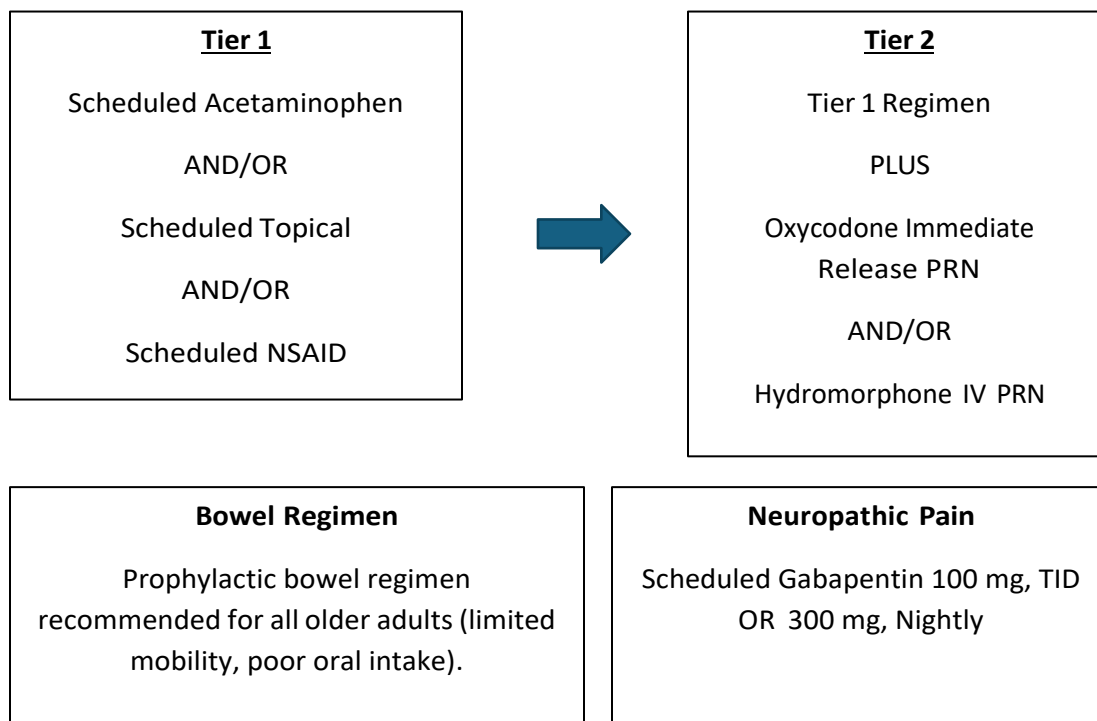


## Trauma Center Practice Management Guideline

Iowa Methodist Medical Center – Des Moines

### ***Pain Management Guideline for Older Adult / Geriatric Patients (Frail, Elderly, Age ≥ 65 Years Old)***

<b>ADULT Practice Management Guideline</b>	<b>Effective: 8/1/2025</b>
<b>Contact:</b> Trauma Center Medical Director	<b>Last Revised: 8/1/2025</b>



*Refer to the Trauma "Pain Management Guideline for Adult Patients" for additional information regarding pain management for all adult patients.*

### **Inpatient Medication Selection and Dosing for Older Adult / Geriatric Patients**

#### *Medication Administration and Schedule*

- Many older adult patients will not ask for medications for pain due to cognitive impairment (dementia, delirium).
- Consider patient's ability to swallow and if pills need to be crushed to be administered.
- Many medications can be adjusted to liquid, suppository, or intravenous administration.

#### ***Recommended starting doses for older adults:***

##### *Acetaminophen:*

- 1,000 mg, oral, three times daily or every 8 hours scheduled.
  - Recommend not scheduling overnight to promote sleep.

##### *Topicals:*

- Lidocaine Patch
  - Patch, daily. Apply for 12 hours then remove for 12 hours (on hospital formulary).
  - Best for rib fractures, low back pain, neck pain, and acute neuropathy (place above the area of pain).
  - Can use multiple patches per day.
  - Include designated area of application in written order.
- Diclofenac (Voltaren) Gel
  - 2 or 4 gm, twice daily (up to four times daily), to the affected area.

- Best for joint pain (i.e. arthritis).
- Include designated area of application in order.
- Lower risk of systemic side effects compared to oral NSAID.

#### *NSAID's:*

- Ibuprofen
  - 400 mg or 600 mg, oral, every 6 or every 8 hours (max 2,400 mg daily)
- Ketorolac
  - 10-15 mg IV or IM, every 8 hours (max of 40 mg daily and max of 5 days duration)

#### *Opioids:*

- Oxycodone
  - 2.5 mg, oral, every 4 or every 6 hours, as needed
- Tramadol
  - Not recommended in the older adult population for higher risk of confusion.
  - If needed or requested, 25-50 mg, oral, every 6 or 8 hours, as needed
- Hydromorphone
  - 0.2 mg, IV, every 3-4 hours, as needed
- *Considerations for all Opioids:*
  - Older adults are more susceptible to side effects from opioids, such as respiratory depression, hypotension, delirium, constipation, and excessive sedation.
  - Recommend decreasing starting dose by 25%, compared to healthy adults.
  - Recommend decreasing starting dose by 50% in > 80-year-old.

#### *Neuropathic Pain:*

- Gabapentin 100 mg, oral, three times daily, scheduled.
  - Consider using home dose, or reduced dose, if taken chronically to prevent withdrawal.
  - Common side effects: sedation and dizziness with delayed onset.
  - Avoid use in renal failure.
  - Cautious use with chronic lung disease. May cause respiratory depression and sedation, especially in patients taking concomitant opioids with a delayed onset.
  - May require taper if used longer than 7 days.

#### *Bowel Regimen:*

- Prophylactic bowel regimen recommended for all older adults (limited mobility, poor oral intake).
  - If using opioid, schedule stimulant laxative.
    - Senna 8.6 mg, 1 tablet, twice daily
      - AND/OR
    - Polyethylene Glycol (Miralax) 17 gm, daily
  - Add or reduce doses to promote BM every 1-2 days:
    - Polyethylene Glycol (Miralax) 17 gm (up to twice daily)
    - Senna 8.6 mg (up to 2 tablets, twice daily)
    - Milk of Magnesium \* (daily as needed or scheduled)
    - Bisacodyl Suppository \* (daily as needed or scheduled)
    - Fleet Enema or Tap Water Enema (daily as needed or scheduled)
- \* Cautious use of bisacodyl and magnesium products with renal failure or dialysis.*

#### *Avoid Use:*

- Muscle Relaxants (cyclobenzaprine, methocarbamol, diazepam, baclofen, tizanidine)
  - Poorly tolerated in older adults.
  - Anticholinergic side effects are common: sedation, confusion, weakness, urinary retention, orthostasis and increased risk of fractures from falls.

- Avoid or reduce dose if renal insufficiency (CrCl < 60 mL/min).
- If the patient is truly experiencing pain due to spasticity - use short-term, low-dose tizanidine or baclofen.

References:

ACS Trauma Programs. (2023). *Best practice guidelines: Geriatric trauma management*. [facs.org/media/ubvj2ubl/best-practices-guidelines-geriatric-trauma.pdf](https://www.facs.org/media/ubvj2ubl/best-practices-guidelines-geriatric-trauma.pdf)

Reuben, D., Herr, K, Pacala, J., Pollock, B., Potter, J., & Semia, T. (2024). *Geriatrics at your fingertips* (26<sup>th</sup> ed.). American Geriatrics Society.