Pain Quick Tips for MUHC Anesthesia Residents and Fellows - Adult-Sites

- Interviewing patients about their pain medications can be challenging. Use your DSQ (Dossier santé Québec) USB key to improve accuracy of analgesic information-gathering.
- Familiarize yourself with the one-pagers (MUHC resident adult and pediatric pain resources).
- Familiarize yourself with MUHC site-specific pain colleagues. They will be valuable allies for you.
- Watch the MUHC Intranet videos on how to complete the MUHC PCA, Epidural, CPNB and co-analgesic/side effect pre-printed orders located on in the "Pain" section of the "Clinical Policies and Procedures-Diagnostic Tests-Examinations page of the MUHC Intranet (http://www.emuhc.muhc.mcgill.ca/?q=clinical_care/adult_reference/therapeutic_practices_diagnostic_tests)
- When receiving calls about pain or pain consults; remember to use the SBAR communication tool (Situation, Background, Actions, Response). Check if this is *acute*, *chronic* or *cancer* related pain. Make sure you get the name, MRN and location of the patient and clarify with whom you are speaking and how to reach them.
- With any new pain consult, you are expected to assess the patient in person even if you provide verbal orders on a certain therapeutic modality/plan. Your consult/visit assessment, impression and plan must be documented on an MUHC consult form or on patient notes in the inpatient file.
- Monday through Friday, if a pain consult was not completed on evening or night call or a pain issue needs follow up, please leave a message on the site-specific pain nurse voice mail.
- Review all pain consults/post-surgical pain decisions with your staff. Pain assessment and management is as much an art as it is a science. There is ***no magic bullet*** available that will cure pain in all patients. Like antibiotic treatment, analgesic treatment should be tailored for the specific person and situation.
- If a patient comes to hospital/surgery on chronic pain medications, in the majority of cases ***always*** continue them. You will need to add more to control whatever additional pain they are having. Your post-surgical orders should read: "Anesthesia/Pain service suggests WHILE ON and OFF X modality (Epidural/PCA and /or CPNB) continue X short- or long-acting opioid". If you do not adhere to this prescribing strategy, once the modality is discontinued, the short- or long-acting opioid will ***also*** be discontinued by MUHC Pharmacy thus putting the patient at risk of withdrawal symptoms.

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- NSAIDS and epidurals – see MUHC guidelines located on the MUHC Intranet (http://www.emuhc.muhc.mcgill.ca/sites/default/files/ad_Anticoagulation_Guidelines.pdf). **Bottom line**: only COX 2 – (only Celebrex available at MUHC) permissible with epidural in situ.
- Opioid titration endpoints are either 1) analgesia or 2) intractable side effects. *Avoid* ordering opioid dose ranges greater than or equal to 50% (e.g. ***can*** prescribe Morphine 5-7.5 mg SC q4hr prn, but ***not*** Morphine 5-10 mg SC q4hr prn). Refer to MUHC opioid equi-analgesic table for dose, route, frequency and initial starting doses in opioid naïve patients with or without risk factors. MUHC pain colleagues in acute, chronic and cancer pain, along with MUHC pharmacists are available to discuss multimodal analgesic strategies and opioid rotations.
- If starting a sustained-release opioid (x- contin) for the first time, please limit its use in the acute post- surgical/trauma phase of hospitalization. This may avoid the patient being discharged home and needing to be weaned off.
- Review the MUHC Naloxone (Narcan) policy and procedure. It can be found on the MUHC intranet (http://www.emuhc.muhc.mcgill.ca/sites/default/files/adult_medication_administration_policy_IV_Naloxone.pdf)
- Avoid Lidocaine 2% "epidural top-ups" on units unless you are prepared to remain on the unit to monitor the patient for the next hour. Nurse-to-patient ratios on units do not permit the nurse to remain with a patient to monitor potential hypotension associated with such a top-up.
- Monday through Friday, the majority of patients with an epidural, PCA and/or CPNB will have been seen on days by the Acute Pain Service nurse/team member. If you are unclear about the plan for the patient, please refer to their notes. These may be either handwritten or typed depending on which site you are on.
- If you change pain management plans, document your actions and communicate with the Acute Pain nurse before leaving the hospital.