

**MILD PAIN**  
Pain Scale Rating 1/5 (0-5 Scale) or 1-3/10 (0-10 Scale)

**Complete Pain Assessment.**  
Establish probable cause of pain when possible. Determine goal for pain relief with patient and acceptable time frame for when relief will occur.  
**Always combine pharmacological interventions with non-pharmacological interventions.**  
**ANALGESICS SHOULD NOT BE HELD UNTIL CAUSE OF PAIN IS DETERMINED**

Initiate Non-Pharmacological Intervention

\*Partial Relief / No Relief: **Pain Goal Not Met**

**Relief: Pain Goal Met**

**EXAMPLES OF ANALGESIC CHOICES**

acetaminophen	650 mg q 4 hrs po or pr	□ MDD 4000mg
ibuprofen	200 mg 2-3 tabs q4hrs po	□ MDD 3200 mg
celecoxib (Celebrex)	100 mg po bid	□ MDD 400mg
refexocib (Vioxx)	12.5-25 mg po qd	□ MDD 50mg

Continue Non-Pharmacological Interventions

\*Partial Relief / No Relief: **Pain Goal Not Met**

**REASSESS**

- ▶ Review initial pain assessment for changes
- ▶ Analgesics given as ordered
- ▶ Need for upward titration
- ▶ Need for adjuvant meds?
- ▶ Need to give before activities?
- ▶ Is time interval appropriate?

\*Partial Relief / No relief: **Pain Goal Not Met**

**Relief: Pain Goal Met**

\*Consult physician. Develop plan for ongoing communication with physician until patient's pain goal is met. Consider initiation of Moderate Pain Algorithm

Continue interventions as needed  
Reassess at regular intervals  
Titrate as needed

□ MDD = Maximum Daily dose  
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**MODERATE PAIN**  
**Pain Scale Rating 2-3/5 (0-5 Scale) or 4-6/10 (0-10 Scale)**

**Complete Pain Assessment.**  
 Establish probable cause of pain when possible. Determine goal for pain relief with patient and acceptable time frame for when relief will occur.  
**Always combine pharmacological interventions with non-pharmacological interventions.**  
**ANALGESICS SHOULD NOT BE HELD UNTIL CAUSE OF PAIN IS DETERMINED.**

Initiate Non-Pharmacological Interventions

**Examples of Analgesic Choices**

Tylenol # 2,3,4 (300mg acetaminophen/ 15mg (#2), 30mg (#3), 60mg (#4) mg codeine	1-2 tabs po	q 4hrs
Ultram (tramadol) 50 mg	1-2 tabs po	q 6hrs
Lortab 2.5/500 (2.5mg hydrocodone/500 mg acetaminophen)	1-2 tabs po	q 4hrs
Roxicet (5mg oxycodone/325 mg. acetaminophen)	1-2 tabs po	q 4hrs
Percocet 2.5/325, 5/325, 7.5/500 mg of oxycodone/acetaminophen	1-2 tabs po	q 4hrs
Vicodin (5mg hydrocodone/500 acetaminophen)	1-2 tabs po	q 4hrs
Vicodin ES (7.5 hydrocodone/750 mg acetaminophen)	1-2 tabs po	q 4hrs
Lortab 7.5/500 (7.5mg hydrocodone/500 mg acetaminophen)	1-2 tabs po	q 4hrs
Vicoprofen 7.5/200 (7.5 hydrocodone/200 ibuprofen)	1-2 tabs po	q 4hrs

NOTE: Maximum Daily Dose (MDD) of acetaminophen is 4000 mgs

Continue Non-Pharmacological Interventions

**\*Partial Relief / No relief: Pain Goal Not Met**

**REASSESS**

- ▶ Review initial pain assessment for changes
- ▶ Analgesics given as ordered?      ▶ Need to give before activities?
- ▶ Need for upward titration?          ▶ Is time interval appropriate?
- ▶ Need for adjuvant meds?

**\*Partial Relief / No Relief : Pain Goal Not Met**

**\*Consult physician. Develop plan for ongoing communication with physician until patient's pain goal is met. Consider initiation of Severe Pain Algorithm**

**Relief: Pain Goal Met**

Continue interventions as above. Reassess at regular intervals. Titrate as needed. **If pain is constant, convert to long acting drug at equianalgesic dose.** (See Reference Information)

**SEVERE PAIN**  
**Pain Scale rating 4-5/5 (0-5 Scale) or 7-10/10 (0-10 Scale)**

**Complete Pain Assessment.**  
 Establish probable cause of pain when possible. Determine goal for pain relief with patient and acceptable time frame for when relief will occur.  
**Always combine pharmacological interventions with non-pharmacological interventions.**  
**ANALGESICS SHOULD NOT BE HELD UNTIL CAUSE OF PAIN IS DETERMINED.**

