



WHO Pain Ladder¹ with Pain Management Guidelines²⁻³

STEP 3: Severe Pain (7-10/10)

- Regular dosing of stronger opioids – use long acting in combination with short acting:
 - Fentanyl – injection or transdermal patch (use patch only with stable chronic pain), i.e. Sublimaze, Duragesic
 - Hydromorphone – five times the strength of Morphine. Short and long versions, i.e. Dilaudid
 - Methadone – if can't tolerate others or if doesn't respond to others, i.e. Dolophine
 - Morphine – short and long acting versions, i.e. Statex, Epimorph, MS Contin
- +/- Adjuvant (tricyclic antidepressants, anticonvulsants, corticosteroids, NSAIDS)

Once the person is consuming the maximum dose of short acting Codeine or Oxycodone and is still experiencing pain, proceed to step 3

STEP 2: Moderate Pain (4-6/10)

- Regular dosing of opioids, i.e.:
 - Oxycodone – upper limit imposed by virtue of it being combined with acetaminophen or ASA, i.e. OxyContin, Percocet, Percodan, Supeudol
 - Codeine – upper limit imposed by virtue of it being dispensed in combination with acetaminophen or ASA, i.e. Tylenol #1-4
- +/- Adjuvants (tricyclic antidepressants, anticonvulsants, corticosteroids, NSAIDS)

Once the person is consuming the maximum dose of non-opioid analgesics and is still experiencing pain, proceed to step 2

STEP 1: Mild Pain (1-3/10)

- Regular dosing of non-opioid analgesics, i.e.:
 - Salicylates (i.e. Aspirin, ASA 650mg q4-6h)
 - Acetaminophen (i.e. Tylenol, Acephen, Atasol, Temptra - ceiling dose based on age)
 - Non-Steroidal Anti-Inflammatory drugs (NSAIDS, i.e. Ibuprofen 200-600mg TID-QID, Indomethacin 25-50mg TID, Voltaren 25-50mg TID, Arthrotec i tab BID/TID, Celecoxib 100mg BID or 200mg OD, Mobicox 7.5-15mg OD)
- Have a ceiling effect and greatest risk of adverse side effects, primarily gastro-intestinal

NOTE: re pharmacological interventions decision making, you must take into consideration the goals and expectations of the person +/- their family, the type of pain, the etiology of the pain, the condition of the client, concurrent medical conditions, and response to prior or present medications, cost to the person. You must also choose an appropriate starting dose based on the severity of the pain, the age and condition of the person, and the particular properties of the medication. You must determine the dosing schedule based on the timing and duration of the pain, determine the particular drug preparation to be used based on the severity of the pain, and choose the appropriate route of administration based on person needs. You must also determine an evaluation process to measure the efficacy of interventions and determine a plan for titration based on particular medication properties.