Pain Management

Pain management without long-acting opioids equals poor pain management and should be avoided at all costs.

Long-Acting

Steady, consistent pain management

Pain management using ONLY short-acting opioids results in an anxious patient, with addictive behaviors in severe pain using more pain pills than necessary or being denied needed medication because clinical workers assume the patient has an addiction.

RESULTS

1. Reduced anxiety
2. Less addictive behaviors
3. Pain symptoms controlled
4. Decreased quantity of pills used
5. Happier mood
6. Consistent bowel habits

Best Quality of Life

Short-Acting

Inconsistent, erratic pain management

That same patient using a long-acting morphine or methadone with short- acting for breakthrough, a miracle happens: anxiety and “addict” behaviors disappear, pain is controlled, and the number of pills used decreases significantly.

RESULTS

1. Changes in diet or eating habits
2. Changes in sleeping patterns
3. Change in fluid intake
4. Changes in mood or increase in anxiety/worry
5. Inconsistent in bowel habits
6. Many other concerns

Poor Quality of Life

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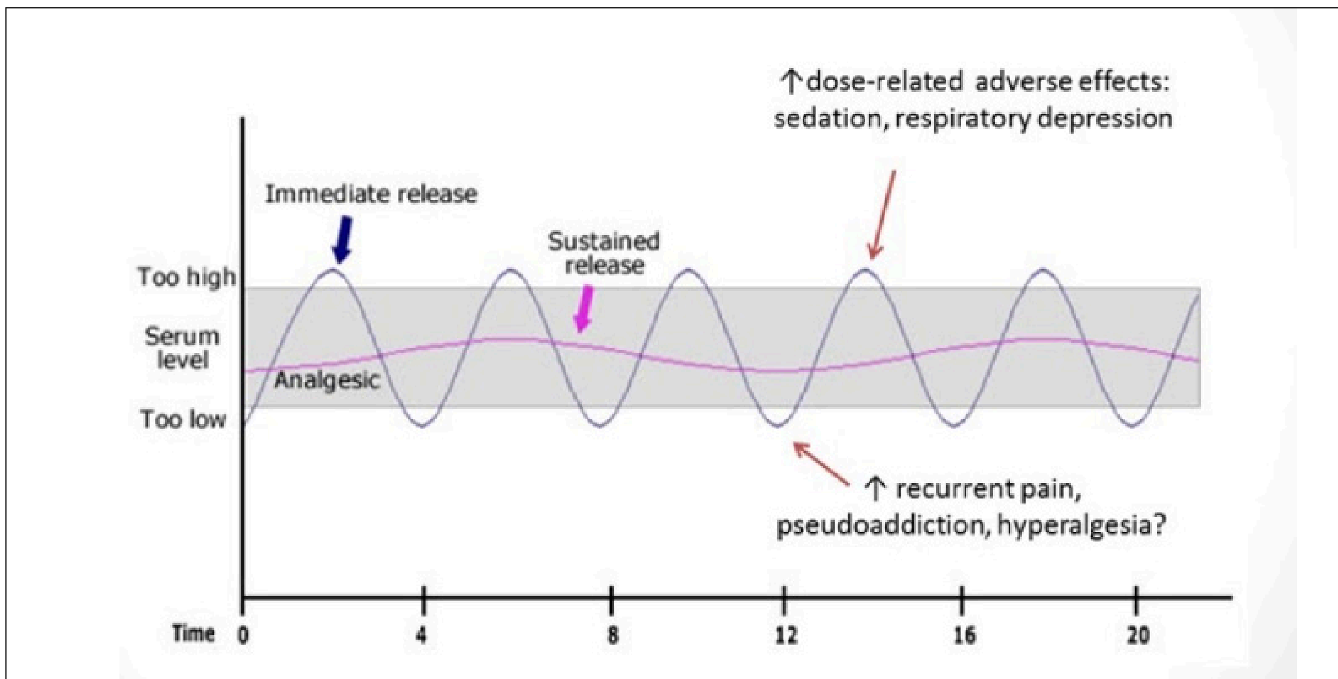

