

For your acute pain patients

Create a Multimodal Pain Management Plan

Why? Because a multimodal plan that includes acetaminophen and NSAIDs can provide effective pain relief and help reduce your patients' need for opioids.¹ Here's how to get started.

Ask your patients about their pain management preferences.

Why? Because ~80% of patients would prefer a non-opioid option to manage postoperative pain but less than 25% discuss options with their doctor or nurse practitioner.^{2*}

Encourage the patient to be an active participant

- Voice concerns about medications (eg, opioid side effects)
- Speak up when experiencing pain
- Make and track recovery goals

Consider and discuss the efficacy of OTCs in multimodal analgesia.

Why? Because American Pain Society guidelines strongly recommend acetaminophen and NSAIDs as part of multimodal analgesia based on high-quality evidence in the management of postoperative pain.¹

Explain multimodal pain management and the role of acetaminophen and/or NSAIDs¹

- Includes multiple medications and techniques (eg, opioid, non-opioid, topical, nonpharmacologic)
- Targets different mechanisms in the central and/or peripheral nervous system
- Helps reduce or even eliminate the need for opioids
- Can provide more effective pain relief vs single-modality plans

Personalize your patients' pain management plan.

Why? Because American Pain Society guidelines strongly recommend providing a patient- and family-centered, individually tailored plan.¹

Create a plan before surgery and adjust postoperatively¹

- Identify the patient's recovery goals (eg, work, exercise, hobbies)
- Document the plan and goals for postoperative pain management
- Gauge interest in nonpharmacologic therapies (eg, stress reduction, acupuncture)
- Use a validated pain assessment tool to track response; adjust plan accordingly

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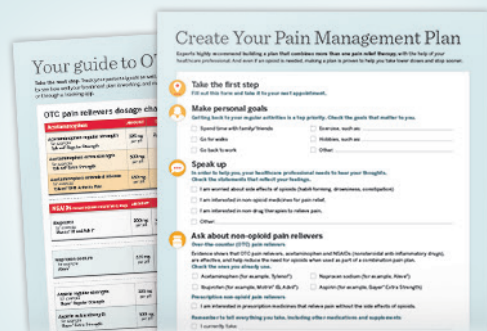
*Based on a 2016, 500-person survey in patients who had orthopedic surgery.

REFERENCES: 1. Chou R, Gordon DB, de Leon-Casasola OA, et al. 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. *J Pain*. 2016;17(2):131-157. 2. Data on file. Based on a 2016, 500-person survey in patients who had orthopedic surgery. Pacira Pharmaceuticals. Plan against pain. Opioid addiction and dependence after surgery is significantly higher than previously known. 2016.

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Support your patients with dosage charts for OTC analgesics and other safety resources at GetReliefResponsiblyProfessional.com



Encourage Patient Participation

Help patients be active participants in their own recovery with this easy-to-use checklist. Includes personal goal setting to identify regular activities, treatment concerns, such as opioid side effects, current medications, including OTC pain relievers, and dosage charts.

GetReliefResponsiblyProfessional.com/patient-education

Counsel on proper dosing for your recommended OTC analgesic

OTC pain relievers dosage chart for adults and children 12 years and older

Acetaminophen	AMOUNT	DOSE & FREQUENCY	DAILY LIMIT
Acetaminophen regular strength for example Tylenol® Regular Strength	325 mg per pill	2 pills every 4 to 6 hours while symptoms last	Do not take more than 10 pills in 24 hours, unless directed by a doctor
Acetaminophen extra strength for example Tylenol® Extra Strength	500 mg per pill	2 pills every 6 hours while symptoms last	Do not take more than 6 pills in 24 hours, unless directed by a doctor
Acetaminophen extended release for example Tylenol® 8HR Arthritis Pain	650 mg per pill	2 pills every 8 hours	Do not take more than 6 pills in 24 hours

Acetaminophen dosage daily limit is

4,000 mg

For your safety, do not take more than this amount in 24 hours

Some acetaminophen labels specify a 3,000 mg per day limit. Do not exceed the daily limit on the label. Consult your healthcare professional if you have questions.

NSAIDs nonsteroidal anti-inflammatory drugs	AMOUNT	DOSE & FREQUENCY	DAILY LIMIT
Ibuprofen for example Motrin® IB and Advil®	200 mg per pill	1 pill every 4 to 6 hours while symptoms last (if pain or fever does not respond to 1 pill, 2 pills may be used)	Do not take more than 6 pills in 24 hours, unless directed by a doctor

Ibuprofen dosage daily limit is

1,200 mg

For your safety, do not take more than this amount in 24 hours

Naproxen sodium for example Aleve®	220 mg per pill	1 pill every 8 to 12 hours while symptoms last (for the first dose, you may take 2 pills within the first hour)	Do not take more than 2 pills in any 8 to 12 hour period. Do not take more than 3 pills in 24 hours
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Naproxen sodium dosage daily limit is

660 mg

For your safety, do not take more than this amount in 24 hours

Aspirin regular strength for example Bayer® Regular Strength	325 mg per pill	1 or 2 pills every 4 hours, or 3 pills every 6 hours	Do not take more than 12 pills in 24 hours
Aspirin extra strength for example Bayer® Extra Strength	500 mg per pill	1 or 2 pills every 4 to 6 hours	Do not take more than 8 pills in 24 hours

Aspirin dosage daily limit is

4,000 mg

For your safety, do not take more than this amount in 24 hours

It is important to **always read and follow the label**. If you have any questions, ask your healthcare professional which product may be right for you.

Reminders for your patients

- Take **ONLY 1** medicine that contains the **same kind of active ingredient** (acetaminophen or NSAID) at a time
- **Do not exceed the dose** on the label directions
- For NSAIDs, take the **smallest effective dose**— and take it for the **shortest amount of time** needed

Why?

- If you take more than 1 medicine with the same kind of active ingredient at a time, it can increase your chance of harmful side effects
- Taking more than directed does **NOT** equal faster relief. It can also lead to harmful side effects

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