

Analgesia in the Non-Intubated Patient

PCA protocol analgesia

1) **PCA may be considered for the following patients who have a source of severe pain:**

- Alert patients who are able to manage and understand PCA demand dosing
- NPO or not tolerating oral pain medications
- Oral pain medications inadequately controlling pain

2) **PCA prescribing**

- PCA prescribing and administration will comply with policy CL 30-06.12
- Initial PCA drug of choice for trauma patients
 - Hydromorphone PCA
 - Basal: NO BASAL
 - Demand: 0.2 mg
 - Demand rate: Q 15 minutes
 - Comments: start oral therapy when tolerating PO/PT intake
- May modify dosing as appropriate in very low or high body weights
- Should re-assess need for PCA daily with the goal to transition to oral medications

Enteral pain management protocol

1) **Oral pain medications may be considered for patients with moderate to severe pain who are tolerating PO/PT intake.**

- Start oral pain medications as soon as tolerating PO/PT intake to facilitate timely transitioning from PCA pain management.
- May start oral pain medications as soon as target RASS set at 0 and patient is tolerating PO/PT intake to facilitate timely transitioning from intravenous fentanyl infusion.

2) **Patients experiencing severe pain (Numeric Rating Scale 7-10) or transitioning off IV/PCA therapy:**

- Immediate release drug of choice
 - Oxycodone 5 mg PO/PT Q 4-6 hrs prn pain
- Control release drug of choice (for patients with **long-term source of pain** once transitioned to PO):
 - Morphine sulfate ER (MS Contin) 15 mg PO Q 12 hrs (NOT for per tube administration, caution in renal dysfunction, patients > 80 years old, and hypotensive patients)

3) **Patients experiencing moderate pain (Numeric Rating Scale 4-6)**

- Initial drug of choice
 - Hydrocodone/acetaminophen (Lortab) 5/500 mg PO Q 6 hrs prn pain (max 8 tabs per day)
 - Hydrocodone/acetaminophen (Lortab) elixir 7.5/500 mg (15 mL) PT Q 6 hrs prn pain
- May consider NSAIDs if no renal dysfunction, < 75 years of age, history of GI bleed, or aspirin allergy
 - Ketorolac 15 mg IV Q 6 hrs x 3 days
 - Ibuprofen 400 mg PO/PT Q 6 hrs prn pain

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