



ROLE OF PHARMACIST IN PAIN MANAGEMENT



PAIN DEFINITION

01

An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage¹

02

A basic approach to pain management:

R – Recognise

A – Assess

T – Treat

1) International Association for Study of Pain (2020)

INTRODUCTION

01

MOH has recognised pain as the 5th vital sign (P5VS) as a core strategy to improve pain management in MOH facilities since 2008.

02

It is one of requirements for certification as Pain Free Hospital / Health Clinic

03

General role of pharmacists - an integral role as part of a multidisciplinary team in managing pain at various healthcare settings by advocating and promoting safe, effective and quality use of pain medications.



IMPACTS OF PHARMACIST INVOLVEMENT IN PAIN MANAGEMENT

Study has shown pharmacist involvement in pain management contributed to²:

01

A marked **reduction** in drug related problems by **75%**

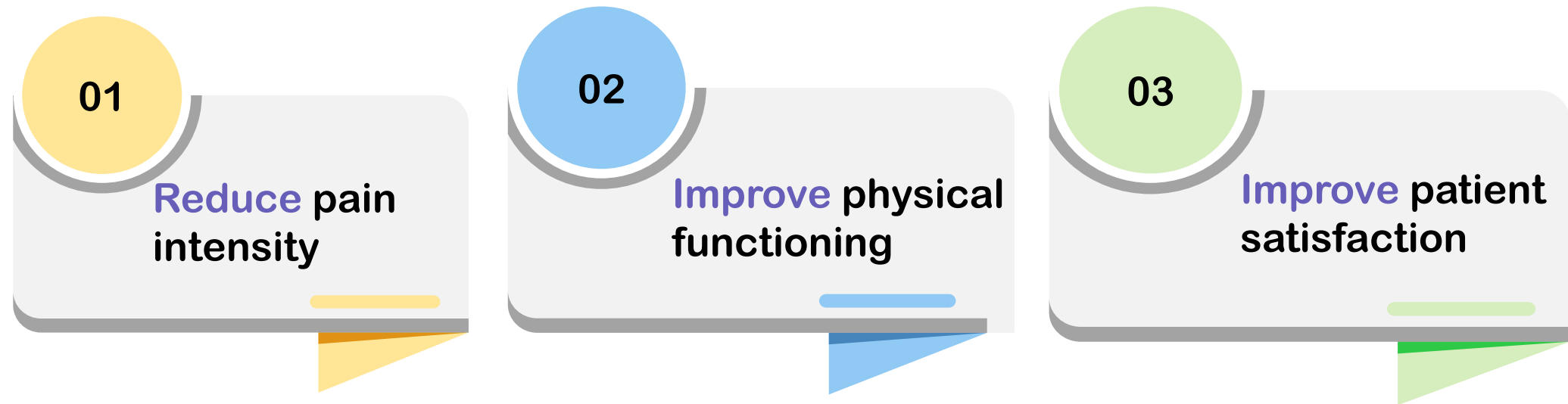
02

Significant pain score reduction

2) Hadi et al. (2014). Effectiveness of Pharmacist-led Medication Review in Chronic Pain Management. *The Clinical Journal of Pain*, 30(11), 1006-1014

IMPACTS OF PHARMACIST INVOLVEMENT IN PAIN MANAGEMENT

A Systematic Review evaluating the effectiveness of pharmacist in chronic pain management has shown significant positive impacts in patient outcome³



3) Liu et al. (2020). Evaluation of Pharmacist Interventions as Part of a Multidisciplinary Cancer Pain Management Team In A Chinese Academic Medical Center. *Journal of the American Pharmacists Association*, 60(1)

IMPACTS OF PHARMACIST INVOLVEMENT IN PAIN MANAGEMENT

A retrospective review at Saint John's Health Center, California from August 2006 to July 2007 showed that Pain Management Pharmacist's discharge facilitation:

