PPharmacology Unit IV
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Pain medications *Analgesics are drugs that relieve pain without producing loss of consciousness or reflex activity
Nociceptors are receptors for pain
Opiate receptors block pain sensation
Pain rating scale
Pain is the fifth vital sign
Opiate agonists
Naturally occuring and synthetic drugs that have the capability to relieve severe pain without loss of consciousness
Stimulate opiate receptors in CNS
Can produce physical dependence; controlled substances
Can produce tolerance, addiction
(Eg) tramadol (ultram) is new, physical addiction unlikely
(Eg) codeine, morphine, oxycodone (oxycontin), fentanyl
Baseline assessment; orientation, alertness, motor functioning, bilateral hand grips, VS (hold if R<12), check bowel sounds, BM record, check prior use of analgesics, pain assessment
Side effects to expect; light-headedness, dizziness, sedation, N/V, sweating, confusion, disorientation, orthostatic hypotension, constipation
Side effects to report; resp depression, urinary retention, excessive use, abuse

Drug interactions; CNS depressants
Drug along enjete portial ageniete
Drug class: opiate partial agonists
Used when prior administration of opiate agonists has not occurred
Tolerance
Ceiling effect
Used for short-term relief (up to 3 weeks) of moderate to severe pain (eg) CA, burns,renal colic, obsstetric and surgical analgesia
Same preassessments
Same expected side effects
Side effects to report; confusion, disorientation and hallucinations,resp depression, excessive use, abuse
Drug interactions; CNS depressants, opiate agonists
(Eg) nalbuphine (nubain)
Opiate antagonists
Reverses respiratory depression, sedation, hypotension associated with opiate agonists and opiate partial agonists
(Eg) narcan (naloxone)
Baseline VS, neurological assessment, alertness and orientation frequently, have supportive equipment bedside or available
Monitor urinary and bowel
Drug class: salicylates
Slight to moderate pain

Most common analgesic
Analgesic, antipyretic and antiinflammatory
ASA inhibits platelet aggregation, enhancement of bleeding time
(Eg) ASA and dolobid (diflusinal)
Drug class; Nonsteroidal Antiinflammatory agents
analgesics, antipyretics, antiinflammatories
Alternative to ASA
Cost is higher than ASA
Used for RA, osteoarthritis, gout, minor ahes and pains, backaches, menstrual cramps, H/A
preassessment
VS, orientation, bilat hand grips, motoe functioning, vision, hearing, pain assessment/pain scale
Side effects to expect; gastric irritation, constipation, dizziness, drowsiness
Side effects to report; GI bleeding, confusion, hives
(eg) ASA, motrin (ibuprophen), naproxen (naprosyn)
Tylenol (acetaminophen) is classified as a miscellaneous analgesic; analgesic and antipyretic
Essentially free of side effects