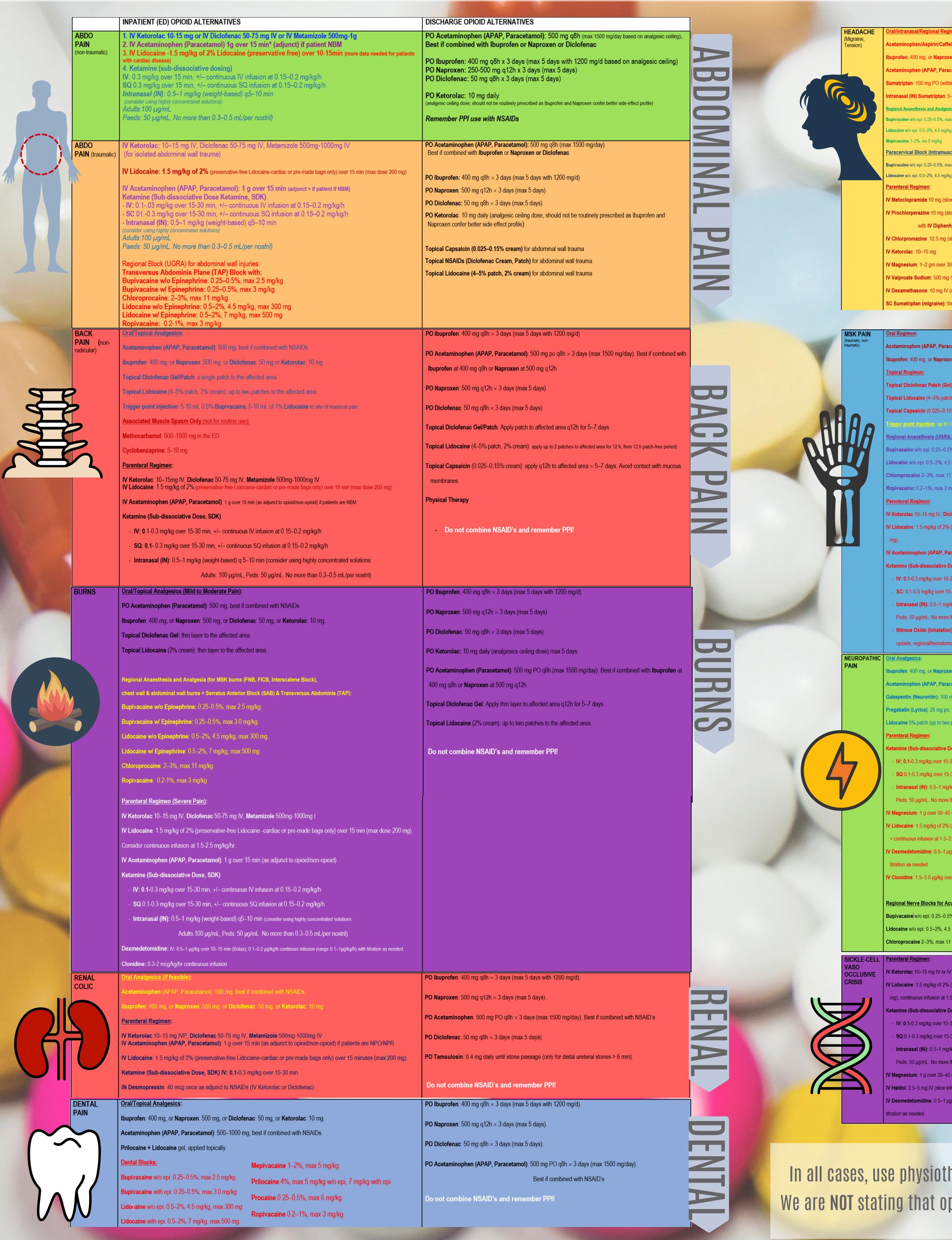
THIS IS AN EDUCATIONAL RESOURCE ONLY



OPIOID ALTERNATIVES N **CERTA Analgesia** Concept Opioid Reduction Strategy **VERSION 2 - 2018**



<u>nens</u> :		Aspirin: 325–650 mg q6h x 24-48h	
i ne (Excedrin) : 1–2 caplets po		Acetaminophen/Aspirin/Caffeine (Excedrin): 2 caplets q6–8h × 2–3 days.	