Initiate Non-Pharmacological Interventions

**Examples of Analgesic Choices**

Immediate Release, Short Acting Drugs (lowest dose available is listed)  
 Note: There is no ceiling dose or maximum daily dose for these drugs

morphine sulfate		
Tabs	10 mg	q 2-4hr po or sl
Elixir	20mg/ml or 2mg/ml	q 2-4 hrs po or sl
Suppository	10 mg	q 2-4 hrs pr
Parenteral	1-2mg	q 15-30 min SC or IV
oxycodone		
Tabs	5mg	q 2-4 hrs po
Elixir	5mg/ml or 20mg/ml	q 2-4 hrs po
hydromorphone (Dilaudid)		
Suppository	3mg	q 4 hrs pr

**NOTE: Dilaudid 3mg suppository is equianalgesic to morphine sulfate 15 mg po or pr**

\*Partial Relief / No Relief : **Pain Goal Not Met**

Continue Non-Pharmacologic Interventions

- REASSESS**
- ▶ Review initial pain assessment for changes
  - ▶ Analgesics given as ordered
  - ▶ Need for change to different opioid
  - ▶ Need to change route of administration
  - ▶ Need for upward titration
  - ▶ Need for adjuvant drugs?
  - ▶ Need to give before activities?
  - ▶ Is time interval appropriate?

\*Partial Relief / No Relief, **Pain Goal Not Met.** Consult with physician. Develop plan for ongoing communication with physician until patient's pain goal is met.

**Relief: Pain Goal Met**

Reassess at regular intervals. Titrate as necessary to maintain pain control. **If pain is constant convert to long acting drugs, at equianalgesic dose.** (See Reference Information)

## REFERENCE INFORMATION

### *Opioid Equivalency Table*

Equianalgesic doses are approximate. Individual patient response must be observed. **Caution:** The doses listed ARE NOT recommended starting doses

Short Acting Drugs	Dose (mg) Parenteral	(mg) Oral	Duration (hour)
<b>morphine (MS soluble, MSIR) 1,2,3</b>	<b>10</b>	<b>30</b>	<b>2-4</b>
<b>hydromorphone (Dilaudid) 1,2,3</b>	<b>1.5</b>	<b>7.5</b>	<b>2-4</b>
<b>oxycodone 4</b>		<b>30</b>	<b>2-4</b>
<b>hydrocodone 5</b>		<b>30</b>	<b>2-4</b>

- 1 Available as a liquid
- 2 Available as a suppository
- 3 May be used as an IV or subcutaneous infusion
- 4 Percocet contains varying strengths of oxycodone and acetaminophen per tablet. (2.5/325, 5/325, 7.5/500) Read label carefully.
- 5 Available only in combination with acetaminophen, ASA, or NSAID in tablet form; dosages range from 2.5-10.0 mg/tablet.

### REFERENCE TABLE

Long Acting Drug	Strength available	Duration/Hr
Oramorph SR(1)	15, 30, 60, 100 mg	8 - 12
MS Contin(1)	15, 30, 60, 100, 200mg	8 - 12
Kadian(2)	20, 50, 100 mg	12 - 24
Oxycontin(1,3)	10, 20, 40, 80, 160 mg	8 - 12
Duragesic (4)	25,50,75,100 mcg	48 - 72

1. Must be given as intact pills, cannot be crushed or used in G or J tubes
2. Capsule may be opened and sprinkled in food.
3. Consult package insert for conversion ratios for short acting to long acting opioids.
4. 24 hour po morphine dose ÷2=mcg/hr for the transdermal fentanyl patch (Duragesic)

### **ADJUVANT ANALGESICS**

### **STARTING DOSE**

#### *Anticonvulsants*

Gabapentin (Neurontin) po	100mg q 8 hrs
Clonazepam (Klonopin) po	0.5 mg q 8 hrs
Carbamazepine (Tegretol) po	100 mg BID

#### *Antidepressants*

Desipramine (Norpramin)po	10 mg QHS
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#### *Corticosteroids*

