Patient with acute pain?

- Yes
  - Requiring intravenous interventions?
    - Yes
      - IV access obtained?
        - Yes
          - IV Hydromorphone and Fentanyl accessible?
            - Yes
              - Does the patient require continued, closely titrated analgesia?
                - Yes
                  - Either Fentanyl or Hydromorphone
                - No
                  - Use IV morphine
                    - Start with 0.1 mg/kg IV, then 0.05 mg/kg at 30 mins. with a maximum one-time dose of 10 mg
            - No
              - Utilize other routes: oral, subcutaneous, intra-muscular, etc.
      - No
        - Access to oxycodone-acetaminophen?
          - Yes
            - Use appropriate starting dose of acetaminophen-oxytocin combination
          - No
            - Use appropriate starting doses of either (instant and controlled release forms may be required):
              - oxycodone
              - hydromorphone
              - Codeine?
                - Yes
                  - Avoid acetaminophen-codeine combinations: due to metabolism; decreased effectiveness and increased side effects
                - No
        - Significant acute pain with chronic components?
          - Yes
            - Use Ibuprofen 400–600 mg orally, every 4–6 hours. If no access to ibuprofen use any other NSAID (such as naproxen or celecoxib)
          - No
        - Consider oral analgesics

- No
  - Utilize other routes: oral, subcutaneous, intra-muscular, etc.

IV Fentanyl
- 1 mg/kg initially
- then 30 mcg every 5 minutes

IV Hydromorphone
- 1 mg initially
- then another 1 mg dose after 15 minutes if patient reports continued pain

Use IV morphine
- Start with 0.1 mg/kg IV, then 0.05 mg/kg at 30 mins. with a maximum one-time dose of 10 mg

Use IV Hydromorphone
- 0.015 mg/kg initially
- Suggested dose range 1–1.5 mg as needed

Use appropriate starting dose of acetaminophen-oxytocin combination

Use appropriate starting doses of either (instant and controlled release forms may be required):
- oxycodone
- hydromorphone

Avoid acetaminophen-codeine combinations: due to metabolism; decreased effectiveness and increased side effects