

# Pain Management

## Instructions



Date: \_\_\_\_\_

1. **Narcotics (see reverse for additional instructions):**

- Long-acting opioid: \_\_\_\_\_
- Short-acting opioid: \_\_\_\_\_

2. **Other pain management options (if checked):**

- Dexamethasone** (Decadron, "Dex"): \_\_\_\_\_  
This is a steroid medicine given to decrease pain, improve appetite and improve mood. Side effects may include insomnia, anxiety, water retention, upper leg weakness and bleeding ulcers. Take it in the morning, if twice a day, take the second dose by 2 p.m.
- Non-steroidal anti-inflammatory drugs** (NSAIDs, including Naprosyn [Aleve®], ibuprofen [Advil®, Motrin®]):  
Affects platelets and may cause bleeding, especially if on anticoagulation and certain chemotherapy. Take only with oncologist's permission.
- Acetaminophen** (Tylenol®, APAP): \_\_\_\_\_  
Avoid if you have elevated Liver Function Tests (LFTs) or with oncologist's permission. Max dose of 200-3,000 mg per day.
- Anticonvulsant** for pain: \_\_\_\_\_
- Antidepressant** for pain: \_\_\_\_\_
- Lidocaine 5% patch:** Apply 1-3 patches to painful area for 12 hours. Apply only to intact skin. Remove to shower. May be reused once. Studies show it is safe to apply up to four patches at a time and wear for 24 hours.
- Capsaicin cream** (Zostrix®, derived from chili peppers): Available over-the-counter. Start with low strength 0.025%. Later you may increase to a higher strength 0.075%. Apply to painful area regularly four times a day. It takes at least two weeks to start taking effect. Wash hands thoroughly after application, or it will cause burning if you touch your mucous membranes.

3. **Non-medicine pain management techniques:** For more information, please refer to the National Cancer Institute (NCA) booklet on *Pain Control: Support for People with Cancer*, p. 22-25 & 39-40. [cancer.gov](http://cancer.gov)

- Relaxation, stress reduction, deep breathing, distraction, imagery, regular daily exercise, a good night's sleep (look up "sleep hygiene" on the web.)
- Integrative Medicine appointment

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## Opioid (narcotic) Pain Medication Education

**NOTE!** Most opioids cannot be “called in” to the pharmacy and they cannot be refilled. Each month a new prescription must be written. **To make sure you do not run out early, please call for renewal one week before the next prescription is needed.** We can mail the prescription to you if there is enough time.

### Types of opioids:

- ▶ **Long-acting opioids** (*long-lasting*): Take this medicine regularly every 8 or 12 hours. Do not skip doses, but do not take additional doses, or you will run out early. The long-acting medicine provides the foundation for good pain management.
- ▶ **Short-acting opioids** (*immediate release, rapid-acting*): Use this medicine for “breakthrough” or worsening pain from the baseline. If you are not having increased pain, do not take it. Keep a brief log of how many pills used each day.

### Side Effects:

- ▶ Constipation, which is the most common problem in cancer patients
- ▶ Sleepiness, drowsiness
- ▶ Balance troubles, increased risk of falling down
- ▶ Cognitive problems/clouded thinking. See the driving safety information below
- ▶ Dry mouth, itching
- ▶ Less common problems include:
  - Myoclonic jerks, a less common problem leading to small jerks in the muscles.
  - Confusion, delirium or hallucinations. This is worse while in the hospital, after surgery or if you are dehydrated.
  - Respiratory depression (slowed breathing). This may occur in patients who are not tolerant to opioids but have to take high doses, such as after surgery. It can cause death if someone takes the medicine when they do not have pain (because pain increases the breathing rate), as occurs in non-medical use (e.g., addicts). If someone overdoses on the opioid medicine, it may occur. If you think someone is not breathing enough, call 911.

### Driving safety

Opioids can impair your ability to drive safely, because they cause drowsiness and may lead to cognitive changes. This is especially true if you combine them with other commonly used medicines in cancer patients, such as lorazepam (Ativan®) or diphenhydramine (Benadryl®). For driving safety, good rules of thumb are:

- ▶ Do not drive if you are tired
- ▶ Allow 5-7 days to accommodate to a higher dose of opioid before you consider driving
- ▶ Have a friend or family member ride with you in the car and give an honest opinion of your driving safety
- ▶ Remember, you can be cited by police as “driving under the influence” (DUI) even if the medicines are prescribed for you
- ▶ If in doubt, don’t drive

### Opioid addiction

#### Definitions related to addiction:

- ▶ **Tolerance:** Higher doses of the drug are needed to get the same pain-relieving effect. This is not addiction. Tolerance occurs in only a minority of patients. If needed, you may need to change to another drug.
- ▶ **Physical dependence:** This means that a person will go through withdrawal symptoms if they stop taking the drug suddenly. This is very uncomfortable, therefore, you should talk to our providers before stopping the opioid abruptly. The signs of opioid withdrawal are anxiety, tremors, “goose bumps”, runny nose and diarrhea. This is not addiction.
- ▶ **Psychological dependence + Addiction.** This is characterized by:
  - Craving the drug
  - Compulsive use of the drug
  - Drug use is out of control
  - Continued use despite harm (e.g., legal problems)

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