Dexamethasone (Decadron) po	2-8 mg BID
Prednisone 40-80 po	40-80 mg daily

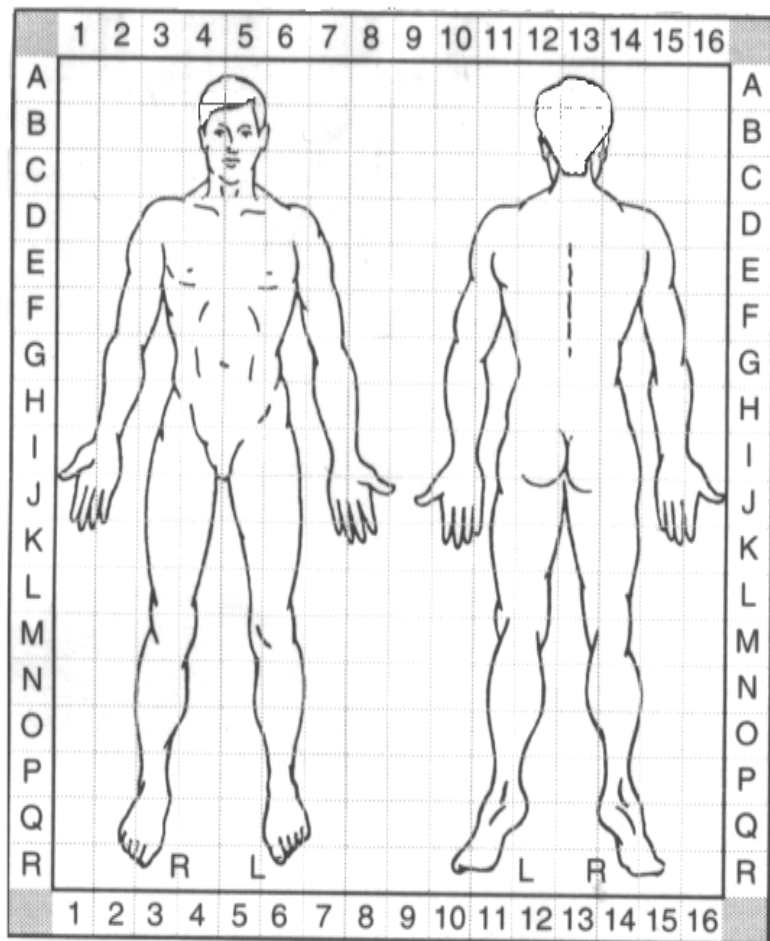
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# THE ALVERNO VERBAL PAIN FLOW RECORD

## A. Location



\* General Discomfort

## B. Duration

1. Constant
2. Intermittent
3. Transient

## C. Precipitating Factors

1. Activity
2. ROM
3. Heat
4. Cold
5. Elevation
6. Lying
7. Standing
8. Sitting
9. Breathing
10. Unknown
11. Other \_\_\_\_\_

## D. Alleviating Factors/Relief Measure

1. Rest
2. Activity
3. Elevation
4. Heat
5. Cold
6. Medication
7. Healing Touch
8. Massage
9. Unknown
10. Other \_\_\_\_\_

## E. Related Symptoms

1. Nausea
2. Anxiety
3. Insomnia
4. Fatigue
5. Depression
6. Decreased appetite
7. Diaphoresis
8. Withdrawal
9. Pruritus
10. Burning
11. Other \_\_\_\_\_

## F. Behavior

1. Moaning
2. Crying
3. Pacing
4. Stroking
5. Restlessness
6. Facial grimacing
7. Facial Mask
8. Guarding
9. Disoriented
10. Inappropriate Response
11. Limping
12. Scratching
13. Other \_\_\_\_\_

## G. Description of Area

1. Erythema
2. Edema
3. Distention
4. Warmth
5. Tender on palpation
6. Laceration
7. Excoriations
8. Rash
9. Eccymotic
10. Other \_\_\_\_\_

Pain Scale 0-10



## THE ALVERNO NONVERBAL PAIN FLOW RECORD

1. Rate resident under each section A – E.
2. If more than one assessment applies to the resident in a section score for the highest.
3. Place your initial score under section B. (B = Before Intervention) Total all B Columns for your current pain level on a scale of 0 – 10 under Pain Level.
4. Once all ADLs are met, place a (Check Mark) in the appropriate space.
5. Write the # of the relief measure used under section F.
6. Chart medication given under meds/dose.
7. Reassess the resident after intervention and document your score under section A. (A = After Intervention) Total all A Columns for your current pain level on a scale of 0 – 10 under Relief Scale.

### A. Emotion

Smiling	0
Anxious/Irritable	1
Almost in Tears	2

### B Movement.

None	0
Restless, slow dec. movement	1
Immobile, afraid To move	2

### C. Verbal Cues

Indicates no pain	0
Whining, whimpering, moaning	1
Screaming or crying out	2

### D. Facial Cues

Relaxed, calm expression	0
Drawn around mouth and eyes	1
Facial frowning, wincing	2

### E. Positioning / Guarding

Relaxed body	0
Guarding/tense	1
Fetal position, jumps when touched	2

### F. Alleviating Factors/Relief Measure

1. Rest
2. Activity
3. Elevation
4. Heat
5. Cold
6. Medication
7. Healing Touch
8. Massage
9. Unknown
10. Other \_\_\_\_\_

Pain Scale 0-10

