Bedside Pain Manager

Conversions & Information for Pain and Symptom Control

Here's a look at partial contents of some of the sections in the **2011** BEDSIDE PAIN MANAGER.

MU AGONIST OPIOID ANALGESIC CHART

Information in columns to the right is based on the **first dosage, in bold.**

	Equivalent dose of oral morphine	# Tabs or mLs QD to convert to duragesic 25 mcg patch	Dosing duration: hours	Onset: minutes	Peak: minutes	Half-life: hours	# Tabs = to acet 4000 mg or ASA 6000 mg	Cost
OXYCODONE: *(not available for injection)* OxyIR, generic – **oxycodone 5 mg** (5, 10, 15, 20, 30 mg)	8 mg	7-17	3-4	15-30	60-90	2-3	NA	$$
OxyContin – **CR** – **oxycodone 10 mg** (10, 15, 20, 30, 40, 60, 80, mg ER)	15 mg	4-9	12	30-60	90-180	4.5	NA	$$$
Combunox, generic - **oxycodone 5 mg/ibuprofen 400 mg**	no data	no data	1 tab QD-QID	15-30	oxy 60-90 ibu 90-180	oxy 2-3 ibu 2	max 4 QD	$$$

IV/PO EQUIANALGESIC CHART

Values are approximate; use only as a guideline.

	Equi-analgesic Dose	Usual Starting Dose	Duration: hours	Onset: minutes	Peak: minutes	Half-life: hours	Cost
HYDROMORPHONE: IV/IM/SC	IV/IM/SC 1.5 mg	IV/IM/SC 0.5-2 mg	3-4	IV 5 IM/SC 10-20	IV 10-20 IM/SC 30-90	2-3	$
Dilaudid, generic – 2, 4, 8 mg Dilaudid – **liquid** – 1 mg/1 mL generic – **suppository** – 3 mg	PO 7.5 mg	PO 2-4 mg	3-4	15-30	30-90	2-3	$$ $$ $$$$

NSAID CHART

Generic name in bold (Brand name and how supplied in parentheses; brands in color are discontinued, left in to aid with recognition)

	Recom-mended starting dose: mg	Dosing schedule: hours	Max daily PO dose: mg	Half-life: hours	Cost
naproxen/esomeprazole DR (Vimovo 375/20, Vimovo 500/20) BID AC *esomeprazole (Nexium) is gastroprotective*	375/20	12	1250 acute 1000 maint	12-17 nap 1-1.5 eso	$$
SELECTIVE COX-2 AGENT: *less effect on bleeding mechanisms than non-COX-2 drugs* **celecoxib** (Celebrex 50, 100, 200, 400 mg)	100-200	12-24	800	11.2	$$

Transmucosal Fentanyl Products *Do not cut crush chew swallow*	Starting dose: mcg	Half-life: hours	Cost
Onsolis - buccal strip 200, 400, 600, 800, 1200 mcg	200	14	$$$$

CAUTION: See pkg insert for individual dosing instructions. Half-life is dose related. Transmucosal fentanyl products are **not bioequivalent;** use caution if switching between products. Strongly contraindicated for use outside clinical setting for opioid-naive patients; respiratory depression may be severe and persist longer than analgesia.

Naloxone (Narcan) Guidelines

1. NALOXONE ADMINISTRATION
   - naloxone (0.4 mg/mL, 1 mg/mL) - give 0.4 -2 mg IV q2-3 min prn up to 10 mg; give IM/SC if IV route not available; supplemental IM doses last longer; may dilute 0.4 mg in 10 mL and give 0.5 mL in q 1 minute increments to avoid abrupt cessation of pain control

NAUSEA – Consider:

- **granisetron (Kytril)**................................**parenteral, liquid**
  PO (1 mg) 1-2 mg QD..$$$$
  transdermal (Sancuso 3.1 mg) 1 patch q 24 h...............$$$$

ADJUVANT MEDS:

- **tapentadol** (Nucynta 50, 75, 100 mg) 50-100 mg q 4-6 h; also available Nucynta ER 50, 100, 150, 200, 250 mg BID.......$$$$

PAIN MANAGEMENT PEARLS

1. "Pain is whatever the experiencing person says it is, existing whenever he says it does." Margo McCaffery *3-McCaffery, p. 17*

10. Hydromorphone (Dilaudid): better drug choice for patients with renal insufficiency, due to it's short half-life (2-3 hrs) and no active metabolites. *3-McCaffery, p. 226*

36. Steady state is achieved when the rate of excretion of a drug equals the rate of intake, usually after 5 doses. Half-life must be considered. The full effects of a change in dose will not be seen until 4-5 half-lifes have occurred. *Patients must be monitored closely during this time for signs of overdose: sedation and respiratory depression. 3-McCaffery, pp. 169-170; 7-Wrede-Seaman, p. 183*

40. Non-drug approaches to pain, consider: TENS unit *(not recommended with pacemaker)*, heat or cold, or alternating heat and cold, massage, bath/hot tub, changing position, meditation, acupuncture ....

3. The Hopkins Opioid Program has a free and easy to use online opioid conversion tool. Sign-in is required. www.hopweb.org

ANALGESIC MEDICATIONS • PROS & CONS OF AVAILABLE ROUTES

Oral – Long-Acting *PRO*	*CON*
• 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.	• Frequently causes nausea and vomiting for first few days, may need an antiemetic. • Almost always causes constipation.