

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 live 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 |
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