HOT TIP
April 2022

Northern Health Palliative Care

Managing a Pain Crisis

Pain Crisis
- An acute medical crisis graded *by the patient* as 7/10 or higher. Often develops rapidly over a few hours.
- Goal is immediate control of symptoms using a "dose stacking" method.

Causes of Pain Crisis
- Medical crisis (i.e. perforated bowel, new fracture) or a possible terminal event.
- Poor opioid titration, insufficient breakthrough dose, inaccurate equianalgesic calculation, and/or miscalculation with change of opioid route.

Assessment
- Full or complete initial assessment is not always possible depending on urgency or the patient's ability to describe symptoms.
- Sudden change in pain control may be expected or unexpected.
- Complete a history, physical exam and consider investigations in line with the patient's Goals of Care.

Management (dose stacking)
- Recommended to use morphine or hydromorphone.
- Use the subcutaneous route.
- Consider use of adjuvant sedation (i.e. midazolam) for total pain and/or anxiety.

1. Calculate crisis dose	Opioid Naïve	Give morphine 5mg **or** hydromorphone 1 mg subcutaneous stat, then repeat every 20 minutes until first sign that the pain is breaking**.
	On Opioid	Currently on **oral** opioid: • Take the q4h regular dose of **oral** opioid and decrease by 50% for equivalent subcutaneous dose. Give this subcutaneous dose q20 min until first sign that pain is breaking**. Currently on **subcutaneous** opioid: • Take the q4h dose of subcutaneous opioid and give q20 min until first sign that pain is breaking**. ** When pain "breaks" patient may state "there is less pain" or "the edge is taken off of the pain". This does NOT mean complete pain relief.
2. Stop, observe, reassess	***The opioid serum level will continue to increase for up to 1 hour after stacking stops***. This is an opportunity to gather more information and to do a more thorough physical exam and assessment.	
3. Recalculate new maintenance dose	Once pain is settled to a mild pain (less than or equal to 3/10) or no pain, switch to a regular q4h subcutaneous dose for at least 24 hours before switching to oral. • Calculate new regular dose and breakthrough dose of opioid. • Assess pain control and titrate dose up or down as required.	

Victoria Hospice Society. (2006). *Companion booklet: medical care of the dying* (4th ed., pp. 90-92).
N.p.: Friesens Corporation.

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