

COMMON OTC MEDS AND NSAIDS

| NAME | DOSE | INTERVAL | MAX. DAILY DOSE |
|---------------|------------|----------|-----------------|
| ASPIRIN | 325-1000MG | 4-6 HRS. | 4000MG |
| ACETAMINOPHEN | 500-1000 | 4-6 | 4000 |
| IBUPROFEN | 1000-1500 | 12 | 2400-3200 |
| NAPROXYN | 250-500 | 6-12 | 750-1250 |
| CELEBREX | 100-200 | 12-24 | 400 |

COMMON OPIOIDS

| | | |
|------------------------------|--------|----------|
| CODEINE | 130 MG | 3-4 HRS. |
| MORPHINE | 30-60 | 3-4 |
| MEPERIDINE (DEMEROL) | 300 | 2-3 |
| HYDROMORPHONE (DILAUDID) | 7.5 | 3-4 |
| METHADONE | 20 | 6-8 |
| OXYCODONE | 20 | 3-4 |
| TRAMADOL | 100 | 2-4 HRS. |
| FENTANYL TRANSDERMAL PATCHES | | |

ADJUVANTS

MUSCLE RELAXANTS

ANTIDEPRESSANTS

ANTICONVULSANTS

NERVE BLOCKS AND EPIDURAL STEROID INJECTIONS

ACUPUNCTURE , SELF-HYPNOSIS

PHYSICAL THERAPY, EXERCISE, STRETCHING, MASSAGE AND OCCUPATIONAL
THERAPY, HEAT AND/OR ICE

MANAGING PAIN

- 1. AN ACCURATE HISTORY IS ESSENTIAL. A CALM APPRAISAL OF THE CHARACTERISTICS OF THE PAIN IS ESSENTIAL TO THE DIAGNOSIS AND PROMPT TREATMENT OF THE PAIN.**
- 2. REMEMBER THAT EMOTIONAL AND PSYCHOLOGICAL FACTORS MAY INFLUENCE THE PERCEPTION OF THE PAIN.**
- 3. TREATMENT WILL DEPEND ON THE DEGREE OF PAIN AS NOTED IN THE PAIN SCALE.**
- 4. A REASONABLE DOSE OF ANALGESICS WILL BE GIVEN BASED ON YOUR AGE, BODY SIZE, AND REPEATED PROMPTLY IF THE INITIAL DOSE IS INEFFECTIVE AND AGAIN IF PAIN RECURS.**
- 5. OPIOIDS ARE THE MOST EFFECTIVE AND MAY BE MORE EFFECTIVE IN SMALLER DOSES IF COMBINED WITH OTHER MEDICATION.**
- 6. TREATMENT IS BASED ON THE PATIENT'S PERCEPTION OF PAIN RELIEF. PATIENTS SHOULD BE QUESTIONED ABOUT THE CURRENT TREATMENT IN RELATION TO THE SUCCESS OR FAILURE OF PREVIOUS PAIN TREATMENT.**
- 7. ADJUVANT MEDICATIONS, PROCEDURES OR TECHNIQUES SHOULD BE CONSIDERED IN DEALING WITH NEUROPATHIC PAIN OR WHERE ADEQUATE DOSES OF OPIOD DRUGS HAVE PROVEN INEFFECTIVE.**