PAIN MEDICATION PLAN

Managing your pain medications after surgery can be confusing. Plans work best when medications are combined safely to provide even pain coverage. Like a good recipe, the ingredients must be used together in balance. This approach is called multi-modal pain management. Here is a template to help you make a safe and easy plan that works.

PICK ONE MEDICATION AT MOST FROM EACH GROUP A-E

		MEAL		A L	MEAL			MEAL		
	Medica	ation	6 am	9 am	Noon	3 pm	6 pm	9 pm	Midnight	3 am
A	☐ Tyler	nol (Acetaminophen)	1000 mg	'	1000 mg		1000 mg	'	1000 mg	•
	□ Advi	il (Ibuprofen)*		600 mg		600 mg		600 mg		600 mg (+/-)
В		e (Naprosyn)*		220 mg				220 mg		
	□ Cele	brex (Celecoxib)		200 mg				200 mg		
C	☐ Neur	rontin (Gabapentin)	300 mg		300 mg		300 mg			
D	☐ Prilo	sec (Omeprazole)*	20 mg							
	Oxyo	codone	5 mg (+/-)							
Е	□ Dilau	udid (Hydromorphone)	2 mg (+/-)							
	vico □ Vico	din (Hydrocodone + Acetominaphen)**	0-2 tabs		0-2 tabs		0-2 tabs		0-2 tabs	

Narcotics have the following issues and side effects: **less effective with repeated use**, itchiness, drowsiness, nausea, vomiting, constipation, respiratory depression and addiction. These are generally the least reliable pain medication, and should be used as a final ingredient, and as little as possible, if pain can be controlled with medications from Groups A-C. These are best taken with food (not on an empty stomach) and only as needed (+/-).

^{*} To prevent an upset stomach while taking Ibuprofen or Naprosyn, Prilosec can be taken once daily.



** TYLENOL WARNING: MAX 1000 mg EVERY 6 HRS (4000 mg total daily)

Vicodin contains 325 mg acetaminophen. Avoid acetaminophen overdose by using these safe combinations	325 mg 325 mg 325 mg	or	500 mg 500 mg	or	1 Vicodin 500 mg	or	1-2 Vicodin 325 mg
	-		- Milder effect	Stronger effect			

