 hrs	4000	¢
**Caution in liver failure, alcohol use (≥ 3 drinks per day)			
<b>Non-Steroidal Anti-Inflammatory Drugs (Nonselective)</b>			
Aspirin (various brands)	325-650 mg po q 6-8 hrs	4000	¢
Choline/Mg/Trisaliclylate (Trilisate <sup>®</sup> )	500-1000 mg po q12 hr or q8 hrs	3000	\$\$
Platelet sparing			
Etodolac (Lodine <sup>®</sup> )	200-400 mg po q 6-8 hrs	1200	\$\$
Ibuprofen (Motrin <sup>®</sup> )	400-600 mg po q 6-8 hrs	3200	\$
Ketorolac* (Toradol <sup>®</sup> )	15-30 mg IM/IV q 6 hrs	120	\$\$\$
*5-day limit for administration due to risk of GI bleeding			
Naproxen (Naprosyn <sup>®</sup> )	250-500 mg po q 8-12 hrs	1500	\$
Salsalate (Disalcid <sup>®</sup> )	500-1000 mg po q12 hr or q8 hrs	3000mg/day	\$
Platelet sparing			
<b>Non-Steroidal Anti-Inflammatory Drugs (Cox-2 Inhibitors)</b>			
Celecoxib (Celebrex <sup>®</sup> )	100-200 mg po q 12-24 hrs	400	\$\$\$
Rofecoxib (Vioxx <sup>®</sup> )	12.5 – 25 mg po q 24 hrs	50 (acute 5 day dose)	\$\$\$

## NSAID Side Effects and Precautions

SIDE EFFECTS: epigastric distress, renal insufficiency, hepatotoxicity, hypersensitivity reactions, platelet inhibition (cox-1 NSAIDS)

### ↑ Risk of GI Bleeding\*

- elderly (age > 65 yrs)
- concomitant corticosteroid or anticoagulant use
- large NSAID doses
- long-term NSAID therapy
- history of peptic ulcer disease or GI event (e.g., bleeding)

\*Increased risk of GI bleeding with cox-1 NSAID activity. Cox-2 NSAIDS have less GI side effects compared to cox-1.

### ↑ Risk of Renal Toxicity<sup>≡</sup>

- elderly (age > 60 yrs)
- existing renal problems
- diuretic use
- concurrent treatment with nephrotoxic drugs

≡Increased risk of renal toxicity with both cox-1 and cox-2 NSAID activity.

## Neuropathic Pain Analgesics

Drug	Usual Dose Range	Comments
<b>Anti-convulsants</b>		
Carbamazepine (Tegretol <sup>®</sup> )	Start at 200 mg po q HS; ↑ dose up to 600-800 mg po q day (divided bid to TID)	Check serum drug levels and WBC
Gabapentin (Neurontin <sup>®</sup> )	Start 100 mg po TID x 1 day, 200 mg TID x 2 days; then ↑ dose; max >4000mg/d & up	Reduce dose in patients with renal impairment
<b>Tricyclic Anti-depressants (TCAs)</b>		
Desipramine (Norpramin <sup>®</sup> )	10-25mg po q HS	Preferred TCA in elderly patients
Nortriptyline (Pamelor <sup>®</sup> )	Start at 25 mg po q HS; ↑ dose to 75-150 mg q HS	Preferred TCA in elderly patients
Amitriptyline (Elavil <sup>®</sup> )	Start at 25 mg po q HS; ↑ dose to 75-150 mg q HS	Increased anti-cholinergic side effects
Other Options:		Phenytoin (Dilantin <sup>®</sup> )
Clonazepam (Klonopin <sup>®</sup> )		Tiagabine (Gabitril <sup>®</sup> )
Lidocaine 5% (Lidoderm <sup>®</sup> )		Topiramate (Topamax <sup>®</sup> )
Lamotrigine (Lamictal <sup>®</sup> )		Valproic Acid (Depakote <sup>®</sup> )

## Adjuvant Agents

Drug	Usual Dose Range	Comments
<b>Benzodiazepines</b> (anxiolytic, sedation, antiemetic, anticonvulsant)		
Lorazepam (Ativan <sup>®</sup> )	0.5-2 mg po BID-QID	
Clonazepam (Klonopin <sup>®</sup> )	0.5-1 mg po BID or HS	Good for burning or lancinating paroxysmal pain
<b>Neuroleptics</b> (agitation, delirium, antiemetic)		
Haloperidol (Haldol <sup>®</sup> )	0.5-2 mg po q4-12 hrs	
<b>Corticosteroids</b> (anti-inflammatory, anti-emetic)		
Dexamethasone (Decadron <sup>®</sup> )	4-24 mg/day PO/IV	Consider for appetite stimulation (4mg)
Prednisone	10-80 mg/day PO	> mineralocorticoid than Decadron Prednisone 5mg = Dexamethasone 0.75mg
<b>Stimulant</b> (depression, appetite, stimulant)		
Methylphenidate (Ritalin <sup>®</sup> )	2.5-20mg qam & q noon	Counteracts opioid-induced sedation