



General Approach to Pain Management

ASK:

Always ask patient about the presence of pain and accept the patient's report of pain.

ASSESS:

- Perform a comprehensive pain assessment:
 - Onset, duration, and location
 - Quality (sharp, dull, diffuse, throbbing, etc)
 - Intensity (1–10 scale, for example)
 - Aggravating and alleviating factors
 - Effect on function and quality of life
 - Patient's goal for pain control
 - Response to prior tx if condition is chronic
 - History and physical examination

TREAT:

- With older adults, start dose low, go slow, but get it
- Avoid IM route; the PO route is preferred
- Treat persistent pain with regularly scheduled meds
- Two drugs of the same class (eg, NSAIDs) should not generally be given concurrently; however long- and short-acting opioids may be prescribed together
- Avoid dependence (per American Pain Society and WHO) and opioid abuse (CDC) and 4 efficacy

MONITOR:

- Assess and reassess pain frequently
- Most opioid agonists have no analgesic ceiling dose; titrate to relief and assess for adverse effects
- Assess, anticipate, and manage opioid adverse effects aggressively
- Discuss goals and plans with patient and family
- Addiction rarely occurs unless there is a hx of abuse
- Watch for red flags of addiction:
 - Compulsive use
 - Lack of control
 - Use despite harm

Breakthrough Pain Management General

- Use long-acting opioid around the clock for baseline management of persistent pain
- Use short-acting opioids PRN (rescue) for breakthrough pain
- Consider using the same drug for both baseline and rescue doses whenever possible (eg long-acting morphine + short-acting morphine)

Rescue Dosing

- The rescue dose is 50%–100% of the 24-h total daily dosage
- Oral rescue doses should be available every 1–2 h; parenteral doses every 15–30 minutes

Adjustments

- If the patient is consistently taking ≥ 3 rescue doses daily, consider increasing the baseline round-the-clock dosage
- Recalculate rescue dose whenever the baseline dosage is changed

Example

- Calculate rescue dose for patient on baseline coverage of MS Contin 200 mg q 12 h:
- Calculate total daily dosage: 200 mg $\times$ 2 = 400 mg morphine/d
 - Establish rescue dose: 50%–100% of 400 mg = 40–80 mg short-acting morphine
 - Oral rescue dose therefore is: morphine 40–80 mg PO q 1–2 h
 - Parenteral rescue dose (based on continuous infusion): Calculate based on 25%–50% of hourly dose

Pain Types

Type	Examples	Quality
Somatic pain	Fracture, burn, bone metastasis	Constant, sometimes throbbing or aching, tender, and localized to the site of origin
Visceral pain	Small stone passage, small bowel obstruction, appendicitis, cancer	Poorly localized, may be referred to distant cutaneous site (eg, diaphragmatic irritation referred to ipsilateral shoulder, often associated with nausea or dyspnea)
Neuropathic pain	Nerve compression, cancer invasion of neural structures, diabetic neuropathy, postherpetic neuropathy, trigeminal neuralgia	Prolonged, severe, burning, stinging, squeezing, hypersensitivity to pain, positive sensory phenomena, tends to be resistant to opioids and difficult to treat

Interventional Pain Management Techniques

Technique	Indications
Trunk epidural catheter injection (EIDH) Fast track	Inflammation associated with conditions such as spinal stenosis, disc herniation or degenerative disc disease Diagnostic (not used to isolate and confirm the specific source of back pain (facet joints))
Subcutaneous catheter fast track (SCCHH)	Primarily used to diagnose the specific source of some root pain and, secondarily, for therapeutic purposes such as treatment for a far lateral disc herniation
Neurolytic blocks (chemical, radiofrequency ablation)	Good for localized pain not requiring multiple segmental blocks; successful EIDHs should be done prior to neurolysis

