

PAIN INFORMATION

- Vital signs are not always reliable indicators of the intensity of patient's pain.
- Patient's self report is the single most reliable indicator of pain.
- Patients may sleep in spite of severe pain.
- Respiratory depression rarely occurs in patients who have been receiving stable doses of opioids over a period of months.

- ☑ **Use multimodal approach in managing pain which means combining analgesics that work by different mechanisms (e.g. combining opioid with an NSAID) may result in better pain control with fewer side effects than using a single analgesic agent.**

- ☑ **Elderly patients can tolerate opioids for pain relief.**

✚ Every tablet of Regular Strength Vicodin (Hydrocodone 5 mg + Acetaminophen 500 mg) p.o. is approximately equal to 10 mg of Morphine p.o.

✚ Morphine 10 mg IV q 4h = Morphine 30 mg p.o. q 4h

✚ The time to have the peak effect of Morphine given IV is 15 minutes

✚ Always have a stool softener ordered when patients is taking opioids i.e. Morphine

- MDs are urged to stop ordering Hydrocodone 5 mg/acetaminophen 500 mg (i.e. Vicodin) Tablets!
- Hydrocodone/acetaminophen products containing more than 325 mg of acetaminophen, per dosage unit are being phased out due to the U.S. Food and Drug Administration (FDA) Drug Safety initiative to help reduce the risk of severe liver injury associated with excessive acetaminophen use.
- KP is nearing depletion of supplies of hydrocodone 5 mg/acetaminophen 500 mg tablets. Instead MDs should prescribe GENERIC hydrocodone/acetaminophen products containing acetaminophen 325 mg, such as the 5 mg/325 mg, 7.5 mg/325 mg or the 10 mg /325 mg strength tablets (i.e. the generics for Norco)

Did you remember the anonymous survey that you completed last May-June? City of Hope Hospital uses that reliable and valid tool to assess their staff nurses Knowledge and Attitudes regarding pain management. in general.

NSU mean score is 69%

Strategies we have implemented since then:

- ☑ Pain champion training
- ☑ Pain management inservice at the Annual Update
- ☑ Biweekly Pain huddle points
- ☑ Quarterly Pain newsletter – 1st issue will be out in October
- ☑ Daily monitoring of pain assessment/reassessment, POC and PEP
- ☑ Patient interviews

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From: HealthConnect Message Center

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