

DI-106

120mg/ml

1,8mg/ml

1,2mg/ml

Type 4RI: Tramadol

4mg/ml+Dypirone120mg/ml

Type 5: Tramadol 6mg/ml+ Ketorolac

Type 5-RI: Tramadol 4mg/ml+ Ketorolac

IMPLEMENTATION OF A PROTOCOL FOR THE SELECTION OF ANALGESIC MIXTURE DRUGS ACCORDING TO PAIN INTENSITY IN A POSTOPERATIVE PAIN UNIT

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PURPOSE:

To improve medical analgesic prescription according to pain intensity considering warnings and main drug interactions

MATERIAL AND METHODS:

Bibliographic review from January 2004 to August 2013 in several databases and scientific journals.

RESULTS:

A protocol of postoperative analgesia based on a pain severity prediction according to the type of surgery procedure performed.

PROTOCOLS

MILD PAIN SEVERE PAIN IV (Intravenous via) **EPHIDURAL VIA** PS (Physiological saline)100ml PS 100ml 2ml/h for 50 hours PS 250ml 5ml/h for 50 2ml/h for 50 hours hours Type 1: Tramadol 6mg/ml Type 1: Bupivacaine 0,1% Type 1: Morphine 0,3mg/ml+ Type 1-RI: Tramadol 4mg/ml Droperidol 0,025mg/ml Type 2: Dypirone 120mg/ml Type 2: Bupivacaine 0,1%+ Type 3: Ketorolac 1,8mgml Fentanyle 2mcg/ml Type 2: Morphine 1mg/ml PCA Type 3-RI: Ketorolac 1,2mg/ml Type 4: Tramadol 6mg/ml+ Dypirone Type 3: Morphine 0,3mg/ml+

Dypirone 120mg/ml

Type 4: Morphine 0,3mg/ml+ Dexketoprofen 3mg/ml



CONCOMITANT ANALGESIA: Paracetamol IV 1g/6h (dose adjustment in liver disease) and dypirone IV 2g/6-8h or dexketoprofen IV 50mg/8h.

GENERAL RECOMMENDATIONS: Use gastroprotective drugs with nonsteroidal antiinflammatory drugs. Use antiemetic drugs in nauseas or vomits. Avoid intravenous ketorolac or dexketoprofen use for more than 2 days.

RESCUE ANALGESIA: Morphine IV 0,05mg/kg/4h or pethidine IV 25-100mg/4h

NEUROPHATIC PAIN: Amitriptyline, pregabaline or duloxetine

CONCLUSION

The analgesic protocol implement has a role in medical prescription adecuation and an impact on rational drug use. It contributes to identify patients who could benefit from a specific drug combination and minimize possible drug side effects