Pain Management Pocketcard Set

Rachel Sandford



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Palliative and End-of-Life Care, An Issue of Nursing Clinics of North America James C. Pace,Dorothy Wholihan,2016-08-10 The Guest Editors have secured top experts in the area of palliative care to write current and clinically

relevant articles Articles in this issue are devoted to Caring for LGBT Populations Integrating Palliative Care into Primary Care Pain Management in the Cognitively Impaired Pain Management in the Client with Substance Use Disorder Rituals at End of Life Death Bed Phenomena Family Care During End of Life Palliative Wound Care Pet Assisted Therapy in Palliative Care Palliative Sedation State of the Science Readers will come away with the updated information they need to provide state of the art palliative care to their patients *Mayo Clinic Internal Medicine Board Review Questions and Answers* Robert D. Ficalora, 2013-07-08 This question and answer companion to Mayo Clinic Internal Medicine Board Review 10th Edition tests physicians and physicians in training on all relevant material related to the goals set forth by ABIM to ensure the success of internal medicine clinicians By dividing each chapter according to a major subspecialty and with every question structured as a mock clinical interview Mayo Clinic Internal Medicine Board Review Questions and Answers is the perfect study tool for physicians in training and practicing clinicians preparing themselves for board examinations in internal medicine

Proceedings, 2000 Mayo Clinic Internal Medicine Board Review Christopher M. Wittich MD, PharmD, 2016-06-13 The 11th edition of Mayo Clinic Internal Medicine Board Review is fully revised to reflect the latest information necessary to prepare for the American Board of Internal Medicine Certification and Maintenance of Certification examinations Published in an all inclusive and easy to use volume the book provides a wide array of concise chapters that review focused subjects within each specialty followed by a series of questions and answers at the end of each section With this new formatting readers can study by fitting review into their busy schedules This authoritative resource provides a succinct review of allergy cardiology endocrinology gastroenterology and hepatology general internal medicine hematology infectious diseases nephrology neurology oncology psychiatry pulmonology and rheumatology This book is a necessary resource for anyone studying for board examinations and is an important addition for those looking to include a reference on internal medicine to their medical library Key Features of the 11th Edition Each chapter includes key facts and key definitions to highlight important information without breaking up the reading flow of the chapter Each section includes color coded tabs to facilitate reviewing and studying The entire book is highly illustrated with figures tables and boxes to improve comprehension Forthcoming Books Rose Arny, 2002-02 **Wards 101 Pocketcard Set** J. A. Katzel, 2011-01-01 The Wards 101 Essentials pocketcard Set contains essential information for the everyday practice of in-hospital medicine Its contents are derived from our popular guide Wards 101 pocket and will be most useful for interns and residents Covered topics include ACLS algorithms for Asystole PEA V Fib Pulseless V Tach Tachycardia Bradycardia ACS Hypotension and Shock and Acute Stroke Critical care topics such as the management of SIRS and sepsis shock and hypertensive emergencies Drug information including steroid equivalency and vasopressor activity Pain management and opioid equianalgesic dosing Important physiologic formulas in electrolyte management nephrology cardiology and pulmonology Neurology topics including cranial nerve names and actions SLUMS mental status examination and the Glasgow coma scale The diagnosis and

management of fluid electrolyte and acid base abnormalities ECG and heart murmur interpretation guides **Practical Teaching in Emergency Medicine** Robert L. Rogers,Amal Mattu,Michael E. Winters,Joseph P. Martinez,Terrence Mulligan,2012-12-03 Emergency medicine attendings who wish to hone their teaching skills can find a number of books on educational strategies written by physicians from other disciplines However until the publication of the first edition of this book they did not have access to a text written by emergency medicine physicians on methods of teaching that are directly applicable to teaching EM This book was compiled to meet that need Following the introductory section which provides important background information the book s contents are organized into 4 sections that correspond to the core needs and interests of EM educators Section 2 focuses on practical and ethical considerations of teaching in the ED Section 3 provides strategies for teaching specific groups of learners Section 4 looks at the skills that are characteristic of the best EM educators and Section 5 looks indepthly at specific teaching techniques and strategies Now more than ever this book addresses the needs of physician educators from all over the world New chapters discuss lecturing to an international audience using simulation as a teaching tool how to make journal club work for you and other topics that are of broad interest to medical educators in this field In general each chapter has been updated and reviewed to make sure the content was something that emergency physician educators could use in any country The chapter contributors are widely regarded as leaders in the field of emergency medicine education and faculty development Authors were given free rein to develop their chapters and write in their own style They were asked to present their personal views on how to successfully teach the art of emergency medicine rather than review evidence based guidelines regarding medical education As a result most of the chapters have few references This first person approach to a multi authored textbook yields a compilation that varies in style from chapter to chapter and exposes the reader to a variety of communication techniques **Management Methods** ,1952

