

Orthopedic Non-Narcotic Pain Management Pathway

Diagnoses that qualify for non-narcotic pain management

- Isolated orthopedic extremity concerns
 - Fractures
 - Sprains
 - Lacerations
 - Joint infections
- Non- surgical treatment

Exclusion Criteria

- Injury to axial skeleton (pelvis or spine)
- Poly-traumatized patients
- Dislocations
- Intolerance to NSAIDs, Tylenol or pre-existing conditions precluding use of these medications

Patient qualifies for non-narcotic pain management

First choice medications

Acetaminophen

- <25 kg or unable to swallow tablets:
 - Acetaminophen suspension 15 mg/kg PO Q6 hours (max 75 mg/kg or 5 doses in 24 hours)
- 25-30 kg and able to swallow tablets:
 - Acetaminophen tablets 325 mg PO Q6 hours (max 1950 mg in 24 hours)
- 31-40 kg and able to swallow tablets:
 - Acetaminophen tablets 500 mg PO Q6 hours (max 2000 mg in 24 hours)
- >41 kg and able to swallow tablets:
 - Acetaminophen tablets 650 mg PO Q6 hours (max 3250 mg in 24 hours)

Ibuprofen

10 mg/kg Q6 hours (max 800 mg per dose)

IV/IM Option

Ketorolac

- 2-16 years old
 - 0.5 mg/kg x1 (not to exceed 15 mg)
- > 16 years old
 - 15 mg IV Q8h x3 doses
 - 30 mg IM Q8h x3 doses
- May use if patient already has IV access
- Don't use if on any other renal toxic medications

Second choice medications

Diazepam (> 6 months)

- PO: 1 mg – 2.5 mg TID
- IV: 0.1 mg/kg Q8h

Cyclobenzaprine (> 15 years old)

- PO: 5 mg TID

Gabapentin

- PO: 5 mg/kg/dose BID

Non-medication pain management strategies:

- Immobilization
- Ice
- Elevation
- Child Life Consult

Discharge Instructions:

- Acetaminophen e-prescription for pain control (dosing above)
- Instruct patient/caregiver to use acetaminophen and ibuprofen before using oxycodone
- Instruct patient/caregiver to use oxycodone for breakthrough pain when acetaminophen/ibuprofen unsuccessful
- Standard oxycodone dosing for discharge: 0.1 mg/kg not to exceed 5 mg per dose Q6 hours as needed
 - If a plate is used, prescribe 10 doses
 - If pins or isolated screws are used, prescribe 5 doses

Metrics

1. Type of narcotics prescribed?
2. Were the ACH narcotic recommendations met?
3. How often a second prescription was written
4. Pathway and order set utilization

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