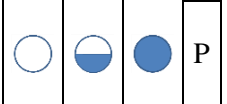


## PRESCRIBING PAIN MEDICATION ACCORDING TO THE WHO-PAIN LADDER

The principles to cure pain in palliative patients are organized by the World Health Organisation (WHO) in a model, called the Pain ladder.



PREPARATION					
1.	Examine the patient's medical record: <ul style="list-style-type: none"> <li>• Check the current report on screening results for pain</li> <li>• Check the current pain management</li> <li>• Check for any documented drug allergies</li> </ul>	ESSENTIAL			
2.	Disinfect the hands				0 1 3
3.	Close the door and Ensure a private space for pain assessment ( <i>curtains, screen, occupied-signal etc.</i> )				0 1 3
4.	Rapid evaluation of the presence of vital signs (the presence of consciousness, movements, speech, breathing) <b>Hello. My name is .... I am you doctor and will measure your pain in order to prescribe you the pain killers.</b>				0 1 3
5.	<b>Could you first please tell me your name.....? And your date of birth .... Thank you.</b>				0 1 3
6.	If relevant, put the bed in working position (appropriate height) and do the side rails down				0 1 3
PRESCRIBING PAIN MEDICATION					
7.	Ask the patient if he/she has any drug allergies and record it in the patient's file: <b>From your experience so far, Do you know you have any drug allergies? (like skin redness, itching or swelling ...)</b>	ESSENTIAL			
8.	Establish if the patient is taking any opioids = "opioid naïve" patient and Correlate the patient's answer with data regarding current or previous pain medication from patient's file – if any <b>Do you take any pain medications?</b> ( <i>could be weak opioids – Tramadol, Codeine or strong opioids – Morphyne, Metadone, Oxycodone, Fentanyl ...</i> ) Results: <ul style="list-style-type: none"> <li>• "Opioid naïve" patient – continue to step 10</li> <li>• Non "Opioid naïve" patient" – go directly to step 16</li> </ul>	ESSENTIAL			
9.	Assess patient's pain intensity – see " <i>Measuring Pain in conscious adult patients using the Visual Analogue Scale</i> " protocol				0 1 3
10.	Categorize the intensity of the pain according to the length you have measured on the VAS-scale, as mild, moderate or severe pain.				0 1 3
11.	Establish proper pain medication according to pain intensity ( <i>see WHO-pain ladder</i> ): <ul style="list-style-type: none"> <li>• Mild: non-opioids (STEP 1)</li> <li>• Moderate: weak opioids (STEP 2)</li> <li>• Severe: strong opioids (STEP 3)</li> </ul> and Prescribe it considering: - patient drug allergies (if any)	ESSENTIAL			

	<ul style="list-style-type: none"> <li>- route of administration</li> <li>- renal/hepatic insufficiency (if any)</li> <li>- patient's preferences</li> <li>- socio-economic factors (drug availability, price ...)</li> <li>- maximal daily doses (except for strong opioids that does not have maximal daily dose, but optimal dose – example: see attached the algorithm for oral Morphine treatment initiation)</li> </ul>	
12.	<p>Carefully monitor the patient! (look for signs of sedation, other side effects, assess pain level) and adjust opioids treatment accordingly:</p> <ul style="list-style-type: none"> <li>• If the first dose/doses of opioids produce intense sedation - reduce dose by 50% and make slower titration</li> <li>• If the initial dose/doses do not produce any analgesia, the next dose is increased by 50%</li> </ul> <p>Normally - grow opioid daily doses (30-50-100%) to obtain optimal analgesia</p>	ESSENTIAL
13.	Prescribe side – effects medication! (like: antiemetics, laxatives ...)	ESSENTIAL
14.	<p>You may Combine analgesics according to WHO analgesic ladder rules:</p> <ul style="list-style-type: none"> <li>• STEP 1 + STEP 2</li> <li>• STEP 1 + STEP 3</li> <li>• COANALGESICS + any STEP</li> </ul> <p>NEVER give: STEP 2 + STEP 3</p>	ESSENTIAL
15.	<p>Non “Opioid naïve” patient: Check current medication: type, doses, rhythm and route of administration and assess patient's pain and adapt is to patient condition (example: change from oral route to subcutaneous route if nausea/vomiting or total dysphagia)</p>	0 1 3
16.	<p>Assess pain and adjust medication accordingly:</p> <ul style="list-style-type: none"> <li>• Increase doses for non-opioids and weak opioids up to maximal daily dose (for STEP 1 and STEP 2)</li> <li>• Switch form STEP 2 to strong opioids (STEP 3) if uncontrolled pain – using opioid conversion tables</li> <li>• Rotate strong opioids (STEP 3) if uncontrolled pain</li> </ul>	ESSENTIAL
17.	Prescribe side – effects medication! (like: antiemetics, laxatives ...)	ESSENTIAL
18.	<p>Carefully monitor the patient! (look for signs of sedation, other side effects, assess pain level) and adjust opioids treatment accordingly:</p> <ul style="list-style-type: none"> <li>• If the first dose/doses of opioids produce intense sedation - reduce dose by 50% and make slower titration</li> <li>• If the initial dose/doses do not produce any analgesia, the next dose is increased by 50%</li> </ul> <p>Normally - grow opioid daily doses (30-50-100%) to obtain optimal analgesia</p>	ESSENTIAL
19.	<p>You may Combine analgesics according to WHO analgesic ladder rules:</p> <ul style="list-style-type: none"> <li>• STEP 1 + STEP 2</li> <li>• STEP 1 + STEP 3</li> <li>• COANALGESICS + any STEP</li> </ul> <p>NEVER give: STEP 2 + STEP 3</p>	ESSENTIAL

MONITORING PAIN TREATMENT				
20.	Re-assess the patient's pain and condition and adjust the pain treatment accordingly: <ul style="list-style-type: none"> <li>Hourly/or multiple times/day – for opioid initiation treatment or for uncontrolled pain - until obtaining the stable control of pain</li> <li>Daily – for hospitalized patients</li> <li>Weekly/monthly – for patients in ambulatory/or home care settings/stable patients</li> </ul> Or Every time as needed (unexpected situations; administrative issues – lack of medication,...)			0 1 3
21.	Once the stable control of pain is obtained under opioid treatment, prescribe medication (preferable the same opioid): <ul style="list-style-type: none"> <li>In quick release forms - for “breakthrough” pain: 1/6 of opioid (total) daily dose</li> <li>In slow release form – for long term/chronic medication – if possible</li> </ul>			0 1 3
<b>Total score: 30</b>		<input type="radio"/>		%
		<input type="radio"/>		%
		<input type="radio"/>		%

Key:  - criterion unfulfilled;  – criterion partially fulfilled;  – criterion fulfilled completely  
(score according to column P)

**Algorithm for oral Morphine treatment initiation:**

Age	Renal function	Dose
< 65	Normal	10 mg at 4 Hours
> 65	Normal	5 mg at 4 Hours
< 65	Low	10 mg at 6-8 Hours
> 65	Low	5 mg at 6-8 Hours