

Acute Pain Management for Trauma Patients

1. Initiate standard opioid regimen for most patients. Individualize medications and doses as needed.
 - Select an IV option if needed:
 - Fentanyl 50 mcg IV q15 minutes PRN severe breakthrough pain for ICU patients (see below for further recs for ICU patients)
 - Morphine 4 mg IV q4h PRN severe breakthrough pain for floor patients
 - Dilaudid 0.5 mg IV q4h PRN severe breakthrough pain for floor patients with an allergy to morphine
 - Select 1-2 oral options if able to take oral meds
 - Oxycodone 10 mg po q4h PRN severe pain
 - Oxycodone 5 mg po q4h PRN moderate pain
2. Add appropriate adjuncts to minimize opioid requirements. Individualize medications and doses as needed.
 - Acetaminophen 1000 mg PO/IV q8h (PO preferred if able to take oral meds)
 - Robaxin 1000 mg PO/IV q8h (PO preferred if able to take oral meds)
 - Toradol 30 mg IV q6h (max 5 days duration), avoid if bleeding or AKI
 - Ibuprofen 600 mg po q6h PRN mild pain (do not use with Toradol, avoid if bleeding or AKI)
 - Gabapentin 300 mg TID (requires renal dose adjustment)
3. Consider PCA pump if pain is uncontrolled on the above regimen or on admission for patients with severe injuries who likely to experience high levels of pain
 - Morphine PCA is preferred, Dilaudid PCA may also be considered
 - Discontinue all other opioids when starting PCA
 - Avoid continuous rates on PCA pumps (Comfort Care is an exception)
 - To wean off the PCA:
 - Ensure Adjuncts are optimized
 - Determine the amount of opioid used in the previous 24 hours
 - If > 50 mg morphine equivalents, consider an OXY ER taper
 - If <50 mg morphine equivalents, transition to above opioid regimen
4. ICU patients with uncontrolled or severe pain
 - Optimize adjuncts
 - Consider fentanyl continuous infusion with intermittent boluses as needed (caution if not intubated). Once pain is controlled, transition to PRN regimen and considered a taper of scheduled OXY (IR if intubated, ER if not intubated)
 - Consider ketamine infusion to minimize opioid requirements
5. Wean pain medications as soon as possible. Start with IV opioids, then oral opioids, then adjuncts.