01

Save ~ \$97,200 over 12-month period

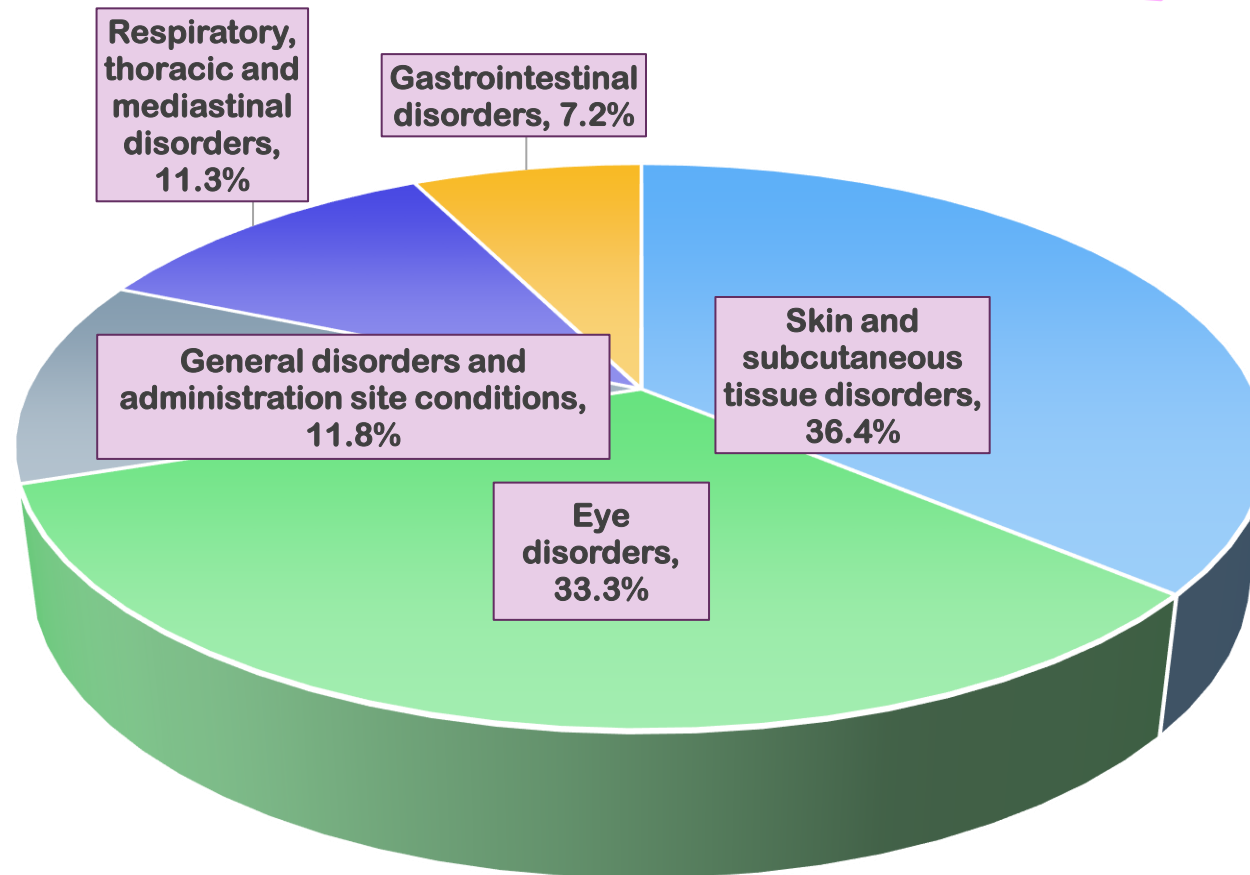
IMPACTS OF PHARMACIST INVOLVEMENT IN PAIN MANAGEMENT

A total of 4411 adverse drug reactions (ADR) involving 13 types of NSAIDs had been reported to National Pharmaceutical Regulatory Agency in year 2021. Pharmacist involvement in pain pharmacotherapy is crucial to:

02

Minimise ADRs by providing proper education to HCP and patients

A total of 4411 ADR cases were reported in year 2021 involving 13 types of NSAIDs



% of ADR reports for NSAIDs in year 2021 based on organ system

Source: NPRA



AIMS OF TOT FOR PHARMACIST

To guide pharmacists in Ministry of Health:

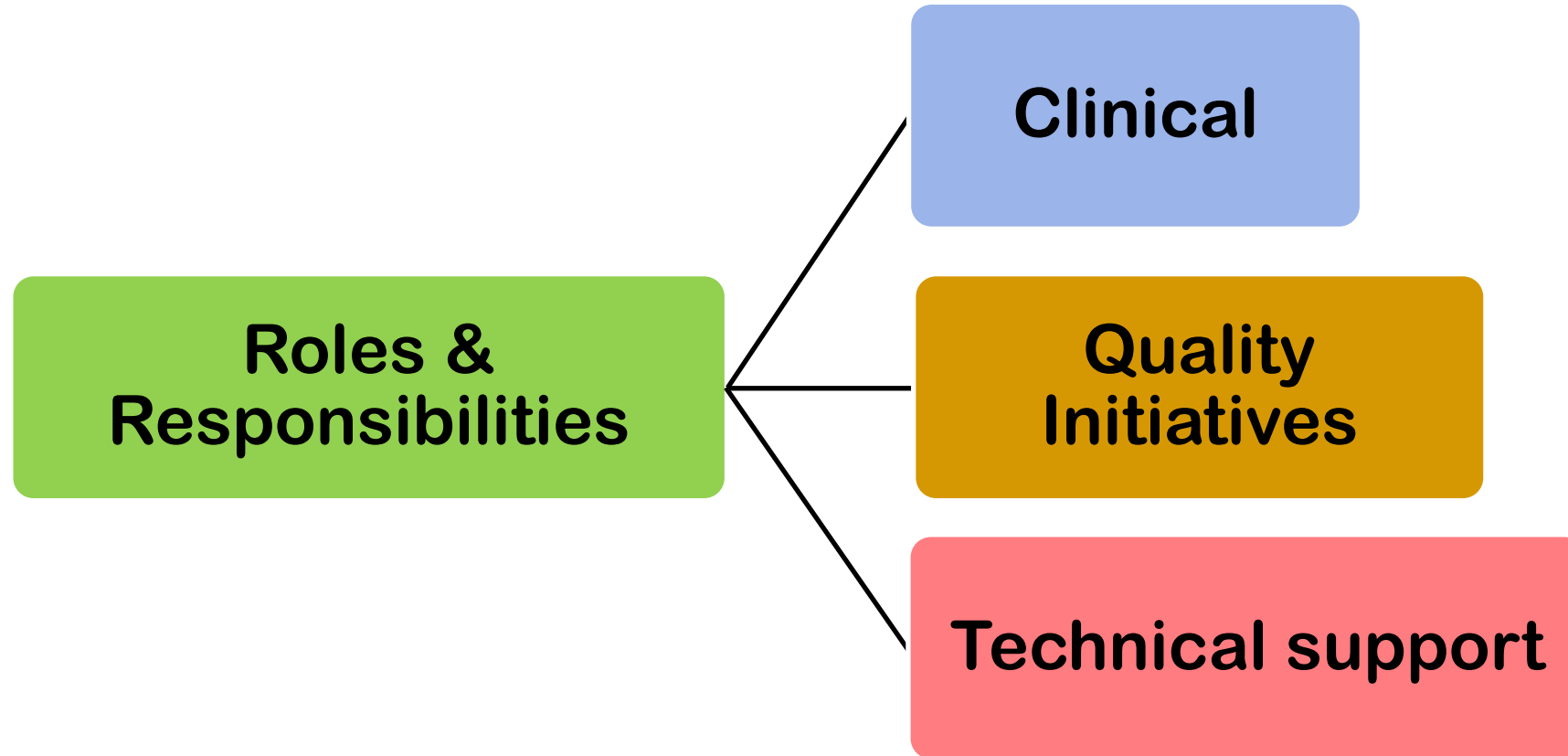
01

Establish Pain Pharmacotherapy Services at their facilities

02

Ensure quality of Pain Pharmacotherapy Services by setting up standard methods of performing various tasks in the services

ROLES & RESPONSIBILITIES OF PHARMACIST IN PAIN PHARMACOTHERAPY



ROLE OF PHARMACIST IN PAIN PHARMACOTHERAPY SERVICES CLINICAL ASPECT



PAIN PHARMACOTHERAPY SERVICES

01

A provision of extended and specialised pharmacy service

02

Provided by trained and certified pharmacist using standardised training module developed by Pharmaceutical Services Division MOH

03

MOH facilities including hospitals and health clinics which implement Pain as 5th Vital Sign



OBJECTIVES OF PAIN PHARMACOTHERAPY SERVICES

01

To optimise pain therapy (controlled/reduce pain) by recommending individualized pain regimen

02

To minimise adverse events and reduce risk of medication errors by performing medication reconciliation

03

To counsel patients on appropriate use of pain medications to increase patients' understanding on their medications.

04

To engage in effective communication with multidisciplinary team in the optimisation of pain management

ROLE OF PHARMACIST IN PAIN MANAGEMENT QUALITY INITIATIVES



QUALITY INITIATIVES

Pharmacists play an integral role in quality improvement initiatives
e.g.: quality assurance, R&D & innovation projects:



01

To increase use of evidence-based multimodal pain management strategy



02

To develop patient-centered and outcome-based approach towards optimisation of patient care

ROLE OF PHARMACIST IN PAIN MANAGEMENT TECHNICAL SUPPORT



1. DRUG UTILIZATION REVIEW

Perform regular analysis in pain medications:



01

Evidence-based pain medication utilisation



02

Pain medication stock management






03

Promote optimisation of pain medication resources

1. DRUG UTILIZATION REVIEW

Prepare list of pain medications needed for the implementation of pain MTM service:

	01	Unregistered medications a) require Import Permit (under Control of Drug and Cosmetic Regulations 15 (6) 1984)
	02	Listed in MOH Drug Formulary a) Psychotropic and non-psychotropic b) Prescriber categories (A*, A, A/KK)
	03	Medications requiring Special Approval from Director General of Health a) Not listed in MOH Drug Formulary b) Listed in MOH Drug Formulary but with different indication