1. Tall peaks results in adverse effects:

- ✓ Over-sedation
- ✓ Respiratory depression
- ✓ Risk of falls
- ✓ Feeling “high”

2. Deep troughs results in withdrawal effects:

- ✓ Worsening pain
- ✓ Pain anxiety
- ✓ Hyperalgesia
- ✓ Pseudoaddition behaviors

→ To calculate Morphine ER dosing:

1. *Add total MGs of morphine used in the last 3 - 24 hour periods*
2. *Divide total MGs by 3 for TID dosing (2 for BID dosing - rarely used)*
3. *Breakthrough/prn dose is 25-50% of TID dose given every 2-6 hours*
4. *Morphine Immediate Release 15mg is smallest tablet. May be split for 7.5mg or crushed*
5. *Patients using morphine for SOB can use MS Contin 15mg at bedtime for good symptom management through the night*

REFERENCES

1. Abdelhafiz, Ahmed H., et al. "Hypoglycemia in older people-a less well recognized risk factor for frailty." Aging and disease 6.2 (2015): 156. 2. Scheufler, Janice M., and Maryjo Prince-Paul. "The diabetic hospice patient: Incorporating evidence and medications into goals of care." Journal of Hospice & Palliative Nursing 13.6 (2011): 356-365. 3. Munshi, Medha N., et al. "Management of diabetes in long-term care and skilled nursing facilities: a position statement of the American Diabetes Association."" Diabetes care 39.2 (2016): 308-318. 4. Dunning, Trisha, et al. "Palliative and end of life care for people with diabetes: a topical issue." Diabetes Management 4.5 (2014): 449."

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Clinical Pearls

1. *Round up or down based on patient's pain management goals. Round up for "Snow Me" or Round down for "I can Handle It"*
2. *Every 2 hour prn dosing is reserved for:*
   - *Patients with shortness of breath*
   - *Patients you know need immediate dose titration. When optimum dose is determined, use q4-6h dosing*
3. *Oxycodone = Morphine 1:1*
4. *Hydrocodone = Morphine 1:1*

The Cost of Pain Management

Long Acting Options

Drug Name	Cost/Unit
FENTANYL 12MCG/HR	$12.95
FENTANYL 25MCG/HR	$4.30
FENTANYL 37.5MCG/HR	$45.54
FENTANYL 50MCG/HR	$6.02
METHADONE 5MG TAB	$0.10
METHADONE 10MG TAB	$0.08
MORPHINE SUL TAB 15MG ER	$0.43
MORPHINE SUL TAB 60MG ER	$1.95
OXYCODONE TAB 10MG ER	$2.62
OXYCONTIN TAB 40MG CR	$13.68

Short Acting Options

Drug Name	Cost/MME
MORPHINE SUL SOL 100/5ML	$0.07
HYDROCO/APAP SOL 7.5-325	$0.37
HYDROCO/APAP TAB 5-325MG	$0.06
HYDROCO/APAP TAB 10-325MG	$0.02
OXYCOD/APAP TAB 10-325MG	$0.04
OXYCODONE TAB 10MG	$0.02
OXYCODONE TAB 20MG	$0.02

REFERENCES

1. Abdelhafiz, Ahmed H., et al. "Hypoglycemia in older people-a less well recognized risk factor for frailty." Aging and disease 6.2 (2015): 156. 2. Scheufler, Janice M., and Maryjo Prince-Paul. "The diabetic hospice patient: Incorporating evidence and medications into goals of care." Journal of Hospice & Palliative Nursing 13.6 (2011): 356-365. 3. Munshi, Medha N., et al. "Management of diabetes in long-term care and skilled nursing facilities: a position statement of the American Diabetes Association."" Diabetes care 39.2 (2016): 308-318. 4. Dunning, Trisha, et al. "Palliative and end of life care for people with diabetes: a topical issue." Diabetes Management 4.5 (2014): 449."