

PAIN Meds

CLASS	GENERIC NAMES (Prototype)	Brand Name	MOA/ Body System Impacted	ROUTE RATE OF ADMIN	ADVERSE EFFECTS	Nursing Considerations / Vistal assessments
Opioids	Fentanyl Morphine Hydromorphone Oxycodone Tramadol	= Dilaudid	CNS	IM, IV, Transdermal, PO, Sublingual Spray **mcg Fentanyl	Respiratory depression Sedation Confusion Hypotension Constipation Nausea	<ul style="list-style-type: none"> Assess BP-HR-RR-O2 sat LOC after giving **when drug at its Peak - must check drug book for different routes Elderly more sensitive to meds - give low range of med Determine last BM Long term = tolerance development <p>Tramadol: Should not be given to pt with seizure history</p> <p>Should not be given to pt with suicidal ideation / addiction prone/ excessive alcohol use</p> <ul style="list-style-type: none"> Med-Oral - begins working 1 hr/ max 2 hrs / duration 6 hrs
Opioids/ Combos	Oxycodone- acetaminophen Hydrocodone- acetaminophen Codeine-	= Percocet = Lortab , Norco =	CNS	PO	Respiratory depression Sedation Confusion Hypotension Constipation Nausea	<ul style="list-style-type: none"> Assess:BP-HRRR-O2sat LOC after giving Meds Elderly more sensitive to meds - give low range of med

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	acetaminophen	Tylenol w Codeine 3				<ul style="list-style-type: none"> • Determine last BM Long term = tolerance development
Opioid Antagonists	Naloxone (Narcan)		<p>If given with no Opioid in the system - no effect</p> <p>If given with Opioid will reverse the analgesia, sedation, respiratory depression</p>	<p>IV, IM and subQ</p> <p>Cannot be given PO</p>		<p>Half-life is shorter than the Opioid - must be given again during crisis</p>