2. PAIN MEDICATION PROCUREMENT & SUPPLY

Includes medications from hospital formulary especially needed for Pain Free Hospital (PFH)



01

Procurement

- a) Coordinate with logistic pharmacy unit on the quota, usage, slow moving and import permit items
- b) establish contingency plans during shortages of medicines and for purchases in emergencies



02

Distribution, Preparation & Handling

- a) Stock mobilisation between units / facilities / states
- b) Develop structured work flow for Preparation of IV admixture (PCA and epidural cocktails) and extemporaneous preparation (Syp. morphine 10mg/5ml) with Sterile Manufacturing Unit
- c) Ensure a proper and standardise documentation

2. PAIN MEDICATION PROCUREMENT & SUPPLY

Includes medications from hospital formulary especially needed for Pain Free Hospital (PFH)



03

Storage

Ensure proper storage conditions for pain medications
Eg: controlled substances, fridge items



04

Supply & Dispensing

- a) Ensure access and availability of medicine supply based on indication
- b) Mechanism to differentiate pain prescription Eg: stamp "PAIN FP" on the prescription

COMMON MEDICATIONS: EXAMPLES

Paracetamol

1g/100ml injection
500mg tablet

NSAIDs

Non-selective NSAIDs:

- Diclofenac 50mg tab, 12.5/25/50mg supp, 75mg/3ml injection
- Ibuprofen 200mg tab & 100mg/5ml syr
- Indomethacin 25mg cap & 100mg supp
- Naproxen 275mg & 250mg tab
- Meloxicam 7.5mg tab
- Piroxicam 10mg cap
- Ketorolac 30mg/ml injection

Selective COX2 Inhibitor

- Celecoxib 200mg cap
- Etoricoxib 90mg & 120mg tab
- Parecoxib 40mg injection

COMMON MEDICATIONS: EXAMPLES

Opioids

Weak opioids

- Tramadol 50mg tab & 50mg/ml injection
- Dihydrocodeine 30mg tab

Strong opioids

- Aq Morphine 10mg/5ml
- Morphine SR 10mg, 30mg tab
- Oxynorm 5mg & 10mg cap
- Oxycontin 10mg & 20mg tab
- Oxycodone 10mg/ml injection
- Targin 5/2.5, 10/5, 20/10, 40/20
- Buprenorphine patch 5mcg/hr, 10mcg/hr
- *Methadone 5mg/ml syr

COMMON MEDICATIONS: EXAMPLES

Adjuncts – Neuropathic pain

TCA

- Nortriptyline 10mg & 25mg tab (KPK)
- Amitriptyline 10mg, 25mg

Anticonvulsants

- Gabapentin 100mg, 300mg
- Pregabalin 50mg, 75mg & 150mg cap

SNRI

- Duloxetine 30mg & 60mg tab

COMMON MEDICATIONS: EXAMPLES

Others

PCA and Epidural

Anaesthetic

- Ketamine
- Lignocaine

Topical application

- Lignocaine patch
- Ketoprofen patch
- Gels and creams



3. PSYCHOTROPIC SUBSTANCE



01

Pain management especially for pain score 7 and above, need to use psychotropic substance



02

Psychotropic substance have risk of misuse and abuse.






03

Procurement, storage & dispensing of these group of medication strictly should comply with Dangerous Drug Act 1952 & Psychotropic Regulations 1989.



