**PAIN MANAGEMENT QUICK REFERENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DRUG** | **PRODUCTS** | **FREQUENCY**  **DURATION** | **ONSET** | **PEAK** | **EQUIANALGESIC DOSES** | |
| **Morphine** |  |  |  |  | **IM/SubQ/IV** | **Oral** |
| Immediate Release  (15, 30mg) | 3-6 hrs | 30 min | 1-2 hrs |  | 30 mg |
| Sustained Release Tablets  **MSContin** (15, 30, 100mg)1,4 | 8-12 hrs | 30 min | NA |  |
| Oral Liquid  (20mg/1mL, 20mg/5mL, 10/0.5mL) | 3-6 hrs | 30 min | 1-2 hrs |  |
| Injectable | 3-4 hrs | 5-10 min | 0.5-1 hr | 10 mg |  |
| **Hydromorphone** | Tablets (2, 4mg) | 3-6 hrs | 15-30 min | 1-2 hrs |  | 7.5mg |
| Injectable4 | 3-4 hrs | 5-10 min | 0.5-1 hr | 1.5mg |  |
| **Oxycodone** | Immediate Release Tablets (5mg)  **Oxycodone/APAP** (5/325mg)2 | 3-6 hrs | 15-30 min | 0.5-1 hr |  | 20 mg |
| Sustained Release Tablets  **OxyContin** (10, 20, 40, 80mg)1,4 | 12 hrs | 30 min | NA |  |
| Oral Liquid  5mg/5mL; 20mg/mL | 3-6 hrs | 15-30 min | 0.5-1 hr |  |
| **Codeine** | Tablets (15, 30mg) | 4-6 hrs | 30-60 min | 1-1.5 hrs |  | 200mg |
| **Fentanyl** | Transdermal3  **Duragesic** (12, 25, 50, 75, 100mcg)3,4 | 72 hrs | 8-16 hrs | 12-24 hrs | (see fentanyl patch dosing information) |  |
| Injectable | 0.5-2 hr | 5-10 min | < 10 min | 100mcg |  |
| **Hydrocodone** | Tablets  **Hydrocodone/APAP**2  **Hydrocodone/Ibuprofen** | 4-6 hrs | 15-30 min | 1-2 hrs |  | 30mg  (clinical experience suggests lower potency) |
| Oral Liquid (7.5mg/15mL) | 4-6 hrs | 20-30 min | 0.5-1 hr |  |
| **Methadone** | Tablets (5,10mg)  2.5-10mg | 6-8 hrs | 0.5-1 hr | 1-2 hrs | HIGHLY VARIABLE: CONSULT A PROVIDER WITH EXPERIENCE IN METHADONE DOSING | |
| Oral Liquid (10mg/mL)  2.5-10mg | 0.5-1hr |
| Intravenous | 6-8 hrs | 10-20 min | at end of administration |
| **1.** Do not crush or chew tablets **2.** Dose in 24 hrs is limited to max. APAP of 4000mg. **3.** Do not cut patch. Must be in contact with skin. Altered absorption in patients with fever. **4.** Not recommended for opioid naïve patients. NOTES: \*butorphanol (Stadol), meperidine (Demerol), nalbuphine (Nubain), and pentazocine (Talwin) are not recommended for the management of cancer pain or chronic nonmalignant pain. \*meperidine (Demerol) 100mg parenteral is equivalent to morphine sulfate 10mg parenteral.  \*\*\*INFORMATION ON THIS CARD IS INTENDED AS A GUIDLINE. PATIENTS REQUIRE CONTINUOUS MONITORING AND CLINICAL JUDGEMENT FOR EFFICACY AND SIDE EFFECTS.\*\*\* | | | | | | |