

**Acute pain** results from a specific injury / illness such as acute fracture, muscle tear, strain/sprain, acute shingles, or post-op condition. **Acute pain states** may be brief, lasting moments or hours, or can be persistent, lasting weeks until the illness / injury heals. Pain generally lasts < 30 days.<sup>1</sup>

## Pain Management Acute Pain Algorithm

This pathway does not replace sound clinical judgment or apply to all patients

**Assessment**

History & Physical (including Mental Health History)  
Pain History :

- Onset
- Character
- Substance abuse history?
- Pain Scale

- Duration
- Quality
- Aggravating or alleviating factors?

- Location
- Prior pain problems?

Further diagnostic work-up if indicated  
Specialty referral for diagnosis or treatment if indicated

**Establish Diagnosis**  
(Determine Mechanism if possible)

**Establish treatment plan/goals**  
**Follow-up as appropriate until resolution**

**Nonpharmacologic Treatment**

- Patient Education
- Heat / Cold if available
- Specific procedure when indicated
- Rest
- Physical Therapy when indicated
- Psychologic Modalities including relaxation

**Pharmacologic Treatment**  
Consider pain type/mechanism if known  
(Many pain conditions have mixed functions)

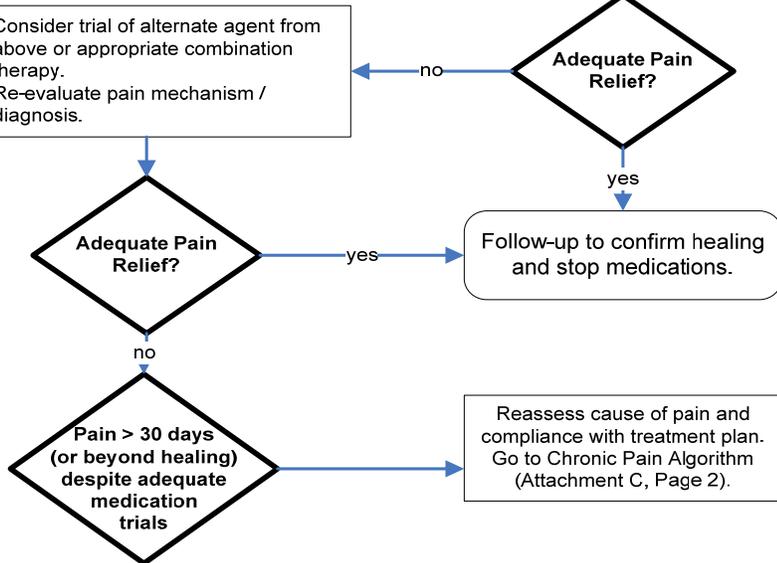
**Somatic / Visceral**

- Acetaminophen
- NSAIDS – try at least 2 from different classes. (Cox II Inhibitor – see Attachment C, Page 7).
- Muscle relaxant – limited / short term effectiveness. Prescription restricted to 10 days.
- Opioid\*

**Neuropathic**

- Choose one:
  - Anticonvulsant (gabapentin, oxcarbazepine)
  - SNRI (venlafaxine, duloxetine-NF)
  - Tricyclic Antidepressant (nortriptyline+)
- (Titrate dose and allow adequate time. If no response, try another class. If limited response add another class.)
- If mixed pain consider adding NSAID – try at least 2 from different classes.
- Opioids\*

- Consider trial of alternate agent from above or appropriate combination therapy.
- Re-evaluate pain mechanism / diagnosis.



**\*Opioids for Acute Pain**

- May be used only for severe pain for a short duration (i.e. post-op or post severe injury).
- Short acting opioids in combination with acetaminophen should be used for opioid dose sparing. (Formulary acetam/codeine).
- Educate patient that medication WILL be stopped when acute injury has healed.
- If some pain continues, more appropriate medication / treatment will be used long term (refer to Chronic Pain Algorithm [Attachment C, Page 2]).

+ Requires Mental Health Evaluation if coexisting depression  
✓ Limited indications restricted to use by pain specialist only  
NF Nonformulary