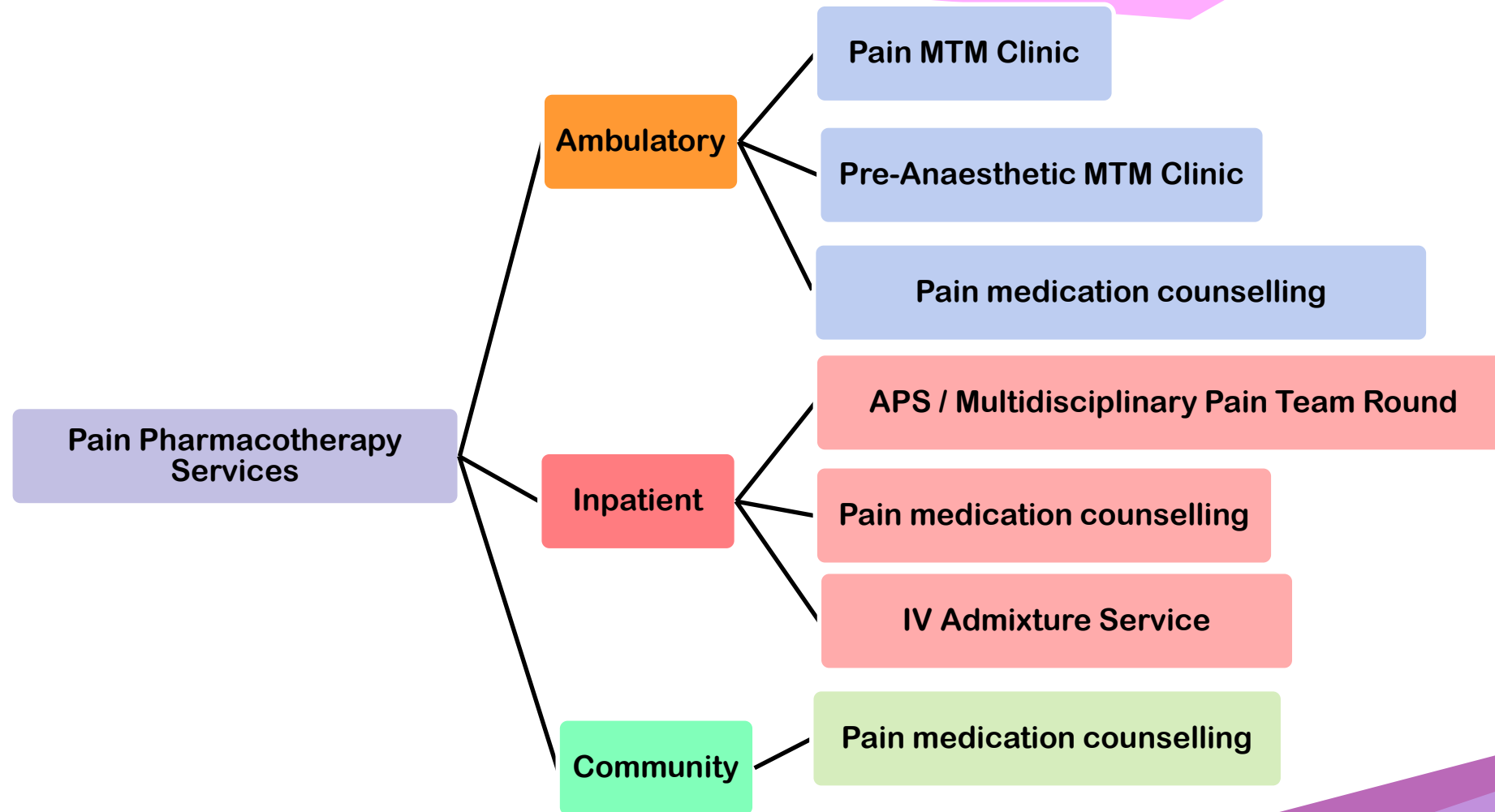
4. MEDICATION REQUIRING SPECIAL APPROVAL

Medications requiring Special Approval from Director General of Health / Senior Director of Pharmaceutical Services:

- | | | |
|---|-----------|--|
|  | 01 | Not listed in MOH Drug Formulary (e.g.: Tramadol 37.5mg/ Paracetamol 325mg) |
|  | 02 | Listed in MOH Drug Formulary but with different indication (e.g.: Syrup Methadone indication for detoxification) |
|  | 03 | Drugs requiring import permit (e.g.: lignocaine mouth-spray) |

Garis Panduan Permohonan Memperolehi dan Menggunakan Ubat-ubatan yang Memerlukan Kelulusan Khas Pengarah Kesihatan (KPK) / Pengarah Kanan Perkhidmatan Farmasi (PKPF).

PAIN PHARMACOTHERAPY SERVICES



PAIN PHARMACOTHERAPY SERVICES (AMBULATORY) PAIN MEDICATION THERAPY MANAGEMENT (MTM) CLINIC



1. PAIN MTM CLINIC

Patient Recruitment


- Referred by pain specialist/ Family Medicine Specialist (FMS)
- Identified and selected by pharmacist

Location

- Preferably but not limited to pain clinic area during clinic days.

Manpower Requirement

- At least one trained pharmacist shall be on duty during clinic operating hours



Patient Selection Criteria

01

Patient newly initiated on analgesics & adjuvants
(first time seen by pain clinic)

