Does the patient present with pain?

Yes

Pain Assessment

No

Reassess each subsequent visit.

Bowel obstruction/perforation
Brain metastases
Epidural metastases
Fracture or impending fracture of weight bearing bone
Superior Vena Cava syndrome

Step I – Mild Pain
Pain Level < 4
Non opioids: use aspirin, acetaminophen or NSAIDS.
± Non opioids
± Adjuvants

WHO 3 Step Analgesic Ladder

Step II – Mild to Moderate Pain
Pain Level 4-7
Weak opioids B: use Oxycodone, Percocet, Tylenol #3, Vicodin.
± Non opioids
± Adjuvants

Step III – Severe Pain
Pain Level >7
Rapidly titrate short acting opioids B, use Dilaudid, Morphine or Oxycodone.
± Non opioids
± Adjuvants

Use of Adjuvants for specific types of pain.

A) Somatic Pain: use NSAIDS.
B) Visceral Pain: use Steroids.
C) Neuropathic Pain: use Antidepressants, Anticonvulsants and Steroids

Side Effect Management
Non-Pharmacologic Interventions for Psychosocial, Spiritual & Physical Pain
Patient & Family Pain Education

Reassess in 24 hrs. after titration. Return to WHO ladder steps I, II, III, until you have maximized pharmacologic and non-pharmacologic interventions.

Pain controlled
Patients’ accepted pain level achieved. Two or less breakthrough doses in 24 hrs.

Pain not controlled
More than two breakthrough doses in 24 hours.
Titrated new dose - previous 24 hr ATC dose + breakthrough doses = new 24 hr dose.
Example: 30 mg ATC dose + 3 x 10 mg breakthrough doses = 60 mg. New 24 ATC dose.
Breakthrough dose = 1/3 to a ½ of the 12 hr dose.

Uncontrolled Pain
Pain which has not been adequately controlled through the use of Opioid, Non-opioid and Adjuvant treatment.
Reassess Diagnosis.
Referral to Pain Specialist for invasive intervention or other therapy.

Legend

A Pain Assessment
B Opioids
C Adjuvants
D Side Effect Management
E Non-Pharmacologic Interventions
F Patient and Family Pain Education

Created by the Safe Conduct Team of the Safe Conduct Project – Ireland Cancer Center & The Hospice of the Western Reserve.
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