PAIN MANAGEMENT in the AGED

PEARL CARD

1) Ask about pain: function & level (0-10)

2) Guiding principles:
   1st – Nonpharmacologic
2nd – scheduled dosing
3rd – limit side effects

3) Acute pain:
   1st – Nonpharmacologic;
   2nd – acetaminophen scheduled
   3rd – nars–prn, 1/2 usual dose
   (See back side)
   sedation? –> oxital 2.5 mg bid

4) Chronic pain
   evaluate cause
   inflammatory vs neuropathic vs bone
   – assess: level (0-10), function, depression?
   – therapy: (as in acute pain, sustained release)
   remember:
   – rehab.
   – educate
   – multi-disciplined

5) Meds.
   General therapy:
   --acetaminophen 1000mg qid or 650mg XL 2 tid
   --Narcotics (add pm & sustained release: (reverse side)
   (If needed > 1 week use sustained release primarily)

   If inflammatory/mechanical --ADD:
   -- aspirin 500 mg bid –> 1300 mg bid (fellows [asa] levels)
   --Glucosamine/chondroitin 500-800 mg tid
   --Avoid COX-2 in renal/CHF/GI dz.
   --Avoid NSAIDS’s in elderly

   If neuropathic --ADD:
   --capsaicin 0.025% –> 0.075% q.d. “Burn is good”
   --lidocaine patch or EMLA cream 12 hrs on, 12hrs off
   --neurontin 100 mg q hs, advance q 3 d. To bid – tid Max: 300 mg qid
   --pregabaline 50 mg po q d (HS) bid-tid, max dose 100 mg tid
   --duloxetine start 20 mg q d, increase to bid, max dose 60 mg q d
   --supplementation: Start 100mg SR q d, 350 mg q d (max.)
   --lamotrigine 25 mg q d, increase by 50 mg q 2 wks, max 400 mg q d

   PAIN MANAGEMENT in the AGED

   P-A-I-N
   P hysical
   A nxiety
   I nterpersonal/social problems
   N on-acceptance/spiritual distress

   P O T E N T I A L
   (Pain)- (make sure of diagnosis (when you can)
   Drug Mech/Inflammatory vs. neuropathic vs. bone
   APAP * + ++ +
   Dexamethasone** + + +
   Opiates~ + + +
   Anti-depressants -- + +
   Anti-convulsants -- + +
   Radiation/chemo -- + +
   (If needed > 1 week use sustained release primarily)

   Oxycodone 2.5mg q 4h*. --- 5 mg 5 mg/5 ml
   MS Contin 15mg q 12 h* --- 15, 30, 60, 100, 200 mg ---
   Duragesic patch; start 12 mcg/h. q 3 d* --- 12, 25, 50, 75, 100 mcg/h
   Tramadol 25-100 mg q 4-6 hr prn pain
   Tramadol ER start 100 mg q d. --- 100, 200, 300 mg
   (These are starting doses; titrate to pain control and tolerance)
   (NO UPPER LIMITS)

   A nxiety (pain) – (counsel, reassurance, family/friends, pastor)
   Medication po im/iv size liquid
   LORAZEPAM 0.5-2 mg t.i.d. 0.5-2 mg q 4h 0.5, 1 & 2 mg 2mg/ml
   Haloperidol 0.5-2 mg q 4h 1-2 mg q 4h (out IV) 2mg/ml
   For more explanation see: Web Site: geriatrics.unmc.edu visit GERI pearls

   N on-acceptance: (-- counseling, family/friends, pastors

   WSU/GERI Pearls: Ev9/7/09