The WHO Pain Ladder\(^1\) was developed in 1986 as a conceptual model to guide the management of cancer pain. There is now a worldwide consensus promoting its use for the medical management of all pain associated with serious illness, including pain from wounds.

### Red Flags
Unrelieved pain should raise a red flag that attracts the attention of the interdisciplinary team.

### Pain persisting or increasing

#### Step 1:
Non-narcotic – “around the clock”\(^2\)
- Acetaminophen 650mg q4h or
- ASA 650mg q4h or
- Ibuprofen 400mg q4h or
- other NSAIDs
- ± Adjuvants*  

* **Adjuvant therapy** - medications that can help to enhance the effects of non-opioid and opioid analgesics

1) **NSAIDs** (non-steroidal anti-inflammatories) - can be used as co-analgesics and are useful in reducing inflammation

2) **Tricyclic anti-depressants** - Nortriptyline, Desipramine, and Amitriptyline are options, although Amitriptyline can cause confusion in the elderly. Studies have confirmed their effectiveness in treating diabetic neuropathy and neuropathic pain from other sources

3) **Anticonvulsant medications** – Gabapentin, Pregabalin, and Carbamazepine can relieve the shooting, electrical pains of peripheral nerve dysfunction.\(^3\)

#### Step 2:
Add Opioid for Moderate Pain – “around the clock”\(^2\)
- Acetaminophen 325mg + codeine 30mg q4h (Tylenol #3) or
- Acetaminophen 325mg + codeine 60mg q4h (Tylenol #4) or
- Acetaminophen 325/500mg + oxycodone 5mg q4h (Percocet / Roxicet)
- ± Adjuvants*  
  Note: Consider stronger opioid if pain not controlled by these combinations at a total daily dose if 400mg/day of codeine or 80mg/day of oxycodone

#### Step 3:
Start strong oral opioid – “around the clock”\(^2\)
- Morphine 5-10mg q4h titrate to pain
- Dilaudid 1-4 mg q4h titrate to pain
- MS-Contin or other long acting 30-60mg q8-12 h
- Fentanyl 25µg/ hour plus Morphine Sulphate 5 mg. q 2 hours for breakthrough – *never to be administered to opioid naïve clients
- ± Adjuvants*  
  Notes: Use short acting preparation of same medication for breakthrough pain. Consider lower dose in opioid naïve and elderly patients

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