

Table for ABDOMINAL PAIN (non-traumatic and traumatic) with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Ketorolac, Lidocaine, and various NSAIDs.

ABDOMINAL PAIN



Table for HEADACHE (Migraine, Tension) with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Acetaminophen, Ibuprofen, and various NSAIDs.

HEADACHE



Table for BACK PAIN (non-radiating) with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Acetaminophen, Ibuprofen, and Lidocaine.

BACK PAIN



Table for MSK PAIN (trauma, non-trauma) with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Acetaminophen, Ibuprofen, and Lidocaine.

MSK PAIN

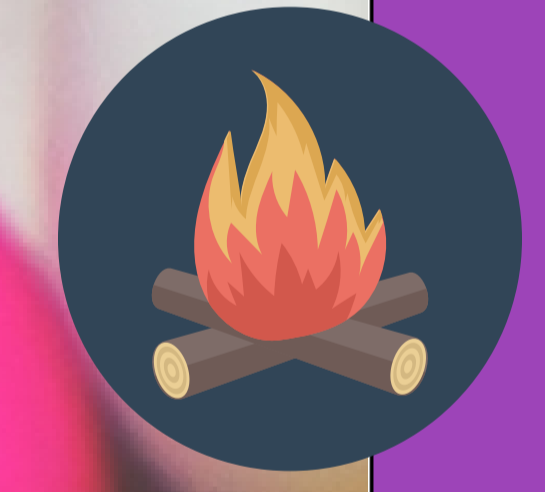


Table for BURNS with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Acetaminophen, Ibuprofen, and Lidocaine.

BURNS



Table for NEUROPATHIC PAIN with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Gabapentin, Pregabalin, and Lidocaine.

NEUROPATHIC

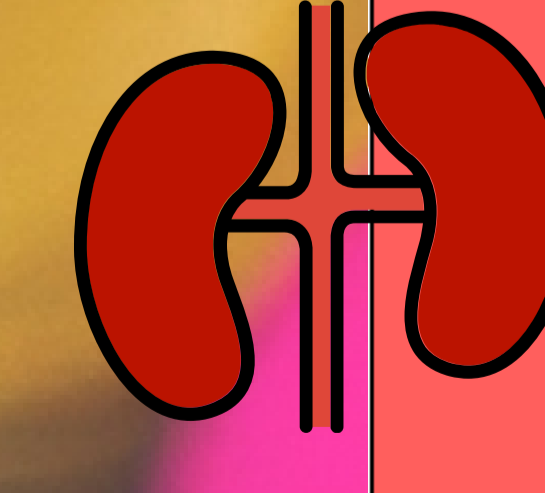


Table for RENAL COLIC with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Acetaminophen, Ibuprofen, and Lidocaine.

RENAL

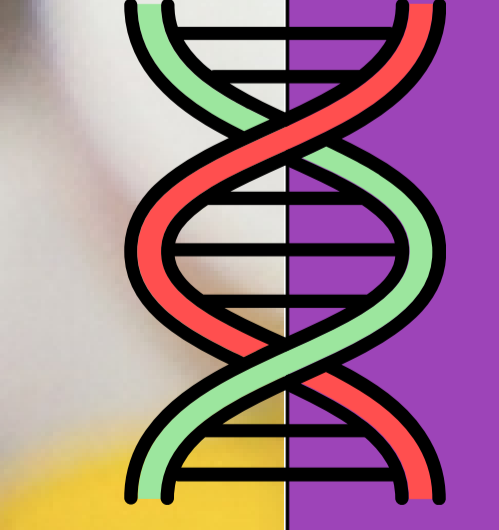


Table for SICKLE-CELL VASO OCCLUSIVE CRISIS with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Acetaminophen, Ibuprofen, and Lidocaine.

SICKLE-CELL



Table for DENTAL PAIN with columns for Inpatient (ED) and Discharge Opioid Alternatives. Includes treatments like Ibuprofen, Acetaminophen, and Lidocaine.

DENTAL

Large table on the right side of the page listing various drug classes and their uses, including Sodium Channels Blocking Agents, Calcium Channels (Central) Blocking Agents, Cox-1, Cox-2-Enzyme Inhibitors, Central Alpha 1, 2 Receptor Agonist, D1-2 Receptor Antagonists, GABA Receptor Agonist/NMDA Antagonist, 5HT-2, 5HT-3 Receptor Antagonists, 5HT-1 Receptor Agonists, NMDA/Glutamate Receptor Antagonists, Opioid Receptor Agonists (Mu-receptors), and TRPV1 Receptor Agonists.

THIS IS NOT A FORMULARY. ALWAYS ADHERE TO LOCAL CLINICAL GUIDELINES. In all cases, use physiotherapy where possible. Do not mix NSAIDs. Consider PPI (Lansoprazole etc) when using NSAIDs. Local formularies should be consulted for dosing. We are NOT stating that opioids should never be used in clinical practice - we advocate a multimodal analgesic technique to manage pain, in order to reduce opioid use. CHECK ALL DRUG DOSES IN A FORMULARY & SEEK SENIOR GUIDANCE.