Multimodal Analgesia Protocol

For opioid-naive cardiac surgery patients

Post-op Day 0

Acetaminophen

975 mg q6hr scheduled

NO if LFTs >3x ULN

Gabapentin

CrCl > 60= 200 mg TID

CrCl 30-59= 200 mg BID

CrCl 15-29= 200 mg QD

NO if CrCl < 15 / dialysis

Reduce dose if sedated

***If on at home then:**

Restart home dose & consider dose increase

Oxycodone

5mg q6hr PRN severe pain

AND

2.5mg q6hr PRN moderate pain

Post-op Day 1

Oxycodone

IF pain is *uncontrolled*:

Increase PRN doses

IF pain is *controlled*:

Transition to Tramadol

Tramadol

CrCl > 30= 50 mg q6hr PRN severe pain

AND

25 mg q6hr PRN moderate pain

CrCl <30- increase dosing interval to q12hr PRN

NO if on antidepressant

NO if seizure history

NO if dialysis

Reduce dose if sedated

Continuation

Assess

Pain control *daily*

Decrease

Opioids as tolerated

Baclofen

Consider if:

Musculoskeletal pain

H/o lower back pain

or

Pain refractory to multiple agents

Dose:

5 mg TID PRN

Reduce dose if sedated

Can increase if needed

For Discharge

Goal

Discharge patients on as few opioids as needed

IF patients have not required oxycodone 24 hrs prior to discharge they are not to be discharged with an oxycodone prescription

Consider Tramadol *if needed*