02

Therapeutic goals not achieved with current
pain medication regimen

03

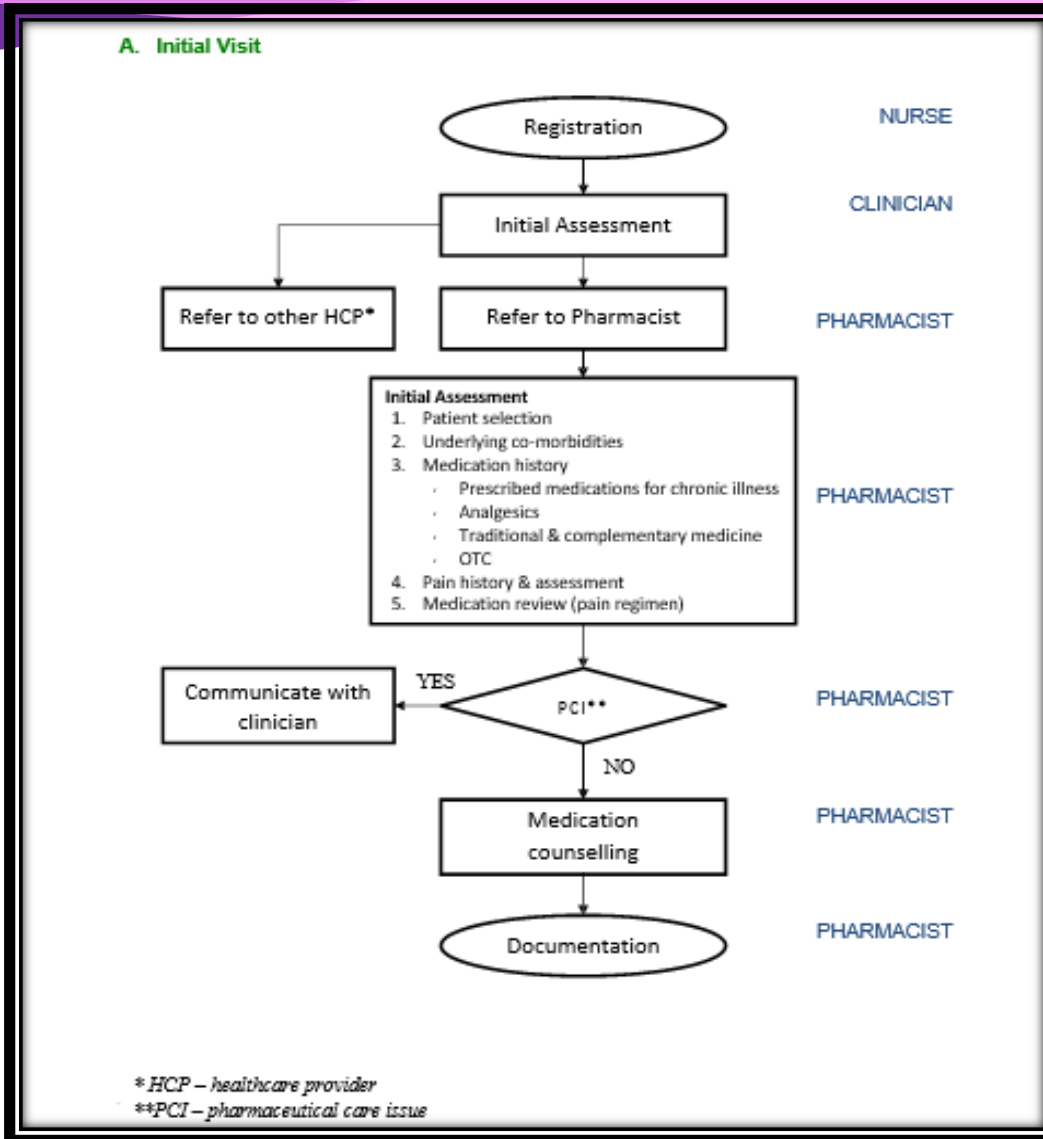
Chronic pain requiring long term use of pain
medication and regular monitoring

04

Patients referred to Pain MTM Clinic with specific criteria
will be included, but not limited to :

- a) Changes in pain medication regimen
- b) Experiencing side effects or complications due to their pain medications
- c) On strong opioids therapy
- d) Poor understanding on pain medication regimen

WORKFLOW: INITIAL VISIT



Ref No: _____
Date: _____

**PAIN MEDICATION THERAPY MANAGEMENT:
PHARMACY ASSESSMENT FORM**
(Initial Visit)

DEMOGRAPHY

Name : _____ MRN/ID No: _____
Age : _____ Gender: Female/Male Race : Malay/Chinese/Indian/ _____
Address : _____ Contact No : _____
Allergy : _____

