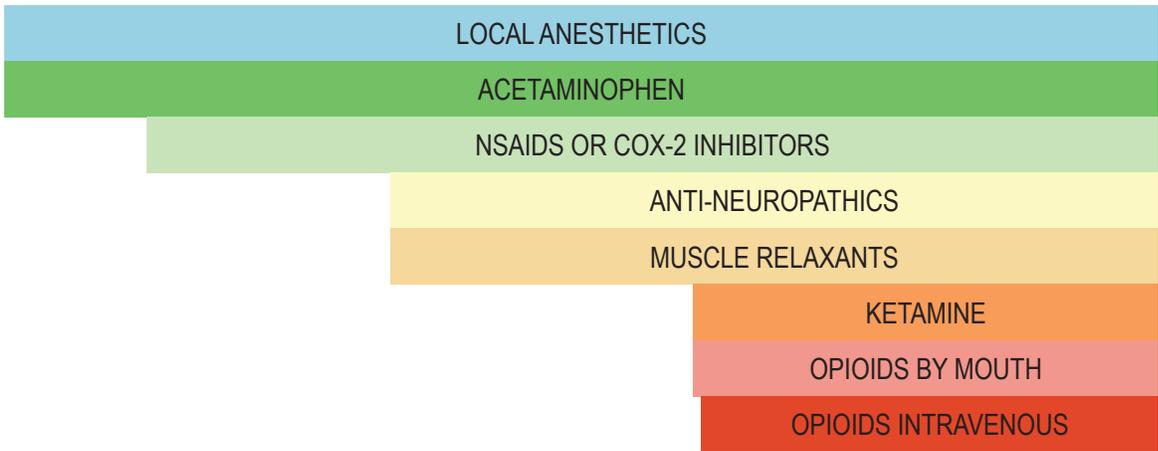


## Pain Medication Explanation Card

Medication	Usual or Recommended Use and Timing
<b>LOCAL ANESTHETICS</b> Local numbing medication used in epidurals or regional blocks	
Bupivacaine [Marcaine®]	<ul style="list-style-type: none"> <li>• Works by blocking sensation to affected nerves without causing side effects in the rest of the body</li> <li>• Blocks usually wear off in about 6-24 hours</li> <li>• Continuous catheter infusions usually wear off 6-8 hours after the infusion is stopped</li> </ul>
Lidocaine [Xylocaine®]	
Ropivacaine [Naropin®]	
<b>ACETAMINOPHEN (APAP) [Tylenol®]</b> Fever and acute pain reducer	
Maximum dosage 4000 mg/day or less	<ul style="list-style-type: none"> <li>• Works best for acute pain when scheduled every 6 hours and alternated with NSAID</li> </ul>
<b>NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) and COX-2 INHIBITORS</b> Inflammation and acute pain reducer (COX-2 Inhibitor drugs have fewer side effects) *May be avoided with certain medical conditions (kidney disease, blood clotting abnormalities, gastric ulcers, etc.)	
Ibuprofen [Advil®] (NSAID)	<ul style="list-style-type: none"> <li>• Works best for acute pain when scheduled every 6 hours and alternated with acetaminophen</li> </ul>
Ketorolac [Toradol®] (NSAID)	
Naproxen [Aleve®] (NSAID)	<ul style="list-style-type: none"> <li>• Works best for acute pain when scheduled every 12 hours and alternated with acetaminophen</li> </ul>
Celecoxib [Celebrex®] (COX-2 Inh)	
<b>ANTI-NEUROPATHIC MEDICINES</b> Nerve pain and chronic pain reducer	
Gabapentin [Neurontin®]	<ul style="list-style-type: none"> <li>• Works best for pain caused by irritated nerves and chronic pain</li> <li>• May also be used temporarily for acute pain to reduce the amount of opioid pain medications needed</li> </ul>
Pregabalin [Lyrica®]	
<b>MUSCLE RELAXANT MEDICINES</b> Muscle spasm pain reducer	
Baclofen	<ul style="list-style-type: none"> <li>• Works best for acute and chronic pain caused by muscle spasms</li> </ul>
Tizanidine [Zanaflex®]	
<b>KETAMINE [KETALAR®]</b> Non-opioid intravenous acute pain reducer	
Low-dose continuous infusion	<ul style="list-style-type: none"> <li>• Used to reduce severe acute pain that cannot be controlled with non-opioid pain reducers</li> <li>• Reduces the amount of opioid pain reducers that are needed for acute pain</li> <li>• <b>Dose-related side effects include double vision, bad dreams, confusion, hallucinations, and excess saliva</b></li> </ul>
<b>OPIOIDS BY MOUTH</b> Breakthrough acute pain reducers	
Opioids combined with acetaminophen	<ul style="list-style-type: none"> <li>• Used for breakthrough pain after all available non-opioid pain reducers have been given</li> <li>• Some oral opioids are combined with acetaminophen, which counts toward the 4000 mg daily maximum dose</li> <li>• May be avoided when solid foods are not being given</li> <li>• Side effects can be reduced by always giving the lowest effective dose</li> <li>• <b>Dose-related side effects include nausea, vomiting, constipation, itching, and sleepiness</b></li> <li>• <b>In severe cases, coma, death, or long-term addiction can occur</b></li> </ul>
Hydrocodone [Norco®]	
Oxycodone [Percocet®]	
Opioids without acetaminophen	
Oxycodone [Oxy IR®]	
Tramadol [Ultram®]	
<b>OPIOIDS INTRAVENOUS</b> Fast acting acute pain reducers	
Morphine [Duramorph®]	<ul style="list-style-type: none"> <li>• Used for breakthrough pain after all available non-opioid pain reducers have been given</li> <li>• Side effects can be reduced by always giving the lowest effective dose</li> <li>• <b>Dose-related side effects include nausea, vomiting, constipation, itching, and sleepiness</b></li> <li>• <b>In severe cases, coma, death, or long-term addiction can occur</b></li> </ul>
Hydromorphone [Dilaudid®]	
Fentanyl [Sumblimaze®]	



**CANNOT  
FUNCTION:  
TOO MUCH OPIOID  
MEDICINE**

\*Pain Score Between 1-3

**CAN  
FUNCTION:  
WELL CONTROLLED  
PAIN**

\*Pain Score Between 4-6

**CANNOT  
FUNCTION:  
TOO MUCH  
PAIN**

\*Pain Score Between 7-10

