# Multimodal Analgesic Guidelines

## Recommendations From the Multisociety Acute Postoperative Pain Guidelines[1]

| Recommendations | | Level of Evidence | Strength of Recommendation |
|---|---|---|---|
| 1 | Provide patients, their families, and caregivers with education on treatment options; document a plan and treatment goals | Low | Strong |
| 2 | Educate parents of pediatric patients on developmentally appropriate methods for pain assessment, educate on analgesics and treatment modalities | Low | Strong |
| 3 | Conduct pre-op evaluation assessing for factors that increase risk for uncontrolled pain or affect pain management or patient risk | Low | Strong |
| 4 | Frequently adjust pain management plan based on adequacy of pain relief or adverse events | Low | Strong |
| 5 | Track treatment response with validated pain assessment tool; adjust treatment accordingly | Low | Strong |
| 6 | Offer children and adult patients multimodal analgesia combined with nonpharmacologic interventions | High | Strong |
| 7 | Consider TENS as an adjunct to other treatments | Moderate | Weak |
| 8 | Acupuncture, massage, cold therapy may or may not have benefit | Not sufficient | No recommendation |
| 9 | Consider cognitive-behavioral modalities in adults | Moderate | Weak |
| 10 | Oral opioids are preferred to intravenous opioids in patients able to use the oral or enteral route | Moderate | Strong |
| 11 | Avoid using the intramuscular route | Moderate | Strong |
| 12 | When parenteral route is needed, IV PCA should be used | Moderate | Strong |
| 13 | Avoid routine basal infusions with IV PCA in opioid-naive adults | Moderate | Strong |
| 14 | Appropriately monitor for sedation, respiratory depression, and other adverse events when systemic opioids are used | Low | Strong |
| 15 | Acetaminophen and/or NSAIDs should be used for adults and children without contraindication as part of a multimodal approach | High | Strong |
| 16 | Preoperative celecoxib should be given to adults without contraindication | Moderate | Strong |
| 17 | Consider use of gabapentin as a component of multimodal analgesia | Moderate | Strong |
| 18 | Consider IV ketamine as a component of multimodal analgesia in adults | Moderate | Weak |
| 19 | Consider IV lidocaine infusions in adults for open and laparoscopic abdominal surgery | Moderate | Weak |
| 20 | Consider surgical site–specific local anesthetic infiltration | Moderate | Weak |

AtriCure

## Recommendations from the Multisociety Acute Postoperative Pain Guidelines *continued*

| Recommendations | | Level of Evidence | Strength of Recommendation |
|---|---|---|---|
| 21 | Use topical local anesthetics in combination with nerve blocks before circumcision | Moderate | Strong |
| 22 | Avoid intrapleural analgesia with local anesthetics after thoracic surgery | Moderate | Strong |
| 23 | Consider site-specific peripheral regional anesthetic techniques in adults and children for procedures with established efficacy | High | Strong |
| 24 | Use continuous, local anesthetic–based peripheral regional analgesic techniques when pain is expected to exceed the duration of a single-shot injection | Moderate | Strong |
| 25 | Consider adding clonidine as an adjuvant to prolong single-injection peripheral blocks | Moderate | Weak |
| 26 | Offer neuraxial analgesia for major thoracic and abdominal procedures, especially if concerns for ileus, or pulmonary or cardiac complications | High | Strong |
| 27 | Avoid neuraxial magnesium, benzodiazepines, neostigmine, tramadol, and ketamine | Moderate | Strong |
| 28 | Appropriately monitor patients receiving neuraxial interventions | Low | Strong |
| 29 | Surgical facilities should develop an infrastructure to develop policies and processes for safe and effective pain care | Low | Strong |
| 30 | Surgical facilities should have pain specialist consultation for challenging care scenarios | Low | Strong |
| 31 | Policies and procedures should guide neuraxial and continuous peripheral block procedures | Low | Strong |
| 32 | Adults, children, and caregivers should be provided education on post-discharge pain plans and analgesic tapering | Low | Strong |

Recommendations in red refer to practices that should be avoided. Recommendations highlighted in orange describe broadening multimodal analgesic use.

**NSAIDs**, nonsteroidal anti-inflammatory drugs; **PCA**, patient-controlled analgesia; **TENS**, transcutaneous electrical neural stimulation


**References**

[1]*Chou et al. (2016). Management of Postoperative Pain: a clinical practice guideline from the American pain society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' committee on regional anesthesia, executive committee, and administrative council. The Journal of Pain, 17(2):131-57.*