

Pain Meds

CLASS	GENERIC NAMES (Prototype)	MOA	ROUTE RATE OF ADMIN	ADVERSE EFFECTS	NURSING ADMINISTRATION
Opioid - Strong	Fentanyl		IM, IV, Transdermal, PO, Sublingual Spray mcg	Respiratory depression Constipation Sedation Nausea Urinary retention	**DOSE MEASUREMENT in MICROGRAMS mcg**
	Morphine		PO, IM, IV, rectal mg	Respiratory depression Constipation Sedation Nausea Urinary retention	Must monitor level of consciousness, respiratory rate, and oxygen saturation. Withhold med if there is a change in any of these.
	Hydromorphone (Dilaudid)		PO, IM, rectal, IV	All the normal AE. May cause less nausea than Morphine	
Opioid - Moderate to Strong	Codeine		PO is most common	Similar to the Strong opioids, except, less analgesia, respiratory depression,	
	Hydrocodone (lortab – combination of hydrocodone + acetaminophen)		PO		The tab will say 5mg/325mg, 7.5mg/325mg or 10mg/325mg Hydrocodone/acetaminophen
Opioid Antagonists	Naloxone (Narcan)	If given with no Opioid in the system – no effect If given before Opioid – will block the effect Opioid If given after	IV, IM and subQ Cannot be given PO		Half-life is shorter than the Opioid – must be given again during crisis

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		opioid – will reverse the analgesia, sedation, respiratory depression			
NSAID Nonsteroidal anti-inflammatory drug	Intravenous Acetaminophen =Omirmev		IV or PO Therapeutic dose= 4000mg/day IV= 1000mg/100ml Infusion 15 mins No mixing with other meds	Adv reactions rare when taken at therapeutic doses. Good thing: No GI issues No Renal Issues	Reduces pain / fever but not inflammation Do not give to Severe hepatic impairment / severe active liver disease
Nonopioid Centrally Acting Analgesics	Tramadol			Little to no respiratory depression or physical dependence	Serious AE are rare. Should not be given to pt with seizure history