Diagnosis: _____
Medical History: _____
Social/ Family History: _____

PAST MEDICATION HISTORY

Medication History: _____ History of Analgesic Given: _____
list analgesia

PAIN HISTORY

OTHERS

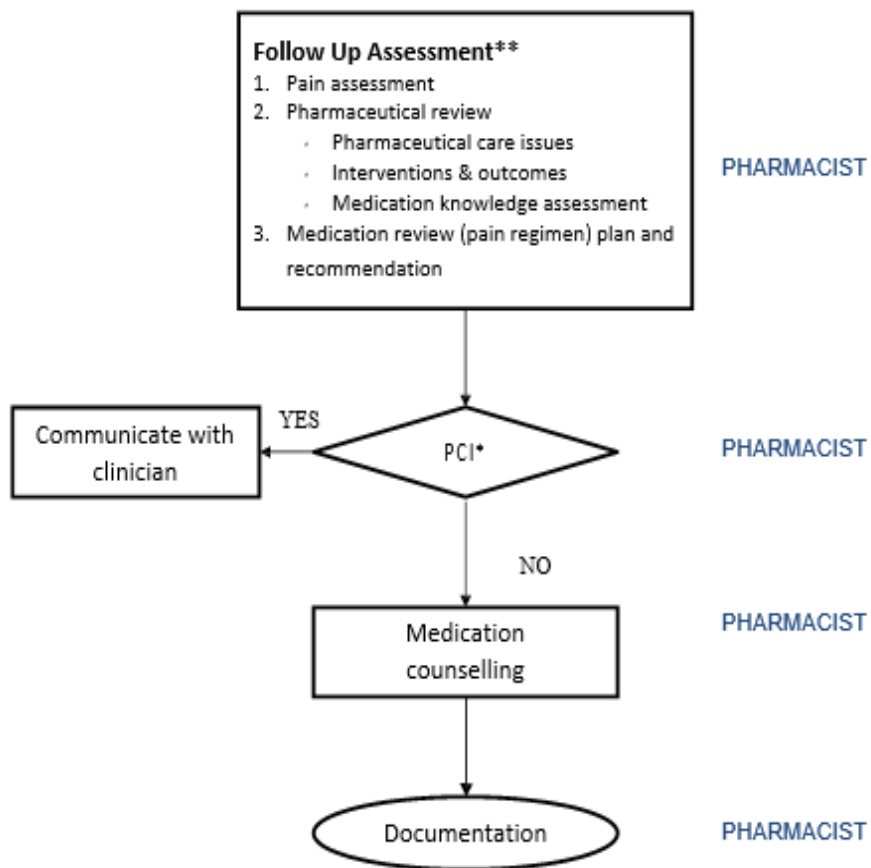
Traditional complementary medicines:
Including acupuncture, Chinese medicines etc.

Location of Pain: Circle the areas where the pain exists



WORKFLOW: SUBSEQUENT VISIT

B. Subsequent Visits



PAIN EVALUATION & MEDICATION REVIEW LIST (Subsequent Visit)

Date:	Visit No.:	Date:	Visit No.:						
Chief Complaint:		Chief Complaint:							
Pain Score	Max	Pain Score	Max						
	Ave		Ave						
	Min		Min						
Pain Aggravating Factors		Pain Aggravating Factors							
Pain Relieving Factors		Pain Relieving Factors							
Medications	D	F	I	T	Medications	D	F	I	T
Total %		Total %							
Pharmaceutical Care Issues:					Pharmaceutical Care Issues:				
Pharmacist Interventions:					Pharmacist Interventions:				
Outcome/Plan:					Outcome/Plan:				
Pharmacist's Name / Signature:					Pharmacist's Name / Signature:				

How to calculate the score:
 Score (%) = $\frac{\text{No. of columns with 'yes'}}{\text{Total no. of columns}} \times 100\%$
 Key: D = Dose F = Frequency I = Indication T = Method of Administration



SUMMARY OF ACTIVITIES

Medication Counselling

- ❖ Explain & enforce
 - Treatment goal
 - Detail of medication
 - Side effect & precaution
 - Storage
 - Missed dose
 - Round the clock vs when necessary
 - Follow up counselling

Pharmacotherapy Review

- ❖ Identify patients with medication related issues
- ❖ Assess & intervene
- ❖ Drug related problem
 - Identify available therapeutic alternative
 - Formulate individualized action plan
 - Address safety concern

Pharmacist Recommendation

- ❖ Based on
 - Intensity of pain
 - Desired outcome
 - Drug related problem
 - Access & availability of medicine
- ❖ Collaborate with other HCP
- ❖ Interventions: to communicate with prescribers

Discharge Patient

- ❖ Discharge criteria:
 - Transfer to other hospital
 - Wean off pain medicine
 - Achieved treatment goal & no other PCI
 - Patient requested
 - Defaulted follow up for 1 year

PAIN PHARMACOTHERAPY SERVICES (AMBULATORY) PRE-ANAESTHETIC MTM CLINIC



2. PRE-ANAESTHETIC MTM CLINIC

Scope

- Medication history taking, medication review and patient counselling on the use of medication prior to surgery.

