

# Non-opioid Pharmacological Options for Pain Management in Nursing Facilities

There are several non-opioid pharmacological options available for pain management, including topical, oral, and injectable medications. Each alternative has its own specific uses, advantages and challenges, which are detailed below.

## Acetaminophen

- ▶ For patients without contraindications, such as significant liver disease, it is a reasonable first-line analgesic for acute pain, postoperative pain, and for initial and long-term treatment of chronic pain.
- ▶ Helpful for both somatic (e.g. musculoskeletal or joint pain) and visceral pain, and for nonspecific or generalized pain, but lacks anti-inflammatory properties.
- ▶ Generally, and especially for older adults, do not exceed a combined standing and PRN dose from all sources of 3000 mg/day.



## Non-steroidal anti-inflammatory drugs (NSAIDs)



- ▶ Best for acute inflammatory or traumatic conditions rather than generalized pain.
- ▶ Combining acetaminophen with an NSAID may allow for lower dose of both medications, may be more effective than either medication alone, and may be an alternative to opioid analgesics for moderate to severe pain.
- ▶ To the extent possible, NSAID orders for acute pain should be limited to approximately 7 to 10 days and discontinued sooner if indicated or adverse effects.
- ▶ NSAIDs come in different versions, and both short and long-acting forms. Dosing depends on the specific version or brand.
- ▶ Carry a significant risk of GI, cardiac, and renal complications, as well as drug interactions, and may also cause ulcers and GI bleeding at any time during use.
- ▶ Limit use in patients receiving anticoagulant therapy, or avoid long-term use, or monitor platelets and watch closely for signs of bleeding
- ▶ Patients should not take more than one nonselective NSAID at a time for pain control
- ▶ Avoid chronic use in older patients, unless alternatives are not effective, and the patient can take a gastroprotective agent such as a proton pump inhibitor.

## Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) – Adjunctive Medication

- ▶ Several SNRIs may help with chronic pain management, including duloxetine for fibromyalgia and for pain due to diabetic peripheral neuropathy. Milnacipran and levomilnacipran are also approved treatments for fibromyalgia.
- ▶ Dosing depends on multiple factors. It should begin with the lowest possible dose and increase slowly based on response and side effects
- ▶ Must be used cautiously, especially when a patient is already taking an antidepressant or other psychopharmacological medication for other reasons.



## Topical Analgesics

- ▶ Include topical NSAIDs, counterirritants, topical anesthetics, and combination agents, as well as compounded topical products.
- ▶ Consider topical medications—either as primary or as an adjunct to oral medications—to treat localized somatic pain or neuropathic pain.
- ▶ Should generally be used on intact skin, as the active substance may be excessively absorbed through damaged skin.



Access PALTmed's Pain Management in the Post-acute and Long-term Care Setting Clinical Practice Guideline for more information, including dosing guidance for commonly used non-opioid analgesics: <https://paltmed.org/products/pain-management-2021-cpg>



Scan the QR code to view additional resources and trainings from the COE-NF.  
[www.nursinghomebehavioralhealth.org](http://www.nursinghomebehavioralhealth.org)



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