Pain is experienced and should be treated on an individual basis. Pain is complex.

1. **Pain is Multidimensional**: Total pain includes the following types:
   - Physical
   - Psychological
   - Social & Financial
   - Spiritual & Existential
   - Cultural
   - Others

2. **Assess Pain Properly**:
   - Take a history of pain and other symptoms and needs. Use the OPQRSTUV acronym, the ESAS and other scales, physical examination, and investigations as needed.
   - Identify the cause of the pain: disease, treatments, pre-existing chronic pain, other.
   - Identify the TYPE of pain: Nociceptive, neuropathic, and mixed.

3. **Use the WHO Ladder and Principles to Select an Analgesic and Initiate Treatment**:
   - By the mouth
   - By the clock
   - Plus P.R.N.
   - Adjuvant therapies as needed
   - Prevent side effects
   - For the individual

4. **When Starting an Opioid, Select an Appropriate Type, Route, and Dose**:
   - Morphine remains a good first line opioid.
   - Individuals will respond differently.
   - Oral route is preferred.
   - Start with a short-acting formulation, switching to a long-acting when pain is controlled.

5. **Address Opioid Myths and Fears**.

6. **Prevent and Manage Opioid Side Effects**.

7. **Titrates the Opioid Appropriately to Optimal Clinical Effect**:
   - Achieve good pain control with no intolerable side effects.
   - The rate of titration depends on the patient’s circumstances, including pain severity, level of tolerance to the opioid, side effects, frailty, and comorbidities.

8. **Manage Breakthrough Pain**.

9. **Recognize and Manage Opioid Neurotoxicity**.

10. **Select an Appropriate Adjuvant Analgesic as Required, Depending on the Type of Pain**.