Acute Pain Prescribing Guidelines

A companion to Ohio’s Guidelines for the Management of Acute Pain Outside of Emergency Departments

These guidelines are to be used as a clinical tool, but they do not replace clinician judgment.

Patient Presents with Acute Pain

1. Pain Assessment:
   - Medical history and physical examination, including pregnancy status
   - Location, intensity, severity; and associated symptoms
   - Quality of pain (somatic, visceral or neuropathic)
   - Psychological factors, personal/family history of addiction

2. Develop a Plan:
   - Educate patient and family and negotiate goals of treatment
   - Discuss risks/benefits of non-pharmacologic & pharmacologic therapies
   - Set patient expectations for the degree and the duration of the pain

   GOAL: Improvement of function to baseline as opposed to complete resolution of pain

Non-Pharmacologic Treatment

- Ice, heat, positioning, bracing, wrapping, splints, stretching
- Massage therapy, tactile stimulation, acupuncture/acupressure, chiropractic adjustment, osteopathic neuromusculoskeletal medicine
- Biofeedback
- Directed exercise such as physical therapy

Non-Opioid Pharmacologic Treatment

<table>
<thead>
<tr>
<th>Role in Therapy</th>
<th>Somatic (Sharp or Stabbing)</th>
<th>Visceral (Ache or Pressure)</th>
<th>Neuropathic (Burning or Tingling)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line</td>
<td>Acetaminophen, NSAIDs, Corticosteroids</td>
<td>Gabapentin/pregabalin/TCAs/SNRIs</td>
<td></td>
</tr>
<tr>
<td>Alternatives</td>
<td>Gabapentin/pregabalin, skeletal muscle relaxants, SSRIs/SNRIs/TCAs</td>
<td>SNRIs/TCAs, dicyclomine</td>
<td>Anti-epileptics, baclofen, bupropion, low-concentration capsaicin, SSRIs, topical lidocaine</td>
</tr>
</tbody>
</table>

Opioid Pharmacologic Treatment

For All Opioids:

- Complete risk screening (e.g. age, pregnancy, high-risk psychosocial environment, personal/family history of substance use disorder).
- Provide the patient with the least potent opioid to effectively manage pain (e.g. APAP/codeine instead of oxycodone). Refer to Morphine Equivalence Table.
- Prescribe the minimum quantity needed with no refills.
- Consider checking OARRS for all patients who will receive an opioid prescription. (OARRS report is required for most prescriptions of 7 days or more.)
- Avoid prescribing long-acting opioids for acute pain (e.g. methadone, oxycodone).
- Use caution when prescribing opioids with patients on benzodiazepines and sedative-hypnotics or patients known to use alcohol.
- Discuss how to safely and effectively wean patient off opioid medication.
- Remind that it is unsafe and unlawful to give away or sell their opioids.
- Discuss proper storage and disposal of opioid medications.
- Coordinate care and communication of complex patients with other clinicians.

Morphine Equivalence Table

<table>
<thead>
<tr>
<th>Opioid Naive: Morphine Equivalence*</th>
<th>Notable NSAIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Potent</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine sublinguam 42:1</td>
<td>Meloxicam 0.67:1</td>
</tr>
<tr>
<td>Hydromorphone PO 4:1</td>
<td>Diclofenac 0.2:1</td>
</tr>
<tr>
<td>Oxymorphone 3:1</td>
<td>Celecoxib 0.1:1</td>
</tr>
<tr>
<td>Hydrocodone 1:1</td>
<td></td>
</tr>
</tbody>
</table>

| Morphine 1:1                       |               |
| Meloxicam 0.67:1                   |               |
| Diclofenac 0.2:1                   |               |
| Codeine 0.15:1                     |               |
| Tramadol 0.1:1                     |               |

| Least Potent                       |               |
|                                   |               |

14 Days (Key Checkpoint)

Reassess patient within an appropriate time NOT exceeding 14 days

If pain is unresolved, reassess:

- Pain, consider standardized tool (e.g. Oswestry Disability Index for back pain)
- Treatment method
- Context and reason for continued pain
- Additional treatment options, including consultation

Six Weeks (Key Checkpoint)

- If pain is unresolved:
  - Repeat the prior step
  - Refer to Chronic Pain Guideline

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