n 500 mg, or Diclofenac 50 mg, or Ketorolac 10 mg.		Ibuprofen : 400 mg q8h \times 3 days (max 5 days with 1200 mg/d).	
etamol): 500 mg q8h (max 1500 mg/day). Best if combin	ed with NSAID's.		
n 1 hour of start of Migraine HA)		Naproxen: 500 mg q12h × 3 days (max 5 days)	
-20 mg dose, repeat after 2h	da shar Oractaril anna Oraisita Naras Blash)	Acetaminophen (APAP, Paracetamol): 500 mg PO q8h (max 1500 mg/day). Best if combined with NSAID's	
a (Cervicogenic Headache, Migraine Headache, Tension Hea 2.5 mg/kg, Bupivacaine with epi: 0.25–0.5%, max 3.0 mg/kg	dache: Greater/Lesser Occipital Nerve Blockj	PO Sumatriptan: 100 mg (no more than 200 mg per 24 h).	
, max 300 mg, Lidocaine with epi: 0.5–2%, 7 mg/kg, max 500 m	9	Intranasal (IN) Sumatriptan: 5–20 mg, repeat after 2h, max 40 mg daily	
Ropivacaine 0.2 -1%, max 3mg/kg			\square
ular Injection):		PO Rizatriptan: 10 mg (no more than 20 mg per 24h)	
2.5 mg/kg or Bupivacaine with epi: 0.25–0.5%, max 3.0 mg/kg			
, max 300 mg or Lidocaine with epi: 0.5–2%, 7 mg/kg, max 500	mg	Do not combine NSAID's and remember PPI!	
v infusion over 10–15 min), can be repeated in 1–2 h			
w infusion over 10–15 min)			
ydramine: 25–50 mg (for akathisia/agitation prophyla:	xis), can be repeated in 1–2 h		
low infusion in 500 ml over 30 min)			And Sulling
	Refractory cases:		
–60 min	IV Haldol: 2.5-5 mg IV (slow infusion ove	er 15-30 min)	
1000 mg IV over 60 min, may repeat in 2h	IV Propofol (sub-anaesthetic doses, in	tractable migraine): 10 mg IVP q5 min until HA is tolerable (max dose 100 mg)	and the
decreases migraine recurrence)	Ketamine (Sub-dissociative Dose, SDM	Q:	
ng (within 1hr of onset, 12mg 1hr later if needed)	- IV: 0.1-0.3 mg/kg over 15-30 min, +/	/- continuous IV infusion at 0.15–0.2 mg/kg/h	
	- SC 0.10.3 mg/kg over 15-30 min, +/-	- continuous SQ infusion at 0.15–0.2 mg/kg/h	
		PO Ibuprofen: 400 mg q8h × 3 days (max 5 days with 1200 mg/d).	
etamol): 500 mg, best if combined with NSAID's			<
n: 500 mg, or Diclofenac: 50 mg, or Ketorolac: 10 mg	g.	PO Naproxen: 500 mg q12h × 3 days (max 5 days).	S
		PO Diclofenac: 50 mg q8h × 3 days (max 5 days).	S
): a single patch or thin layer to the affected area.		PO Acetaminophen (APAP, Paracetamol): 500 mg PO q8h × 3 days (max 1500 mg/day). Best if combined with NSAID's.	
, 2% cream): up to two patches or thin layer of cream	to the affected area.		
% cream): apply thin layer to affected area.			_
0 mL 0.5% "Bupivacaine, or 10 mL of 1% "Lidocain	e to site of maximal pain.	Topical Regimen:	
for fracture, dislocations, abscess, septic joints, in	nflammation):	Topical Diclofenac Gel/Patch: Apply patch to affected area q12h for 5–7 days.	
