CO's CURE Hospital Medicine Pain Pathways by Indication

Remember to discuss functional goals and set realistic expectations for pain management with your patients. Reference the treatment guidelines for more information.

Pleuritic Pain

For pneumonia, pulmonary embolism, inflammatory pleurisy or uncomplicated rib fracture

First-Line Therapy:
- Heating pad
- Hold pillow during splinting
- Ibuprofen 400-600 mg PO Q 6 hr*
- Acetaminophen 1000 mg PO TID
- Lidocaine 5% topical patches 1-3 TD daily

Second-Line Therapy:
- Ketorolac 15 mg IV Q 6 hr x 5 days max as alternative to oral NSAID*
- Consultation for nerve blocks if rib fracture with refractory pain and/or risk of respiratory deterioration

Extremity Pain

For cellulitis, deep vein thrombosis or neuropathy

First-Line Therapy:
- Elevate the extremity if appropriate
- Acetaminophen 1000 mg PO TID
- Ibuprofen 400-600 mg PO Q 6 hr*
- Gabapentin 100-300 mg PO 1-3x daily
- Lidocaine 5% topical patches 1-3 TD daily if localized pain with intact skin

Second-Line Therapy:
- Ketorolac 15 mg IV Q 6 hr x 5 days max as alternative to oral NSAID*
- Lidocaine 1 mg/kg/hr IV infusion over 24 hours if severe neuropathy or ischemia
- If chronic neuropathy, consider adding duloxetine 30 mg PO daily

Abdominal Pain

For non-pregnant patients without a gastrointestinal bleed, perforation or obstruction. Suspected etiology should guide appropriate pain treatment.

First-Line Therapy:
- Heating pad
- Bowel regimen if constipation
- Ambulation
- Acetaminophen 1000 mg PO/PR TID
- Famotidine 20 mg IV BID
- Simethicone 80 mg PO QID
- Carafate 1 g PO AC and QHS
- Ketorolac 15 mg IV Q 6 hr x 5 days max*
- Ondansetron 4 mg IV/PO Q 6 hr PRN, prochlorperazine 5 mg IV/PO Q 6 hr PRN, or metoclopramide 5 mg IV/PO Q 6 hr PRN if nausea

Second-Line Therapy:
- Haloperidol 1-2 mg IV/PO Q 4 hr PRN if uncontrolled nausea
- Dicyclomine 10-20 mg IM/PO TID
- Capsaicin 0.075% topical cream TID
- If chronic pain, add duloxetine 30 mg PO daily or amitriptyline 10 mg PO QHS. Consider outpatient pain psychology or pain specialist referral.

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Musculoskeletal Pain

For joint/arthritis and muscular/myofascial pain

First-Line Therapy:
- Heating pad or ice
- Menthol topical cream QID
- Acetaminophen 1000 mg PO TID plus
- Ibuprofen 400-600 mg PO Q 6 hr*
- Cyclobenzaprine 5 mg PO TID
- Therapeutic mobility and exercise, PT or OT consult if pain is limiting function

Second-Line Therapy:
- Ketorolac 15 mg IV Q 6 hr x 5 days max as alternative to oral NSAID*
- Lidocaine 5% topical patches 1-3 TD daily
- Diclofenac 1% gel 2-4 g Q 8 hr if not on IV or PO NSAIDs
- Gabapentin 100-300 mg PO 1-3x daily
- If chronic pain, add duloxetine 30 mg PO daily. Consider outpatient pain psychology or pain specialist referral
- Consider specialty consult for septic and/or acute autoimmune arthritis

Third-Line Therapy:
- Ketamine 25-50 mg PO Q 8 hr PRN for complex regional pain syndrome after failing opioid therapy

Renal Colic

For nephrolithiasis pain

First-Line Therapy:
- Heating pad or ice
- Ketorolac 15 mg IV Q 6 hr x 5 days max*
- Acetaminophen 1000 mg PO TID

Second-Line Therapy:
- Cyclobenzaprine 5 mg PO TID
- Tamsulosin 0.4 mg PO daily until stone passage
- Lidocaine 1 mg/kg/hr IV infusion over 24 hours
- Desmopressin 0.4 mg PO daily when NSAIDs are contraindicated

* *Evaluate gastric ulcer risk prior to starting NSAIDs, especially if on concomitant therapeutic anticoagulation.*

These treatment pathways are not intended to, nor should they, replace clinician judgement or clinical expertise. They are a guide to treatment options that may be considered, in the context of a patient's clinical condition and comorbidities, for the treatment of patients in pain.

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