



Taking a little time now to closely review the wealth of information packed into *Bedside Pain Manager (BPM)* will greatly increase its value, usability and accessibility in the field, when you really need it. The sheets were left unstapled, so information from different sections could more readily be viewed side by side.

Please note:

- All information in *BPM* is based on *adult dosages*.
- Price guides (given via \$, \$\$, \$\$\$, or \$\$\$\$) apply to generics whenever available.
- The charts on pages 4-5 and page IV-1 contain dosage information for tablet, liquid, suppository, and parenteral forms; **liquid**, **suppository**, and **parenteral** on other charts generally advise only of the availability of these additional forms, without dosage information.
- Reference numbers in **color** correspond to the numbered references on the full reference list, page 8.
- Brand names in **color** are discontinued, left in to aid in recognition.

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Adjuvant Meds

Accessing information for adjuvant meds can be challenging, especially for off-label dosing. Use of these medications in specific situations is frequently more beneficial than using opioids alone, and can sometimes be used in place of opioids altogether. The starting dose is listed along with instructions for titration, strengths and formulations available, and maximum dose.

References: 1-Coluzzi, pp. 47-48; 3-McCaffery, pp. 342-343; 5-Epocrates; 8-Dworkin, pp. 1524-1534; 11-Hutchison, pp. 52-55; 15-Neuropathic, pp. 14-15; 19-Off-label

Transdermal Fentanyl/Morphine Conversions

Conversion doses in the Janssen Duragesic chart are conservative. *Be sure to use adequate breakthrough meds while dosage is being titrated up.*

References: 2-PDR, pp. 2689-2690; 3-McCaffery, pp. 174, 208; 13-Donner, pp. 527-534

Nausea – Consider

Nausea can be a very difficult symptom to control. Having a readily available and comprehensive list of antiemetics with strengths, formulations and dosing can be helpful.

References: 5-Epocrates; 14-Palliative, p. 35-38

Agitation & Restlessness – Consider

Agitation and restlessness sometimes occur and it can be difficult to determine the reason. Treating the underlying cause is preferable; but when this isn't possible, medications can ease the patient's discomfort, and thus relieve loved ones and health care workers as well.

References: 1-Coluzzi, p. 48; 5-Epocrates; 12-Storey, p. 27

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Analgesic Medications – Pros & Cons of Available Routes

I frequently used this chart as a patient handout. A pain management regimen must mesh with a patient's lifestyle, aesthetics and finances. Many families appreciate having a comprehensive view of all the options and take comfort in realizing that other choices and strategies exist if current pain management becomes difficult or fails.

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Mu Agonist Opioid Analgesic Chart

There are many *conversion* charts available, with somewhat differing figures. I chose the values that seemed the most universal. The conversion to transdermal fentanyl was included to reduce that math step. Half-life data is useful in watching for overdose. Most lay people and even some health care professionals are unaware of the maximum safe dose of acetaminophen (4000 mg/day) and the high risks of hepatic damage from even short-term overdosing. (There is some indication that acetaminophen in amounts up to 6000 mg/day can be safely tolerated, but there are not yet studies confirming this.) *Equianalgesic doses are approximate; use only as a guideline. All doses must be titrated to individual response.* Wong-Baker Faces Pain Rating Scale is reproduced at the bottom of the page.

References: 2-PDR, p. 957; 3-McCaffery, pp. 133, 241-242; 5-Epocrates; 6-Management, p. 52; 7-Wrede-Seaman, pp. 188-189; 21-Fine, p. 19

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Pain Management Pearls

This page contains a compilation of 40 pain management pearls from the literature, workshops, consultants, colleagues, and personal experience.

References: listed after individual pearl entries when applicable.

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NSAID Chart

The analgesic ability of NSAIDs is frequently underestimated. Concurrent use of NSAIDs with opioids and/or adjuvant meds often provides more analgesia than using any drug singly. Risk of potentially serious side effects remains a significant drawback for many NSAIDs. There are numerous formulations; not all are listed.

References: 2-PDR; 3-McCaffery, pp. 139-140; 5-Epocrates; 6-Management, pp. 47-48; 11-Hutchison, pp. 52-55; 20-Mosby

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The Philosophy and Purpose of this Document Complete Reference List • How to Order

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Side 1: IV/PO Equianalgesic Chart and Equation

This chart is an *equianalgesic* chart, all values in column 1 are equal to IV morphine 10 mg, and equal to each other. The equation beneath the chart may be helpful in determining equianalgesic 24 hr doses. Controlled-release formulations and transmucosal fentanyl products are listed at the bottom.

References: 2-PDR; 3-McCaffery, pp. 133, 241-242; 5-Epocrates; 7-Wrede-Seaman, pp. 188-189; 17-Merck, p. 1366; 18-Pain

Side 2: Parenteral & Oral Duragesic Chart, Pearls, Naloxone Guidelines, Methadone & Meperidine

This page contains Janssen's parenteral and oral opioid to Duragesic chart, Naloxone (*Narcan*) guidelines, and a few pearls. Equianalgesic doses are listed for meperidine so that patients may be transitioned to a more appropriate med. Methadone values are given along with a strong caution regarding the serious risk of opioid toxicity.

References: 2-PDR, p. 2689; 3-McCaffery, pp. 241-242; 17-Merck; 22-Hopkins