%, max 2.5 mg/kg, or Bupivacaine with epi: 0.25–0.5%	6, max 3.0 mg/kg.	Topical Lidocaine (4-5% patch, 2% cream): apply up to 2 patches to affected area for 12 h, then 12-h patch-free	
mg/kg, max 300 mg, or Lidocaine with epi: 0.5–2%, 7	' mg/kg, max 500 mg.	period).	~
mg/kg.		Topical Capsaicin (0.025–0.15% cream): apply q12h to affected area \times 5–7 days.	
g/kg.		Avoid contact with mucous membranes.	
ofenac 50-75 mg IV, Metamizole 500mg-1000mg IV			
preservative-free Lidocaine-cardiac or pre-made bags	only) over 15 minutes (max dose 200	Do not combine NSAID's and remember PPI!	
racetamol): 1 g over 15 min (as adjunct to opioid/non-o	opioid)		
ose, SDK)			
0 min, +/- continuous IV infusion at 0.15-0.2 mg/kg/h			
30 min, +/- continuous SQ infusion at 0.15-0.2 mg/kg			
kg (weight-based) q5–10 min (consider using highly co	ncentrated solutions: Adults: 100 µg/mL,		
han 0.3–0.5 mL/per nostril).	f damma damma adfarend da anticida anna		
): 50/50 mix, max 70/30 mix (single agent for mild pain	ful procedures, adjunct to opioids, non-		
a blocks).			
		PO Ibuprofen : 400 mg q8h \times 3 days (max 5 days with 1200 mg/d).	
n: 500 mg, or Diclofenac: 50 mg, or Ketorolac: 10 mg		PO Acetaminophen (APAP, Paracetamol) : 500 mg PO q8h \times 3 days (max 1500 mg/day). Best if combined	
etamol): 500 mg, best if combined with Ibuprofen 400		with NSAID's.	
ng po, titration up by 100 mg QD up to 600-900 mg dai	ıy.	PO Naproxen : 500 mg q12h \times 3 days (max 5 days).	
titration up by 25 mg up to 150 mg daily patches to affected area).			
		PO Diclofenac: 50 mg q8h × 3 days (max 5 days).	
ose, SDK)		PO Gabapentin: 100 mg q8h (titrate by 100 mg every other day up to 600–900 mg/day).	
0 min, +/- continuous IV infusion at 0.15–0.2 mg/kg/h		PO Pregabalin: 25 mg q8h (titrate by 25 mg every other day up to 150 mg/day).	
30 min, +/- continuous SQ infusion at 0.15-0.2 mg/kg/h	1	Topical Diclofenac Gel/Patch: Apply thin layer to affected area q12h for 5–7 days; apply patch to affected area	
g (weight-based) q5–10 min (consider using highly co		q12h for 5–7 days.	
han 0.3–0.5 mL/per nostril), and titrate to the effect.			
min (as adjunct to Ketamine)		Topical Lidocaine (2% cream): apply thin layer to affected area q12h \times 5–7 days.	
preservative-free Lidocaine-cardiac or pre-made bags	only) over 10-15 min (max dose 200 mg)	Topical Lidocaine (4–5% patches): apply up to 2 patches to affected area for 12 h, then 12-h patch-free period).	
.5 mg/kg/h.		Topical Capsaicin (0.025–0.15% cream): apply q12h to affected area \times 5–7 days. Avoid contact with mucous	
/kg over 10–15 min (Bolus); 0.1–0.2 µg/kg/h continuou	is infusion (range 0.1–1µg/kg/h) with	membranes.	
r 10–15 min (Bolus); 0.1–0.3 μg/kg/h continuous infusi	on with titration as needed	** Please note the abuse potential of Lyrica/pregabalin in recreational drug use**	
		Do not combine NSAID's and remember PPI!	
ute Herpetic Neuralgia (cervico-facial, thoracic, or a	abdominal distribution):		
%, max 2.5 mg/kg, or Bupivacaine with epi: 0.25–0.5%	ó, max 3.0 mg/kg.		
mg/kg, max 300 mg or Lidocaine with epi: 0.5–2%, 7	mg/kg, max 500 mg		
mg/kg			
		PO Ibuprofen: 400 mg q8h × 3 days (max 5 days with 1200 mg/d)	CO
Diclofenac 50 mg IV			
preservative-free Lidocaine-cardiac or pre-made bags	only) over 10–15 min (max dose 200	PO Acetaminophen (APAP, Paracetamol): 500 mg PO q8h × 3 days (max 1500 mg/day). Best if combined with NSAID's	
5-2.5 mg/kg/hr		PO Naproxen: 500 mg q12h × 3 days (max 5 days)	
ose, SDK)		PO Diclofenac: 50 mg q8h × 3 days (max 5 days)	
0 min, +/- continuous IV infusion at 0.15-0.2 mg/kg/h		Physical Therapy, Transcutaneous Electrical Nerve Stimulation, Virtual Reality	
30 min, +/- continuous SQ infusion at 0.15-0.2 mg/kg/	h		
g (weight-based) q5–10 min (consider using highly co	ncentrated solutions: Adults: 100 µg/mL,		
han 0.3–0.5 mL/per nostril).			