Rosen's Emergency Medicine - Concepts and Clinical Practice E-Book Ron Walls,Robert Hockberger,Marianne Gausche-Hill,2017-03-09 Since its revolutionary first edition in 1983 Rosen s Emergency Medicine set the standard for reliable accessible and comprehensive information to guide the clinical practice of emergency medicine Generations of emergency medicine residents and practitioners have relied on Rosen s as the source for current information across the spectrum of emergency medicine practice The 9th Edition continues this tradition of excellence offering the unparalleled clarity and authority you ve come to expect from the award winning leader in the field Throughout the text content is now more concise clinically relevant and accessible than ever before meeting the needs of today s increasingly busy emergency medicine practitioner Delivers clear precise information focused writing and references relevant concise information and generous use of illustrations provide definitive guidance for every emergency situation Offers the most immediately relevant content of any emergency medicine reference providing diagnostic and treatment recommendations with clear indications and preferred actions Presents the expertise and knowledge of a new generation of editors who bring fresh insights and new

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Maxillofacial Surgery Peter A. Brennan, Henning Prof Dr Schliephake, G.E. Dr. Ghali, Luke Cascarini, 2016-12-09 Now in full color Maxillofacial Surgery 3rd Edition covers the entire specialty of maxillofacial surgery including craniofacial deformity oral surgery trauma and oncology Unlike other OMFS texts where the contributors are singly boarded in oral surgery this richly illustrated text boasts OMFS contributors who are all dual boarded in both oral surgery and medicine Thoroughly updated with evidence based content it addresses the advances in technology and procedures providing oral and maxillofacial surgeons with new and exciting treatment options And with print and digital formats it is easy to use in any setting Authoritative guidance on oral and maxillofacial surgery by internationally recognized experts in the field 2 800 illustrations including radiographs and full color artwork and clinical photos provide clinicians and OMS residents with a clear visual guide to diagnoses key concepts and surgical techniques as well as examples of preoperative and postoperative results A multidisciplinary approach reflects the best practices in the disciplines of oral and maxillofacial surgery head and neck surgery plastic surgery and otolaryngology Covers contemporary techniques and technological advances at the forefront of maxillofacial surgery Evidence based content supports the newest most up to date diagnostic and therapeutic options available for a wide variety of clinical problems Key Points and Pitfalls boxes clearly identify the most important information as well as potential problem areas that can arise when treating patients Available in print and digital formats that can be easily accessed via mobile tablets and smart phones in any setting making it perfect for the modern student of surgery NEW Full color images clearly depict pathologies concepts and procedures EXPANDED and UPDATED Expanded from 82 to 111 chapters with thoroughly revised content that reflects current information and advances in OMS so clinicians and students can depend on this text as their go to resource on oral maxillofacial surgery NEW 29 new state of the art chapters covering new topics including the salivary glands thyroid and parathyroid glands tissue engineering navigational surgery 3D modeling and lasers in OMFS NEW Two new editors Professors Brennan and Schliephake and new section editors and contributors have helped bring advances in the field of oral and maxillofacial surgery and offer a fresh perspective UPDATED Expanded chapter on cancer keeps you in the know

Scientific American ,1904 Monthly magazine devoted to topics of general scientific interest *The Engineer* ,1904
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