



Non-Narcotic Analgesics on the YKHC Formulary

Muscle Relaxants

- Baclofen
- Cyclobenzaprine
- Tizanidine

NSAIDS

- Aspirin
- Ibuprofen
- Indomethacin
- Meloxicam
- Nabumetone
- Naproxen

Topical Analgesics

- Capsaicin Cream
- Diclofenac gel
- Lidocaine patch
- Lidocaine topical jelly
- Mentholmethylsalicylate (BenGay)

Other

- Acetaminophen

SNRI

- Duloxetine

Tricyclics

- Amitriptyline
- Nortriptyline

Neuropathic Pain Agents

- Carbamazepine
- Gabapentin
- Pregabalin

Headache Agents

- Butalbital/APAP/Caffeine (Fioricet)
- Rizatriptan
- Sumatriptan
- Topiramate

Has the patient had chronic pain for >6 months that is interfering with his/her daily habits, subsistence activities, and/or job?

No

Optimize Pain Treatment Options (see box below) and non-narcotics.

Yes

Has the patient done ALL of the following?

- Seen ACT Clinician for ½ hour evaluation.
- Seen PT and performed home exercises.
- Tried three types of non-narcotic medications for at least six months.

No

Refer for these steps and plan follow-up after all have been completed.

Yes

Is the patient >45 years old?

No

Refer to Pain Committee for special consideration.

Yes

Does the patient have one of the following conditions?

- Orthopedic surgery
- Rheumatoid arthritis
- Severe spinal stenosis

No

Yes

Perform all comprehensive assessments

- History
- Physical
- Previous record review
- Toxicology screen
- Opioid Risk Tool (Ad Hoc form in RAVEN)
- Brief pain inventory (found using RAVEN autotext “..painChronicHPI”)
- Pain diary (an example can be found [here](#))

Note: A maximum of 3 months of short-acting chronic pain medications may be prescribed before an agreement is required. The reason for continued opioid use past seven days should be documented in the chart for each refill. No chronic pain medications should be continued past 3 months without a valid agreement.

ALL assessments are completed

Patient meets criteria for narcotic treatment. Complete [Controlled Substance Agreement](#) (Pain Contract) with patient and prescribe medications.

Follow-up at least Q6 months. See [next page](#).

Types of Pain and Recommended Management

Treatment options for all types of pain: sleep hygiene, yoga, meditation

1. **Nociceptive Pain** (muscle, joint, or visceral): examples include strain, tension headache, osteoarthritis, low back pain, chronic cystitis, myofascial pain.

Suggested treatments: NSAIDs, acetaminophen, PT, trigger point or joint injections, capsaicin cream, lidocaine patch/cream, yoga, meditation

2. **Neuropathic Pain:**

Suggested treatments: NSAIDs, antidepressants (first-line TCAs, duloxetine), gabapentin

Management for specific conditions:

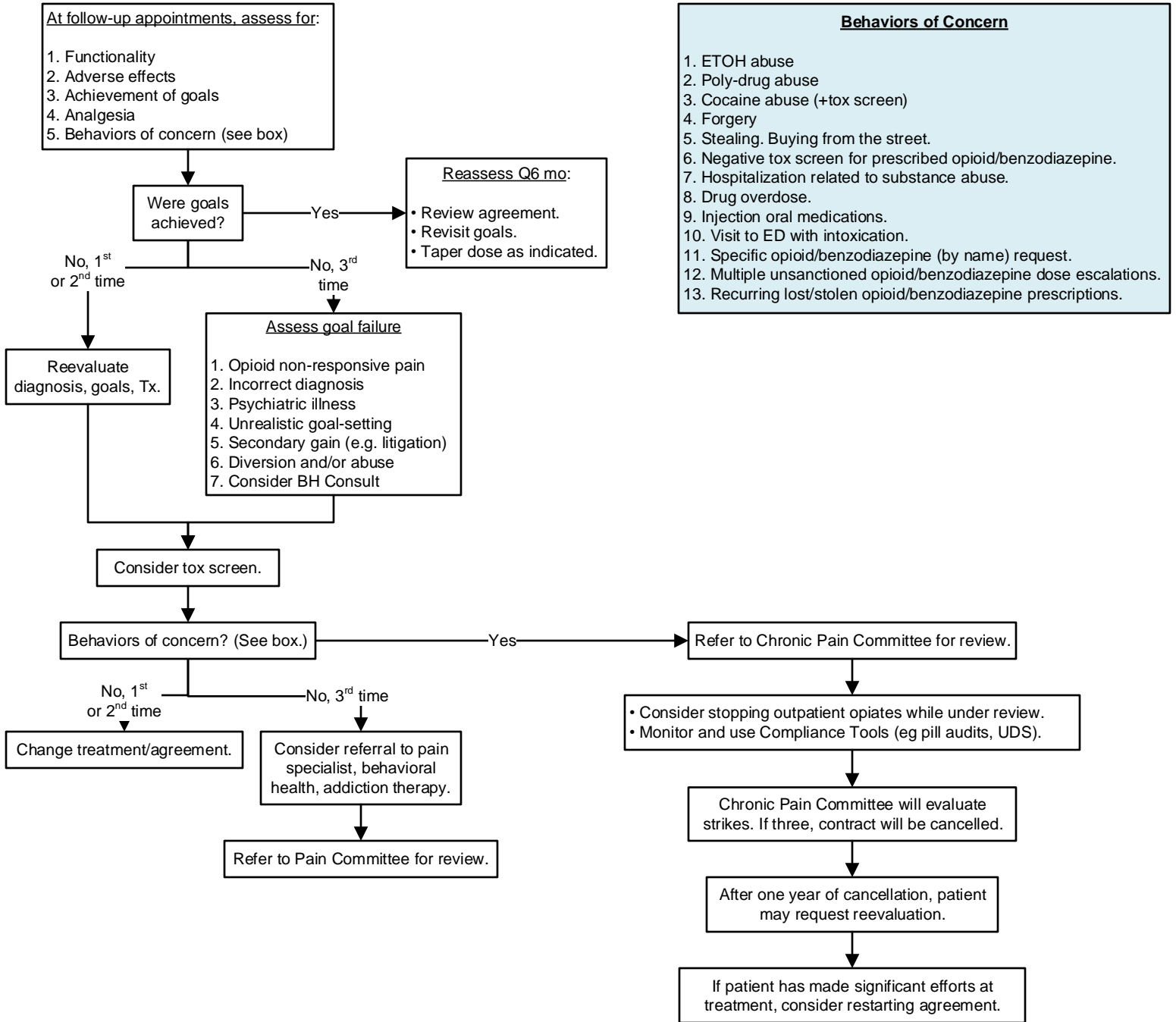
- Nerve compression: EMG, MRI, referral to surgeon
- Nerve damage: EMG
- Nerve traction: EMG, PT, yoga, meditation
- Migraine: sumatriptan, rizatriptan, beta-blockers, etc.
- Reflex sympathetic dystrophy: lidocaine patch

3. **Idiopathic Pain:** examples include fibromyalgia

Suggested treatments: exercise, antidepressants (including duloxetine), yoga, meditation, sleep hygiene

This protocol is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 2/1/22.

If comments about this guideline, please contact Heidi_Salisbury@ykhc.org.



For terminal cancer patients (with life expectancy less than or equal to 6 months) who have previously demonstrated good compliance with Chronic Medication agreement, documentation of titration for pain control as appropriate is acceptable without requiring new agreement. Continue to monitor for achievement of goals/behaviors of concern.

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