Management of Opioid Side Effects

**Please note:** Adverse events can occur even when the dose and level of sedation are minimal.

**CAUTION:** Use a different analgesic for pain control. Check EKG for baseline QTc. Consider requesting a pain or palliative care consult PRN.

** additive:** All opiates have a potential for addiction and abuse. Hallmarks include 1) compulsive use 2) loss of control 3) use despite harm 4) craving.

** Sedation:** Monitoring the patient’s sedation level is the most effective way to prevent opioid-induced respiratory depression.

**NOTE:** sedation may occur even before a drop in respiratory rate.

**Respiratory Depression (Opioid-induced ventilatory impairment)**

Use extreme caution when using opioids in patients with BMI > 40, impaired ventilation, bronchial asthma, other cardiopulmonary disease and increased intracranial pressure. It patients with sleep apnea, airflow obstruction can occur even when the dose and level of sedation are minimal.

Regularly monitor level of sedation and respiratory status. Stop opioid and administer naloxone if patient is minimally responsive or unresponsive (and consider calling RRT). Titrate naloxone carefully to avoid profound withdrawal and severe pain.

**Naloxone:** Initial dose of 0.4-8 mg per 10mL of normal saline given as 1mL by IV push every 1-2 minutes.

**METHADONE PATIENTS**

Methadone maintenance patients do feel pain. Once maintenance dose has been verified, suggest splitting dose (ex: MMTP 100mg daily instead order methadone 25mg PO q6h schedule while inpatient). Once discharged home, patient should resume MMTP daily dose with NO methadone RX for pain.

Use a different analgesic for pain control. Check EKG for baseline QTc. Consider requesting a pain or palliative care consult PRN.

**ADDICTION**

Key Points to Remember:

- ALWAYS check ISTOP
- **Management of Opioid Side Effects**
- **Nausea/Vomiting**
- **Pruritus**

**Pain Management Pocket Card**

This card is only a tool and should be used as a guide for the management of pain in hospitalized patients. Always consult pain management if you have any questions or concerns.

**Palliatives Care Consult**

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**Pruritus:**

Hydroxyzine: 25-50mg PO q4-6h PRN

Benadryl: 25-50mg PO q4-6h PRN

Would NOT recommend IV Push / IM / SQ hydrosxyzine or Benadryl!

**Not all patient will require opiates RX on discharge and IF indicated should not be prescribed for pain.**

**Note:** Palliative care consult service #17499

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### MILD PAIN: Pain Scale Rating: 1-3

**Pharmacological Intervention:**

- Non-Narcotic Analgesics
- NSAIDs
- Acetaminophen
- Non-steroidal anti-inflammatory drugs (NSAIDs)

**Side Effects/Cautions:**

- Decreased platelet aggregation
- Increased risk of GI ulceration,
- Limited by impaired renal function
- Use caution in liver diseases and known ethanol intake

**Examples of Analgesic Choices:**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Dose</th>
<th>Average Dose</th>
<th>Max Dose</th>
<th>Dosage Interval</th>
<th>Side Effects/Cautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>650-650 mg</td>
<td>650-650 mg</td>
<td>650-650 mg</td>
<td>650-650 mg</td>
<td>Decreased platelet aggregation, increased risk of GI ulceration, limited by impaired renal function, use caution in liver diseases and known ethanol intake</td>
</tr>
</tbody>
</table>

**Consideration:**

- If pain is on the lower end of the scale, start with a lower dose.
- Consider initiating non-pharmacologic strategies.

### SEVERE PAIN: Pain Scale Rating: 7-10

**Pharmacological Intervention:**

- Opioids
- Other analgesics

**Side Effects/Cautions:**

- Decreased platelet aggregation
- Increased risk of GI ulceration
- Limited by impaired renal function
- Use caution in liver diseases

**Examples of Analgesic Choices:**

<table>
<thead>
<tr>
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<th>Dose</th>
<th>Average Dose</th>
<th>Max Dose</th>
<th>Dosage Interval</th>
<th>Side Effects/Cautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodone</td>
<td>1.5-20 mg</td>
<td>20 mg</td>
<td>40 mg</td>
<td>4-6 hr</td>
<td>Decreased platelet aggregation, increased risk of GI ulceration, limited by impaired renal function, use caution in liver diseases</td>
</tr>
</tbody>
</table>

**Consideration:**

- If pain is on the lower end of the scale, start with a lower dose.
- Consider initiating non-pharmacologic strategies.

### NONPHARMACOLOGICAL INTERVENTION:

- Lifestyle modifications
- Physical therapy
- Relaxation techniques

**Consideration:**

- Consider initiating non-pharmacologic strategies.
- Consider consulting the pain team.