

Safe and Effective Pain Management

New Multimodal Pain Management PowerPlan

Safe and Effective Pain Management Strategies—Part 2 of 4

Effective January 2019

New Multimodal PowerPlan to replace the Common Analgesics PowerPlan

The new Multimodal Pain Management PowerPlan brings an evidence-based collection of complementary practices to enhance pain management safety and effectiveness. This new PowerPlan is intended for use patients who are NOT opioid tolerant as defined by the FDA*.

The new Multimodal PowerPlan brings these significant improvements:

1. Baseline non-opioid options to reduce the dependence upon opioids for prevention and treatment.
2. Opioids are reserved for moderate-severe *breakthrough* pain (i.e., adjuncts to baseline non-opioids).
3. Tramadol is the opioid of choice, being the mildest available. **Oxycodone replaces tramadol in the alternative PowerPlan for pregnant or lactating patients or those with a seizure history.**
4. Opioids are not recommended for mild pain (now 0-4 on the functional pain scale).
5. An assortment of non-pharmacologic integrative treatments options (e.g., acupuncture; massage; art, music; pet visitation; Reiki) (based on site availability).
6. Capnography, where available.

NOTE: This PowerPlan does not replace other PowerPlans or orders that may be more appropriate for other patient types (e.g., end-of-life, ICU).

*Opioid tolerance is defined as:

The patient has been receiving daily opioids for AT LEAST the last 7 days immediately prior to this order, AND at dose AT LEAST equal to the following opioid equivalents- morphine PO 60mg/day, oxycodone PO 30mg/day, HYDROmorphone (dilaudid) PO 8mg/day .

Integrative Medicine Therapies Pain Management adjunct	
Select the consult below or any of the available therapies within the Integrative Medicine Therapy powerplan.	
<input checked="" type="checkbox"/>	Consult to Integrative Medicine Eval and Treat for Integrative Medicine Therapies: Pain Management
<input checked="" type="checkbox"/>	Integrative Medicine Therapy
FDA DEFINITION: OPIOID TOLERANT for Chronic Moderate to Severe Pain	
Patient has been receiving daily opioids for AT LEAST the last 7 days immediately prior to this order, AND at dose AT LEAST equal to the following PO 30mg/day, HYDROmorphone (Dilaudid) PO 8mg/day	
SCHEDULED NON_OPIOID Medication Pain Management	
Multimodal analgesics (at least 2 non-opioid strategies recommended in addition to prn opioids for moderate to severe pain)	
<input checked="" type="checkbox"/>	acetaminophen 650 mg, PO, Q4H, Max 4g/day
WARNING: Consider NSAID appropriateness in chronic renal insufficiency, hypovolemia, hepatic cirrhosis, and heart failure, where prostaglandin synthesis is inhibited. Consider appropriateness in patients with a history of hypertension, ischemic heart disease, stroke, or to patients who have recently undergone coronary artery bypass grafting.	
<input checked="" type="checkbox"/>	ibuprofen (Motrin) 400 mg, PO, Q6H, Give with food or milk.
<input checked="" type="checkbox"/>	celecoxib (CeleBREX) 200 mg, PO, daily, Give with food or milk.
<input checked="" type="checkbox"/>	lidocaine topical (Lidoderm 5% patch) Select an order sentence
<input checked="" type="checkbox"/>	methyl salicylate topical (Salonpas Pain Relief Patch) Not available for the facility of the active encounter
PRN NON_OPIOID Medication Pain Management	
<input checked="" type="checkbox"/>	ketorolac (Toradol) 15 mg, IV, Q6H, PRN pain, for 5 day(s)
PRN OPIOID Medication Pain Management: Oral Analgesics	
Reduce dosage by 50% in patients older than 75 y.o., or with cirrhosis, or with creatinine clearance less than 30 mL/minute.	
Moderate Pain, PO: For NON-Pregnant, NON-Lactating patients	
<input checked="" type="checkbox"/>	traMADol 50 mg, PO, Q6H, PRN, Moderate Pain (5-6). For NON-Pregnant, NON-Lactating patients. Hold if RR less than 10 and not easily aroused. If ineffective, may repeat.
Severe: Pain, PO: For NON-Pregnant, NON-Lactating patients	
<input checked="" type="checkbox"/>	traMADol 100 mg, PO, Q6H, PRN, Severe Pain (7-10). For NON-Pregnant, NON-Lactating patients. Hold if RR less than 10 and not easily aroused. If ineffective, notify provider.
PRN OPIOID Medication Pain Management: Intravenous Analgesics	
CONSIDERATIONS:	
For HYDROmorphone (Dilaudid) and morphine: consider lower dose for HIGH-RISK patients (e.g., elderly, obese, or known/suspected OSA). For morphine: not recommended for the elderly (greater than 65) or severely renally impaired (eGFR less than 30 mL/minute) patients; recommend	

Clinical Informaticists are available to help manage your PowerPlans.

Guidelines for opioid tolerant patients coming in 2019!

Detailed descriptions of the Multimodal Pain Management PowerPlan can be found at: www.sharp.com/physicians
Content is available for CME at: www.sharp.com/cmeportal

We are the stewards of safe and effective pain management.

NOVEMBER 12-18, 2018