Pain Management Algorithm for Mechanically Ventilated Patients

Mechanically ventilated patient (not able to communicate pain score*)

Assess pain using CPOT

CPOT Score ≥ 2?

Yes

Fentanyl 25-50 mcg q15min PRN + Adjunctive pain medications

No

Continue to reassess for pain

If pain is still uncontrolled:
1. Stop oxycodone and give Fentanyl 100 mcg IV bolus X1; start fentanyl continuous infusion at 50 mcg/h. Titrate dose for increased pain (max dose 300 mcg/hour)
2. Give fentanyl IV 50 mcg PRN painful procedures or prior to increasing drip rate

Pain controlled after up to 3 doses?

Yes

Continue PRN fentanyl until tolerating enteral feeds/medications

No

1. Maximize adjunctive pain medications
2. Add oxycodone 10mg po q4hPRN if able to take po

When tolerating enteral feeds/medications

Transition to scheduled oxycodone if needed to wean off fentanyl drip. Add oxycodone IR 10mg po q4h PRN

Add po oxycodone IR 10mg po q4h PRN as soon as enteral meds are tolerated

*Transition to different pain protocol when able to verbalize pain scale

Adjunctive Pain Medications:
1. Acetaminophen 1000 mg PO q8h (may consider IV if patient not tolerating enteral feeds)
2. Ketorolac 30 mg IV q6h (max 5 days) or ibuprofen 600 mg PO q6h
4. Gabapentin 300 mg PO q8h
5. Methocarbamol 1000 mg PO/IV q8h for muscle spasm

References: