

PAIN MANAGEMENT GUIDELINES[®]

Principles of Pain Management

- Pain control improves outcome
- Control to acceptable level is goal
- Pre-emptive control is optimal
- Pain must be reassessed at regular intervals
- Certain patients require individual attention.
- Involve family members when appropriate.
- Consider available treatment options
 - ◊ Cognitive-behavioral methods
 - ◊ Systemic pharmacotherapy
 - ◊ Interventional techniques
 - ◊ Physical modalities
 - ◊ Neuromodulation
 - ◊ Surgery
- Systemic pharmacotherapy is basis of acute & cancer pain management
- Unexpected pain requires reevaluation
- Revise management plan as necessary

Pharmacotherapeutic Principles

- Treat mild-moderate **somatic-nociceptive*** pain with acetaminophen or NSAID unless specific contraindication
- Add opioid for moderate-severe pain
- Add adjuvant to treat side effects or increase analgesia
- A-T-C or ER dosing for continuous pain
- Short acting opioid for breakthrough pain
- Begin treatment of mild-mod **neuropathic*** pain with TCA or SNRI and an antiepileptic
- Add opioid for mod-severe *neuropathic* pain

***Somatic-nociceptive pain:** Associated with somatic tissue damage. Aching, sharp. (e.g., post-op, traumatic)

* **Visceral- nociceptive pain:** Associated with visceral ischemia, distension, expansion. Deep aching. (e.g., myocardial infarction, labor, bowel obstruction)

* **Neuropathic pain:** Altered nerve transmission. Burning, tingling, numbing (e.g., neuropathies)

For more pain management guidelines, consults:

<http://intrahands1.umc.ufl.edu/dept/painmanagement/painmgmt.asp>

From **Pain Management Guidelines[®]**

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May 2009