

# 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)

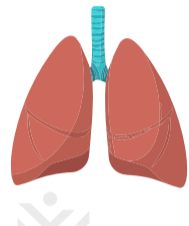
## Purpose & Action

- 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

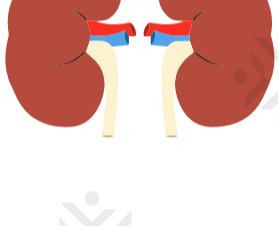
## Side Effects



- 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 "-thanes"

## 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