

# MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL

## Perioperative Pain Protocol

### **PREOPERATIVE CLINIC**

- Identify high risk pain patients (chronic pain patients taking high dose opioids and/or patients having major surgery with expected significant pain postoperatively)
- Preoperative clinic nurse notifies Acute Pain Service (APS) days or weeks prior to surgery of high risk pain patients
- APS notifies anesthesiologists the day before surgery of patients identified as high risk pain patients and to consider using pain protocol

### **PREOPERATIVE HOLDING** (preferably 1 hour before surgery)

- **Gabapentin** 900mg PO (<80kg), 1200mg PO (>80kg), 600mg PO if Cr>1.5
- **Acetaminophen** 1g PO
  - *Hold or decrease dose in patient with significant liver disease*
- **Celebrex** 400mg PO
  - *Make sure patient has not already received a dose as part of the Orthopedics protocol*
  - *Contraindicated if sulfa allergy or CrCl<30mL/min*

### **INTRAOPERATIVE**

- OPIOID NAÏVE PATIENT
  - **Ketamine** 0.15-0.25mg/kg bolus after induction
  - **Methadone** 10mg IV (*inpatients only*)
- OPIOID TOLERANT PATIENT
  - **Ketamine** 0.15-0.25mg/kg bolus after induction
    - For chronic pain patients, low dose ketamine infusion 0.1 – 0.2mg/kg/hr
  - **Methadone** 10-20mg IV (*inpatients only*)
  - **Acetaminophen** 1gm IV at the end of case
    - *If patient has not received acetaminophen pre-operatively or last dose >6hr prior*

#### **Methadone Monitoring**

- Caution in patients with history of heart disease or arrhythmia
- Consider pre-op ECG looking for QT prolongation: >450msec for males, >470msec for females
  - QTc interval 450-500ms: discuss risks
  - >500msec: reduce methadone dose or discontinue
- Increased concern for patient on total daily dose 80-100mg/day