min (as adjunct to Ketamine)		Do not combine NSAID's and remember PPI!	
usion over 10 min)			
/kg over 10–15 min (bolus); 0.1–0.2 µg/kg/h continuou	s infusion (range 0.1–1 µg/kg/h) with		
			_
			-

THIS IS NOT A FORMULARY. ALWAYS ADHERE TO LOCAL CLINICAL GUIDELINES. In all cases, use physiotherapy where possible. Do not mix NSAIDs. Consider PPI (Lansoprazole etc) when using NSAIDs. Local formularies should be consulted for dosing. We are NOT stating that opioids should never be used in clinical practice - we advocate a multimodal analgesic technique to manage pain, in order to reduce opioid use. **CHECK ALL DRUG DOSES IN A FORMULARY & SEEK SENIOR GUIDANCE.**

Medications	Pain Syndromes
ocal Anesthetics:	Acute MSK Pain (fractures, dislocations, subluxations, muscle sprains, strains,
rticane: 4%	spasms (triggers)
upivacaine w/o epi: 0.25-0.5% upivacaine with epi: 0.25-0.5%	Acute Soft Tissue Pain (laceration, abscess, foreign bodies)
hloroprocaine 2-3%,	Acute Visceral Pain (renal colic) Acute Neuropathic Pain (acute herpetic neuralgia)
idocaine w/o epi: 0.5-2% idocaine with epi: 0.5-2%	Acute Corneal Abrasion (tetracaine)
lepivacaine: 1-2% rilocaine: 4%	Chronic MSK pain (flare of Rheumatoid arthritis, osteoarthritis)
rocaine: 0.25-0.5%	Chronic Neuropathic Pain (Post-herpetic Neuralgia, Trigeminal Neuralgia)
opivacaine: 0.2 -1% etracaine: 0.5% eye drops	
	Chronic Neuropathic Pain (Post-herpetic Neuralgia, Trigeminal Neuralgia)
<u>ntidepressants:</u> ortriptyline, Amitriptyline	
	um Channels (Central) Blocking Agents
abapentin, Pregabalin	Acute Post-Operative Pain
	Acute Neuropathic pain Chronic Neuropathic Pain (Nerve Palsies, Neuralgias)
	Diabetic Neuropathy
	Post-herpetic Neuropathy Sciatica,
	Fibromyalgia
SAID's:	Cox-1, Cox-2-Enzyme Inhibitors Acute MSK Pain (Sprains, Strains, Contusions, Fractures, Dislocations,
	Subluxations, Tendinopathies, Arthralgias, Back Pain)
aproxen	Acute Visceral Pain (Renal and Biliary Colic, Abdominal Pain) Acute Soft Tissue Pain (lacerations, contusions, foreign bodies, abscesses)
iclofenac	Acute Headache
etoprofen etorolac	Chronic MSK Pain (Osteoarthritis, Rheumatoid Arthritis, Gout)
cetaminophen	
ossible Cox-3 inhibition)	
C Ionidine	Central Alpha 1, 2 Receptor Agonist
exmedetomidine	Acute Pain (Neuropathic) Chronic Pain (neuropathic pain, vaso-occlusive sickle cell painful crisis)
aloperidol	D1-2 Receptor Antagonists Acute Pain (Migraine Headache)
roperidol	Chronic Abdominal Pain
letoclopramide rochlorperazine	Cyclic Vomiting Syndrome
hlorpromazine	
GAB.	A Receptor Agonist/NMDA Antagonist Intractable Migraine Headache
· ·	
5 letoclopramide	HT-2, 5HT-3 Receptor Antagonists Acute Pain (Migraine Headache)
aldol roperidol	Chronic Abdominal Pain Cyclic Vomiting Syndrome
CONDUCIO	
торениот	Cyclic volititing synurome
•	5HT-1 Receptor Agonists
•	
umatriptan	5HT-1 Receptor Agonists
umatriptan NM etamine	5HT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache)
umatriptan NM etamine	5HT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations,
umatriptan NM etamine	5HT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain,
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umatriptan NM etamine	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain
umatriptan NM etamine	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses)
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umatriptan NM etamine	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions
umatriptan NM etamine lagnesium	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain
umatriptan NM tetamine lagnesium Opic	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain
umatriptan NM tetamine lagnesium Opic	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain
umatriptan NM etamine lagnesium Opic Opic	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain Did Receptor Agonists (Mu-receptors) Acute Traumatic MSK Pain (fractures, dislocations, subluxations) Acute Visceral Pain (Abdominal Pain: Biliary colic, Pancreatitis, Diverticulitis), Renal colic, Acute Traumatic Pain, Sickle Cell Voc Pain
umatriptan NM Setamine lagnesium	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain Oid Receptor Agonists (Mu-receptors) Acute Traumatic MSK Pain (fractures, dislocations, subluxations) Acute Visceral Pain (Abdominal Pain: Biliary colic, Pancreatitis, Diverticulitis),
umatriptan NM tetamine lagnesium Opic Opic	5HT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain Oid Receptor Agonists (Mu-receptors) Acute Traumatic MSK Pain (fractures, dislocations, subluxations) Acute Visceral Pain (Abdominal Pain: Biliary colic, Pancreatitis, Diverticulitis), Renal colic, Acute Traumatic Pain, Sickle Cell VOC Pain Cancer-related pain TRPV1 Receptor Agonists
umatriptan NM etamine lagnesium Opic Opic lorphine ydromorphone entanyl	5HT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain Ord Receptor Agonists (Mu-receptors) Acute Traumatic MSK Pain (fractures, dislocations, subluxations) Acute Visceral Pain (Abdominal Pain: Biliary colic, Pancreatitis, Diverticulitis), Renal colic, Acute Traumatic Pain, Sickle Cell VOC Pain Cancer-related pain TRPV1 Receptor Agonists MSK Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Cancer, Subluxations, Cancer, C
umatriptan NM etamine lagnesium opic lorphine ydromorphone entanyl	5HT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain Oid Receptor Agonists (Mu-receptors) Acute Traumatic MSK Pain (fractures, dislocations, subluxations) Acute Visceral Pain (Abdominal Pain: Billary colic, Pancreatitis, Diverticulitis), Renal colic, Acute Traumatic Pain, Sickle Cell VOC Pain Cancer-related pain TRPV1 Receptor Agonists
umatriptan NM etamine lagnesium opic opic opic opic opic opic opic opi	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Opioid-tolerant painful conditions Opioid-induced hyperalgesic states Cancer-related pain OIC Receptor Agonists (Mu-receptors) Acute Traumatic Pain (fractures, dislocations, subluxations) Acute Traumatic Pain (fractures, dislocations, subluxations) Acute Traumatic Pain, Sickle Cell VOC Pain Cancer-related pain DISUBLY Colspan="2">Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses)
umatriptan NM etamine lagnesium opic opic lorphine ydromorphone entanyl	5HT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Cancer-related pain Contustores, subluxations) Acute Traumatic MSK Pain (fractu
umatriptan NM Etamine lagnesium Opic Copic Cophine Vidromorphone entanyl cetaminophen sear least as an adjunct with all pain, here not contraindicated) capsaicin	SHT-1 Receptor Agonists Acute Pain (Migraine Headache, Cluster Headache) DA/Glutamate Receptor Antagonists Acute Traumatic/Non-traumatic Pain: Abdominal/Flank/Back Pain, Musculoskeletal Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses) Abdominal Migraine Acute/Chronic Neuropathic Pain Refractory Migraine Headache Vaso-occlusive painful crisis of Sickle Cell Disease Opioid-tolerant painful conditions Acute Traumatic MSK Pain (fractures, dislocations, subluxations) Acute Visceral Pain (Abdominal Pain: Biliary colic, Pancreatifis, Diverticulitis), Renal colic, Acute Traumatic Pain, Sickle Cell VOC Pain Cancer-related pain TRPV1 Receptor Agonists MISK Pain (Sprains, Strains, Contusions, Fractures, Dislocations, Subluxations, Tendinopathies, Arthralgias, Back Pain), Soft Tissue Pain (lacerations, contusions, abscesses)
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