

Critically thinking about Under-Managed Pain

- **What is the pattern of the pain?**
 - If baseline pain is continuous/expected and unmanaged, consider a higher consistent dose (e.. Infusion or scheduled PO)
 - If baseline pain is manageable, but with unmanaged intermittent increases, titrate boluses/change PRN frequency/consider PCA
- **Are side effects present?**
 - No:
 - Is the patient using PRNs? Consider encouraging PRN use
 - Continue to titrate existing infusion – increase by 25% or calculate total daily dose with PRNs + infusion and add together
 - Yes:
 - Are they mild, can they be treated with pharmacological and nonpharmacological interventions?
 - Rotate opioids or consider a dose reduction and addition of ketamine/other adjuncts
- **Is the pain reported an "opioid-responsive" pain?**
- **Is there a degree of pain amplification due to anxiety/mood disorder**
- **Are all strategies being used, including physical and psychological interventions?**

