

# GERIATRIC PAIN PROTOCOL

## 1. Regional Anesthesia

- a. Neuraxial Block
  - i. Epidural
    1. Local Anesthetic (Bupivacaine) +/- Opioid (Hydromorphone)
- b. TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK
- c. Peripheral Nerve Block

## 2. Medications

- a. Tylenol 650 mg q6 or 1000mg q8 PO, PR, IV
- b. NSAID
  - i. Ketolorac 15 mg IV q6 (3-5d, PPI)
  - ii. Motrin 400-600 q8
  - iii. Celecoxib 100-200 q12
- c. Muscle Relaxants
  - i. Use with Caution 2/2 Delirium, shortest course possible (3-7d)
    1. Cyclobenzaprine (PO)
      - a. 65-85yo → 2.5 mg PO q12
      - b. ≥85yo → 2.5 mg PO qD
    2. Methocarbamol (PO, can be given IV 250 mg)
      - a. 65-75yo → 500mg PO q8
      - b. 75-85yo → 500mg PO q12
      - c. ≥85yo → 500mg PO qD
- d. Gabapentin 100 mg PO q12-qD
  - i. Use with Caution
  - ii. On it Pre-op, Chronic opioids, comorbid chronic pain condition
  - iii. Start Lowest Possible Dose
  - iv. Must monitor for sedation
- e. Opioids
  - i. Start Low and Slow
  - ii. Reduce Dose 25-50%
  - iii. Oxycodone
    1. 65-75yo → 2.5-5 mg PO q8 prn
    2. 75-85yo → 2.5 mg PO q 8-12 prn
    3. ≥85yo → 1-2.5 mg PO q8-12 prn

- f. If Pt NPO
  - i. Fentanyl PCA 5-10 mcg IV q10-20 min
    - 1. Hydromorphone PCA 0.05-0.1 mg IV q10-20
    - 2. Hydromorphone 0.2-0.4 mg IV q6-8 prn
- 3. ICU Pt
  - a. Ketamine
    - i. Bolus 0.1-0.3 mg/kg IV over 30 min
    - ii. Infusion 0.1-0.5 mg/kg/hr
  - b. Dexmedetomidine
    - i. 0.2 mcg/kg/hr
- 4. Geriatric Consult
  - a. Detailed Pain History
  - b. Med Reconciliation
  - c. Family/Patient Education
  - d. Pain Scales
  - e. PCA Usage
  - f. Delirium Risk
  - g. Pain regiment protocol development with individualization
- 5. Pre-op Anesthesia Clinic
  - a. Develop Pain Plan
  - b. Discuss Regional Anesthesia
  - c. Pain regiment protocol development with individualization