

## Pain Assessment Algorithm - Step Two

- Location of pain (See *Pain Assessment Form* in *Appendix*)
- Quality of pain (dull, sharp, aching, shooting)
- Intensity of pain (pain rating using 0-10 scale)
- Aggravating factors (things that bring on or make pain worse)
- Alleviating factors (things that diminish pain or make it better)
- Associated symptoms? - nausea, anorexia, sleep disturbance (See *associated algorithms*) Is there a need to increase bowel regimen?
- Liver or renal dysfunction? (*Physician-Nurse consultation*)
- Past history of gastritis or recent GI bleeding?
- Has progression of disease been addressed? Would patient benefit from initiation of steroids?
- Are spiritual and psychosocial needs being addressed? (See *Spiritual and Psychosocial Assessment Guidelines*)
- Are there physician attitude barriers or knowledge/skill issues to address?
- Document *QOL Score* (See *Appendix*)
- Are cultural barriers present? (See *Cultural Sensitivity Guidelines*)
- Document stage of disease and functional status (See *Appendix*)

Notify physician that the therapy is advancing to *Step Two* of the *Pain Management Algorithm*

Implement appropriate non-pharmacologic interventions

Physician-Nurse-Pharmacist consultation if pain rating is consistently  $\geq 5$  on a scale of 0 - 10 for greater than 24 hours in spite of repeated upward titrations. Consider advancing to *Step Three* (See *Pearls for Analgesic Titration* in *Appendix*)

### Non-Pharmacologic Interventions

- Positioning of patient for comfort (hospital bed in home, eggcrate mattress, alternating pressure mattress)
- Support affected painful area
- Hot and cold applications
- Would patient benefit from OT/PT or dietician consultation?
- Consider other home assistance devices
- Teach visualization, self-hypnosis
- Music therapy
- Pet therapy
- Massage
- Humor
- Meditation
- Relaxation techniques
- Water therapy
- TENS unit
- Biofeedback
- Acupressure
- Acupuncture
- Aromatherapy
- Therapeutic touch
- Educate patient and family regarding treatment options, medications and anticipated effects

# Pain Treatment Algorithm-Step Two

(Moderate to Severe Pain - Pain Scale 4 - 6)

- Hydrocodone 5 mg/APAP 500 mg: 1 - 2 tabs Q 4 hours (*MDD 8 tabs*)
- Oxycodone 5 mg (*tab or liquid*) PO Q 6 hours ATC
- Oxycodone CR (Oxycontin) 10 - 20 mg RS Q 12 hours ATC
- Fentanyl patch 25 µg/hour Q 72 hours (*MDD limited by skin surface area and effectiveness*)
- Will need breakthrough medication with fentanyl patch.  
Suggested breakthrough medications: oxycodone 5 - 10 mg Q 4-6 hours; oxycodone (20 mg/mL) 10 mg PO Q 12 hours; fentanyl oralet (10 - 15 µg/kg/dose) 200 - 1600 µg/day

Titrate analgesic up or down based on pain assessment and continue non-opioid started in *Step One*. Continue adjuvants or add adjuvants as needed. Consult *Adjuvant Medication Guide in Appendix*.

Relief

Partial Relief or No Relief

Continue medications. Reassess at regular intervals. Titrate as necessary to maintain pain control and minimize side effects

Assess:

- Appropriate dosing schedule
- Patient adherence with ATC dosing
- Need for upward titration
- Need for change to different opioid
- Assess need for adjuvant medications (*See Adjuvant Medication Guide in Appendix*)
- Does patient need GI prophylaxis?
- Is bowel protocol in place? (*See GI, GERD, Bowel Algorithm if indicated*)

No Relief

Continue medications and reassess at regular intervals

Proceed to *Pain Algorithm Step Three*; notify the physician that the treatment is advancing to next level