ProCare
HospiceCare

PEDIATRIC PAIN MANAGEMENT CONSULT

NURSE (first name): Amber
ALLERGIES: Pentamidine Isethionate- intolerance, NSAIDS- avoid due to single kidney status

Primary: C64.9 Malignant neoplasm of unspecified kidney, except renal pelvis 1/25/2019
Related: J91.0 Malignant pleural effusion

CHIEF COMPLAINT: Uncontrolled pain

HISTORY PRESENT ILLNESS: ***4-year-old patient presenting with pain; seems generalized, but also appears a lot in right shoulder/arm area, shoulder pain might be d/t tumor compression***

Current relevant medications [updated to current orders in script section below where needed]:

methadone 5mg po BID -- increased to this dose on 2/11, started at 2.5mg po BID

ibuprofen PRN -- not taking for pain; patient only has 1 kidney, so trying to avoid use, just using occasionally for fever with blood transfusions

morphine 20mg/mL 0.8mL (16mg) q1h PRN -- has been taking q1-1.5 hours for past 24 hours (i.e. approx. 22 doses (352mg) in the past 24 hours); increased to this PRN dose/frequency approx. 1 week ago; increases have been from 0.3mL/dose to 0.6mL/dose, then to 0.8mL/dose

fentanyl patch 25mcg q72 hours -- increased on 2/11, from 12mcg patch

tylenol 160mg/5mL 7.5mL po q4-6h PRN fever -- not taking for pain, last took on 2/25

oxycodone 5mg/5mL 3mL qhs and q6h PRN -- has been taking 3mg q6h ATC, 4 doses/day, in addition to the routine bedtime dose (i.e. has had 5 doses (15mg) in past 24 hours) -- started using routine q6h ATC on 2/26

ativan 2mg/mL 0.2mL po q2h PRN -- is taking q2h ATC since last night, starting at approx. 10pm local time

[is approx. 9:30am local time now]; went to ER last night because pain was so bad, gave IV morphine in ER which didn't help (dose unknown), mother said she can do this at home so they took her home; appears was in ER from 8pm to 11pm; from 11pm until right now has received morphine consistently q1h; before going into ER was taking doses of morphine approx. q1-1.5 hours, exact number of doses unknown but appears did not last longer than 1.5 hours (i.e. appears never made it to 2 hours between doses) -- i.e. appears likely has received approx. 22 doses of morphine 16mg in past 24 hours.

yesterday morning patient's pain was controlled with all this med, was able to wake up and sit comfortably; yesterday afternoon pain became uncontrolled she just cried, so increased use of ativan and morphine; appears ativan makes her drowsy but appears to tolerate PRN morphine and oxycodone doses fine and without any sedation; is still grabbing, still uncomfortable, still crying/moaning -- no noticeable improvement after oxycodone/morphine doses

hospice has standing orders to increase methadone by 2.5mg/dose every 5 days if needed, per oncologist who consults with pediatric pain specialist -- they are not yet aware of PRN morphine and oxycodone use in past 24 hours

today increased:

methadone 7.5mg po BID -- per these standing orders, received first dose this morning, unclear if it has helped at all

appears increased pain is d/t change in status, is declining, is not very active anymore so does not appear this is a transient/acute pain episode (e.g. d/t injury); where the tumors are located they are likely causing pressure; hard

to say but prognosis might be 1 month at most based on recent decline, have noticed a big difference in past 2 weeks, is weaker now, needs assistance all the time, eats 1 bite per day; current renal function unknown, renal labs stable last time they were taken (specific details unclear), is still producing urine; had constipation at beginning of week, but very large BM with laxative on 2/25 and managing with pedialax now (so not suspecting constipation as contributing to pain)

respirations are good -- no respiratory depression noted today after the morphine and oxycodone use; pt weighed 37.8lbs in January 2019, but has lost a significant amount of weight (current weight unknown)

caregivers use morphine PRN primarily, typically only use oxycodone when morphine isn't helping; in the past they tried to d/c fentanyl patch (d/t weight loss and didn't think it was helping), but then pt had a pain crisis; parental monitoring is excellent

RECOMMENDATIONS ($-Tier 1, $$-Tier 2, $$$-Tier 3, NF-Nonformulary, $$$NF – high dollar non-formulary):

1. Consider scheduling: tylenol 160mg/5mL 7.5mL po TID. (hospice pay) Scheduled Tylenol can sometimes help decrease the amount of opioids needed; can take along with methadone doses.
2. Consider increasing methadone dose further -- based on the amount of PRN morphine and oxycodone used in the past 24 hours (approx. 374 OMEs (oral morphine equivalents)/24 hours), consider increasing to EITHER:
    a) methadone 10mg po q8h. (hospice pay) -- An increase of 20mg/day, to total 30mg/day. This dose is based on a conversion of the amount of OMEs patient has taken in the past 24 hours and then further rounded down/reduced by approx. 30-40%.

        – OR –

    b) methadone 10mg po BID. (hospice pay) -- An increase of 10mg/day, to total 20mg/day (i.e. doubling patient's current dose). This is a more conservative dose increase than the dose described in "a" above.
        i. Daily methadone checks x 5 days, monitoring closely for pain relief as well as lethargy/sedation and/or respiratory depression (especially if option "a" is chosen). Educate caregivers to continue to monitor very closely for these warning signs of opioid toxicity, especially as the days go on and methadone reaches steady state (i.e. on days 3-7 also).
3. Consider increasing dose: morphine 20mg/mL 1mL (20mg) po 1h PRN pain. (hospice pay)
4. Also, consider increasing the PRN availability: oxycodone 5mg/5mL 3mL (3mg) po q4h PRN pain. (hospice pay)
5. Can increase the PRN morphine and/or PRN oxycodone dose and/or frequency further if needed and as tolerated -- recommend to re-evaluate pain again in 12 hours.
6. Recommend to consult with the pediatric pain specialist who is more familiar with patient's specific case re: the above opioid dose increases, making him/her aware of the amount of morphine and oxycodone patient has used in the past 24 hours.
7. Continue fentanyl patch as currently ordered for now, as noted it may be helping somewhat despite patient's weight loss and to be able to focus on the effectiveness and tolerance of the methadone dose increase.
8. Continue lorazepam as ordered PRN anxiety/restlessness for now, monitoring closely for excess lethargy/sedation. Discussed that it is hoped once pain is improved, the need for lorazepam may be decreased.

DRUG INTERACTIONS: No clinically significant drug-drug interactions noted.