MUHC Adult Pain Program Information

Adult Pain Consultation Algorithm

- **Patient presents with pain symptoms:**
  - **Contact primary MD department and activate MUHC “Assessment and Management of Pain Algorithm” (next page) and follow it for 24-48 hours.**

- **Has the pain problem resolved?**
  - **YES:**
    - **Pain problem resolved, no action needed.**
  - **NO:**
    - **Will the patient be discharged?**
      - **NO:**
        - **Is the patient an urgent or emergent candidate for any procedure listed at the left?**
          - **YES:**
            - **Diagnosis accepted by Interventional Radiology:***
              - Radiculopathy
              - Synovial Stenosis
              - Facet Syndrome
              - Compression Fracture
              - Joint Infection
              - Shoulder Adhesive Capsulitis
            - **Procedures Available via Interventional Radiology:***
              - Nerve Block
              - Epidural Block
              - Facet Block
              - Vertebroplasty
              - Intrathecal Aspirations
              - Destructive Arthrograph
            - **Contact the intervention radiology coordinator:***
              - Weekdays 9:00 to 10:00
              - Phone: 40212
              - Fax: 514-934-0409

      - **NO:**
        - **Is the patient an urgent or emergent candidate for any procedure listed at the left?**
          - **YES:**
            - **Contact the CPSCS Palliative care MD on call.**
          - **NO:**
            - **Is the pain related to CANCER?**
              - **YES:**
                - **Contact the CPSCS Palliative care MD on call.**
              - **NO:**
                - **Is the pain ACUTE?**
                  - **YES:**
                    - **Contact the CPSCS Palliative care MD on call.**
                  - **NO:**
                    - **Contact the CPSCS Palliative care MD on call.**

- **Hospitalized Patient**
  - **Patient must be admitted to an inpatient unit. Once admitted, contact CPSCS:**
    - **Weekdays 8:00 – 16:00:**
      - **MGH RN specialty:** 43657
      - **MGH MD specialty:** 43601
      - **RivH-Glen RN specialty:** 23675
      - **RivH-Glen MD specialty:** 37606

- **End**

**Legend:**
- **Acute Pain issues:**
  - APCS (Adult Pain Consult Service)
  - SPCS (Supportive and Palliative Care Consult Service)
- **Chronic Pain issues:**
  - CPSC (Chronic Pain Consult Service)
  - MNF-P (Pain Clinic MNI - Nerve blocks only)
  - Genriat (Geriatric Outpatient Clinic)

[Additional information and contact details are provided on the diagram.]
Pain Services in the MUHC Telephone Book:

Look for the torch icon ( ) on the desktop of any networked computer at the MUHC. Type “pain” or “douleur” in the “Chercher / Search for:” box and press “Enter”.

MUHC drug formulary: found on the MUHC intranet. Look for the shield icon ( ) on the desktop of any networked computer at the MUHC.

Click on “Drug Formularies” in the “Pharmacy and Therapeutics Committee” section (on the left). This will take you to the Lexicomp site. Look for the “MUHC Adult Drug Formulary” section on the left.

Safe Opioid Prescribing Guidelines: click “Charts/Special Topics”, then click “MUHC Opioid Therapy Guidelines”

Table 1: Opioids comparative table
WARNING: Equianalgesic doses are approximate and mostly based on single dose studies. When switching opioids, start with 50% to 75% of the proposed equianalgesic dose of the new opioid to compensate for incomplete cross-tolerance and individual variation, particularly if the patient has controlled pain.

<table>
<thead>
<tr>
<th>DRUG</th>
<th>Equianalgesic dose</th>
<th>Onset of action</th>
<th>Peak of action</th>
<th>Duration of action</th>
<th>Starting dose in opioid-naive patients</th>
<th>Starting dose in opioid-maintenance patients with 50% risk factor (Adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine</td>
<td>5 mg 10 mg</td>
<td>SC IV PO</td>
<td>IV SC PO</td>
<td>SC IV PO</td>
<td>2.5 mg SC IV 5 mg PO</td>
<td>5 mg SC IV 10 mg PO</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>1 mg 2 mg</td>
<td>PO</td>
<td>IV SC PO</td>
<td>SC IV PO</td>
<td>6 mg SC IV 4 mg PO</td>
<td>1 mg SC IV 2 mg PO</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>50 mcg N/A</td>
<td>IV SC PO</td>
<td>IV SC PO</td>
<td>SC IV PO</td>
<td>25 mcg SC IV 50 mg SC IV</td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
<td>N/A 100 mg</td>
<td>(30-60 min)</td>
<td>PO</td>
<td>(4-6 hrs)</td>
<td>30 mg PO 60 mg</td>
<td></td>
</tr>
<tr>
<td>Oxycodone</td>
<td>7.5 mg</td>
<td>IV SC: N/A (15 min)</td>
<td>IV SC: N/A (30-60 min)</td>
<td>N/A (5-6 hrs)</td>
<td>5 mg PO 7.5 mg</td>
<td></td>
</tr>
</tbody>
</table>

*Opioid-naive: patients not previously on opioids or who have been receiving opioids for less than 7 days.
For transdermal patches, equianalgesic doses refer to palliative care or pharmacy.
Renal failure: all the above opioids except fentanyl produce metabolites, which can accumulate. Dosing interval should be increased by approximately 50%.
Liver failure: most opioids may have decreased clearance, however no specific dose adjustments can be recommended.

Useful web links:
Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (2010)
http://nationalpaincentre.mcmaster.ca/opioid/
Management of Postoperative Pain: A Clinical Practice Guideline
Pharmacological management of chronic neuropathic pain: revised consensus statement from the Canadian Pain Society (click the “Full Text” icon on the top-right of the page from a MUHC computer)

Adult Pain Electives at the MUHC:
Adult Acute Pain: E-mail lynne.bourassa@muhc.mcgill.ca
Adult Chronic/Cancer Pain: E-mail brian.bradley@muhc.mcgill.ca or dale.bradley@muhc.mcgill.ca