**Comprehensive Assessment of Pain**

- **History**
  - Pain assessment - intensity, description, duration, alleviating and aggravating factors
  - Medication use – past and current, include OTC and herbal products
  - Functional assessment - effect of pain on ADLs and QOL
    - Past, present use of tobacco, alcohol, cannabis, illicit agents and prescription drugs
    - Family history of SUD
    - History of abuse (physical, emotional, sexual), PTSD
- **Physical Assessment**
- **Imaging, Labs** – if contribute to the treatment plan

**Assessment Guides Pharmacologic Therapy**

**Type of Pain**

**Somatic (nociceptive)**

- "Aching", "throbbing"
- Bone metastases, arthritis

**Neuropathic**

- "Tingling", "burning", "electrical"
- Chemotherapy-induced peripheral neuropathy, post herpetic neuropathy, nerve root compression by tumor

**Visceral**

- "Squeezing", "cramping" – diffuse, may be referred
- RUQ pain due to liver metastases with pain in upper right shoulder

**Pharmacologic Interventions**

- Non opioids
  - Acetaminophen
  - NSAIDs
- Opioids
  - (may require higher doses)
  - Adjuvant analgesics
    - Antiepileptics
    - Antidepressants
    - Corticosteroids
    - Local anesthetics

**Pharmacologic Management: Non Opioids**

- Acetaminophen
  - Antipyretic and analgesics but not anti-inflammatory
  - Hepatic toxicity at doses ≥ 2000-3000 mg per day
  - Educate regarding acetaminophen content in many OTC medications, e.g., sleep, cough, allergy, others.

- NSAIDs
  - NSAIDs are antipyretic, analgesic, and anti-inflammatory
  - Toxicities include GI bleed, acute kidney injury and stroke/MI, particularly in those with risk factors

**Pharmacologic Management: Opioids**

- For moderate to severe pain (and anyone with a serious illness with mild to moderate pain where NSAIDs and acetaminophen use limited)

- When converting between opioids or from one route to another:
  - **DRUG**
  - **IV/SQ**
  - **ORAL**
  - **Peak effect**: helps guide re-dosing and time activity to maximum effect

**Pharmacologic Management: Adjuvant Agents**

- Gabapentinoids - toxicity reported with chronic kidney disease or worsening acute renal failure
  - Renal dosing - If patient already on gabapentin or pregabalin for existing pain, dose reduce if CrCl/C < 60
  - Hepatic dosing – no adjustments warranted
- Duloxetine
  - Renal dosing - If patient already on duloxetine, decrease dose if CrCl/C < 90, avoid use or stop if ≤ 30
  - Hepatic dosing – avoid if pt with liver disease (Child-Pugh Class A, B, C)
- Corticosteroids
- Local anesthetics

**Guides for dosing opioids:**

- When increasing an opioid dose: increase by 25-50% for mild to moderate pain and 50-100% for severe pain
- When rotating opioids, find the equianalgesic dose and decrease by 25-50% to account for incomplete tolerance
- The oral breakthrough dose should be 10-20% of the 24 hour extended-release dose

**Nonpharmacologic Management**

- Physical measures
  - Physical therapy, occupational therapy, recreational therapy, orthotics, heat/cold, ultrasound
- Integrative therapies
  - Acupuncture, music, tai chi, yoga
- Interventional therapies
  - Nerve blocks, kyphoplasty/vertebroplasty, neuraxial infusions
- Psychological approaches
  - Cognitive-behavioral therapies, mindfulness, guided imagery, relaxation
- Neuro-stimulatory techniques
  - TENS, spinal cord stimulation, peripheral nerve stimulation

**References:**


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