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PURPOSE

The following criteria will serve as a guide for evaluating analgesic orders to ensure appropriate use of analgesics based upon individual resident assessment.

CRITICAL POINTS

1. Drugs used for pain management are based upon **severity** of pain and the World Health Organization (WHO) 3-step ladder guideline. For mild to moderate pain, consider the use of non-opiates: NSAIDS, and acetaminophen (acetaminophen should be the first drug to consider in the treatment of mild to moderate pain of musculoskeletal origin). For moderate to severe pain consider the use of opioids. It is important to remember that non pharmacological agents and adjunctive agents may be considered.

2. For **continuous** pain, medications should be provided around the clock.

3. The **oral** route is the first choice for analgesic medications. If unable to take oral medications, buccal, sublingual, rectal, and transdermal routes are considered before intramuscular or subcutaneous.

4. Residents who report moderate to severe constant pain could be started on a short acting opioid. Once stabilized on an immediate release opioid, switching to a controlled release preparation may be done by adding the total dose of the IR opioid given in a 24 hour period and dividing by two. The controlled release dose is usually given twice a day (no more than q8h).

5. Residents who receive a long acting medication, should have a short acting medication for **breakthrough** pain. Whenever possible, the breakthrough medication should be the same as the long acting preparation. Medication for breakthrough pain is calculated at 10% (5-20%) of the total twenty four hour dose and is ordered q1h until pain is controlled. When breakthrough medication is used 3 or more times in 24 hours, an increase in the long acting medication should be considered.

6. Long acting oral analgesic agents are not used for the management of **acute episodic pain**. Residents who report intermittent pain have medications ordered on an “as needed” basis. When prn medications are required 3 or more times in 24 hours on a regular basis, a scheduled dosage may be considered.

7. Only **one opioid** is ordered for continuous moderate to severe pain.

8. When **converting** from one opioid to another (ie. Morphine to hydromorphone) decrease the dose of new opioid by 20-30% to account for incomplete cross-tolerance between agents. If a patient has used many breakthroughs in the last 24 hours (four or more) then assess for delirium or profound psychological distress. If these are present, then the dose of the new opioid may need to be reduced by up to 50%.

9. Short-acting opioids are ordered at intervals **no longer** than 4 hours. There are exceptions where q 6 hourly may be appropriate ie. Elderly, CRF, and diminished renal excretion.

10. Consider using **adjuvant** analgesics for non-opioid responsive neuropathic or bone pain.

11. **Prophylacticaly,** a bowel regimen is ordered, usually including a stool softener and bowel stimulant.

12. A pain management **flow sheet** is initiated on all residents, and includes the resident's pain goal, the effectiveness of interventions and monitoring for potential medication side effects.

13. Consider a pain management **consultation** in complex pain syndromes, pain of uncertain etiology, patients with compromised renal functioning, pain that does not respond to interventions.

References

American Geriatrics Society (2002). The management of persistent pain in older persons. Journal of the American Geriatrics Society, 50, 5205-5224.

Brignell A. (2004). Guidelines for developing a pain management program: A resource for long term care facilities, 4th edition. Retrieved from http://www.lambtoncounty.com/ppsmp/index.htm

Calgary Health Region (2005). Pain assessment and management in continuing care facilities.

Ferrell, B., & Whiteman, E. (2003). Pain. In R. S. Morrison, D. E. Meier (Eds.), Geriatric Palliative Care (pp. 205-229. New York: Oxford University Press.

Fisher, R, & Ross, M. (Eds). (2000). A guide to end of life care for seniors. Ottawa: Tri-Co Printing Inc.

Pereria, J., Berry Otfinowski, P., Hagen, N., Bruera, E., Fainsigner, R., & Summers, N. (2001). Alberta Palliative Care Resource, 2nd edition. Calgary: Alberta Cancer Board.

Who Pain Ladder: World Health Organization, http://www.who.int/cancer/palliative/painladder/en/.