PRESCRIBING SUGGESTIONS FOR OPIOIDS:

Initial dosage of strong opioid in opioid-naïve patient:

- Fit patient: Morphine 5-10mg po q4h or equivalent
- Frail patient: Morphine 2.5-5mg q4h po or equivalent
- Thereafter titrate to pain relief or unacceptable side effects

Dosage of strong opioid in patients already on opioids:

- ⓾ If patients are on weak opioids (i.e. Tylenol #3, Percocet), they are not opioid-naïve!
- Determine starting dose of strong opiod by using equianalgesic tables
- Whenever you rotate (change) opioids, decrease the calculated dose of the new opioid by ~30% (incomplete cross tolerance)

Regular (standing) laxative order:

- Senokot, one bid to six bid **and/or**
- Lactulose, 15-45 ml od to tid
- *Stool softener may be added, but not used alone

Tylenol #1 = 8 mg Codeine + 300mg Acetaminophen
Tylenol # 2 = 15 mg Codeine + 300mg Acetaminophen
Tylenol # 3 = 30 mg Codeine + 300mg Acetaminophen
Tylenol # 4 = 60mg Codeine + 300mg Acetaminophen
Percocet = 5mg Oxycodone + 325mg Acetaminophen

Antiemetic order:

- Metoclopramide (Maxeran), 5-10 mg po/iv/sc tid-gid or Domperidone, 10-20 mg po tid-qid prn
- Haloperidol (Haldol), 1mg po/0.5mg iv/sc q4h prn
- Prochlorperazine (Stemetil), 10 mg po/iv/pr q 6h prn
- Dimenhydrinate (Gravol), 50-100 mg po/iv/pr/ q4h prn

ADJUVANT ANALGESICS:

Add an adjuvant analgesic:

- that is appropriate to the pain syndrome and mechanism
- early
- at any step of the WHO ladder

Neuropathic Pain Adjuvants	Bone Pain Adjuvants	Visceral Pain Adjuvants
Anticonvulsants	NSAID's	Somatostatin (Octreotide)
Antidepressants	Corticosteroids	Hyoscine Butylbromide (Buscopan)
NMDA antagonists (Ketamine, Dextromethorphan)	Bisphosphonates	Hyoscine Hydrobromide (Scopolamine)
Local anesthetics (Mexilitene, Lidocaine)		Corticosteroids
Corticosteroids		
Topical agents (Capsaicin)		

Neuropathic Pain: anticonvulsants

Gabapentin

- start with 300 mg hs for 1-3 days, then 300 mg bid for 1-3 days, then 300 mg tid and assess
- may go up to 3600 mg/ day
- in elderly and frail patients start with 100 mg dose and titrate
- in renal failure follow decreased dosing recommendations in CPS

Pregabalin

- start with 50-75 mg bid, titrate weekly up to maximum 300 mg bid
- in elderly and frail start with 25 mg bid
- in renal failure follow decreased dosing recommendations in CPS

Carbamezapine

Valproic acid

Neuropathic Pain: antidepressants

Amitriptyline

- start with 10mg hs in frail, 25mg hs in fit
- titrate every 3 -5 days by 10 - 25 mg increments
- usually little additional benefit above 100 mg per day

Nortriptyline

- less sedation
- less cardiotoxic
- dosing as for amitriptyline

Visceral Pain:

Somatostatin (Octreotide)

- ⓾ 100µg sc bid to 500µg sc tid, or continuous sc infusion

Hyoscine Butylbromide (Buscopan)

- 20 mg po/sc q4h prn, or cont. sc infusion
- maximum 120 mg /day

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