ANALGESIA- Initial Dosing for ACUTE Pain in Opioid Naïve Patients

Initial Dosing* for Management of ACUTE Pain in Opioid-Naïve Patients			
Opioid	**IV Direct (over 2 to 3 min)**	**IV intermittent over 15 minutes or IM / Subcutaneous**	**Oral**
Hydromorphone	0.1 to 0.4mg Q10 to 60MIN PRN (Max. 2 mg/hr)	0.5 to 1 mg Q3 to 4H PRN (**Frail elderly/sleep apnea**: 0.25 to 0.5 mg)	0.5 to 2 mg Q3 to 4H PRN
Morphine	0.5 to 2 mg Q10 to 60MIN PRN (Max. 10 mg/hr)	2.5 to 5 mg Q3 to 4H PRN (**Frail elderly/sleep apnea**: 1.25 to 2.5 mg)	2.5 to 10 mg Q3 to 4H PRN
Oxycodone	n/a	n/a	2.5 to 7.5 mg Q3 to 4H PRN
***doses are NOT equipotent, but reflect INITIAL dosing recommendations**			

- HYDROmorphone IV doses 0.5 mg or greater and morphine IV doses 2.5 mg or greater should be given via minibag over 15 mins **in opioid naïve patients**

- Consider starting at lower doses for patients with the following factors:
  - increased age
  - decreased weight
  - sleep apnea
  - impaired renal or hepatic function
  - interacting drugs/concurrent CNS depressants
  - pulmonary disease or conditions that cause decreased pulmonary drive
  - seizures
  - risk of developing GI obstruction

- IV direct administration has a faster onset as well as higher and earlier peak effect than IV intermittent which may result in adverse responses.

Onset and Peak Onset of Opioids wrt Route of Administration		
Route	**Onset (minutes)**	**Peak (minutes)**
IV direct	3 to 5	10 to 20
IV intermittent	10 to15	20 to 30
IM/ SUBCUT	10 to 15	30 to 45
oral	15 to 30	60

- 2 Tylenol #3 tabs are approximately equivalent to morphine 10 mg po