

Analgesics

Types of Pain

Nociceptive

- Chemical, Thermal & mechanical pain

Neuropathic

- burning/stabbing caused by CNS damage

Idiopathic

disease

- Pain of Unknown origin or cause by anxiety/stress

Acute Pain

- High HR,RR,Bp
- Nausea
- Diaphoresis
- Dilated pupils
- Elevated Glucose

Neuropathic

- Low HR, RR, BP
- Depression can occur long duration of dull persistent pain

Pain Assessment

- Onset of Pain
- Location of Pain
- Depth of Pain
- Quality of Pain
- Duration of Pain
- Severity of Pain
- Body Language

Opiate Analgesics

- Morphine (MS contin)
- Fentanyl (Duragesics)
- Methadone (Dolophine)
- Codeine Sulfate
- Oxycodone (oxycontin)
- Hydromorphone (dilaudid)
- Ultram (Tramadol)
- Meperidine (Demerol)

Purpose & Action

- To relieve pain without producing loss of consciousness or reflex activity
- Opiates act on my receptor to alter perception of and reduce severe pain

Nursing Considerations

- Assess pain level frequently and document effectiveness
- Take baseline vitals before administering and hold if RR drops to below 12/min
- Administer IV opioids slowly
- Educate patients on long term high dosage to wean off slowly

Side Effects



- Respiratory Depression - Monitor vitals signs and have naloxone available. Avoid administering with other CNS depressants



- Constipation - Ensure pt. Is adequately hydrated, encourage mobility, and administer stool softener or stimulants laxatives



- Urinary Retention - Encourage patients to void at least every 4 hours. Monitor I&O and obtain an order to bladder scan if needed



- CNS depression & Sedation - Advise clients to avoid hazardous activities like driving

Non-Opiate Analgesics

Tylenol

Acetaminophen

- Also an antipyretic
- Dose shouldn't exceed 4g/24 hours
- No anti-inflammatory properties or GI irritation

Side Effects

- Hepatotoxicity
- Nausea/ Vomiting + Gastric irritation

Nursing Considerations

- Monitor liver function Assess for jaundice +High LFTs
- Educate pt to avoid alcohol while taking acetaminophen

Aspirin

Acetylsalicylic Acid

- Also an antipyretic, anti-inflammatory + anti-platelet

Side Effects

- GI irritation (Expected) GI bleed -> report
- Decreased platelets and higher risk of bleeding

Nursing Considerations

- Watch for signs of salicylism (aspirin overdose)
 - Tinnitus - n/v
 - Impaired hearing + vision
 - Fever - Dizziness
 - Confusion - Sweating

NSAIDs

COX - 1 inhibitors

- Ibuprofen
- Aleve
- Toradol

COX - 2 inhibitors

- Vioxx
- Celebrex

Side Effects

- GI Bleed -> NSAIDs
- Should be avoided in those w/ IBS or ulcer disease
- Dizziness, drowsiness and high risk of stroke

Nursing Considerations

- Educate pt to report rash itching + vision changes as this could be Stevens-Johnson Synd.
- Can also impair kidney function

Anesthetics

Nitrous Oxide inhaled

Known as "laughing gas and used in dentistry

Ethane Inhaled

Used in general anesthesia related to other "-thranes"

Pentothal IV

Used in balanced anesthesia

Fentanyl IV

Used for anesthesia induction

Versed IV

Used in conscious sedation as well as an adjunct anesthesia

Atropine

Not an anesthetic, used to dry up secretions

Side Effects

- Low blood flow & low hepatic clearance
- CNS depression low LOC low ICP blurred vision
- Reduce GFR, potential for renal impairment
- Depression hypotension vasodilation
- Resp. depression, impaired gas exchange
- Skeletal muscle relaxation