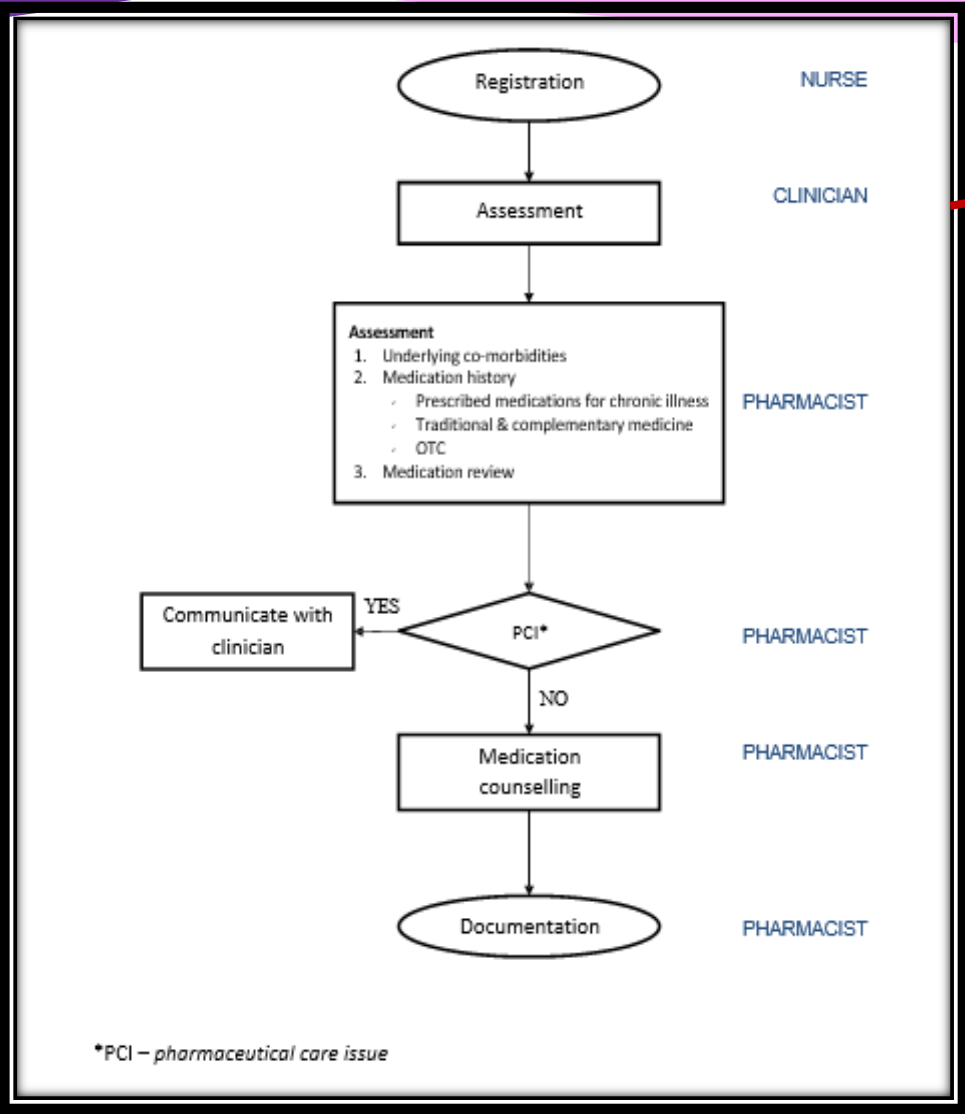
Location

- Preferably but not limited to Pre-Anaesthetic Clinic area during clinic days.

Manpower Requirement

- At least one trained pharmacist needed to provide this service in the Pre-Anaesthetic Clinic.

WORKFLOW: PRE-ANAESTHETIC MTM CLINIC



MEDICATION HISTORY ASSESSMENT FORM CP 1
PHARMACY DEPARTMENT HOSPITAL

FORM TO BE FILLED BY THE PHARMACIST UPON PATIENT ADMISSION

A. PATIENT DATA

Full Name: _____
Gender: M / F Age: _____
BRAC: _____
Address: _____
Phone No: _____
Admission Date/Time: _____
Ward/Bed: _____
Pain: _____
Last Discharge /
Revisit Date: _____

B. REASON FOR ADMISSION

C. ALLERGY & ADVERSE DRUG REACTION

D. DRUG HISTORY

Patients own drugs checked? Yes No Source of medication list:

REGISTRATION (Specify amount)	DOSE	FREQUENCY	BALANCE FROM PREVIOUS SUPPLY	WRITE CROSS CONTINGENT DC FOR SUBSTITUTION BEFORE ADMISSION	COMMENTS

NON-PRESCRIPTION MEDICATION (INCLUDE OVER THE COUNTER DRUGS/HERBS)

REASON FOR TAKING	BALANCE/COMMENTS

Date / Day: _____
PH 553

Pre-Operative Counselling: Medication Instruction for Patient

Hospital : _____
Department : _____
Name of Patient : _____
Date of Procedure : _____

Medication to Withhold

Medication Name	When to Withhold

Evening Before Procedure

Medication to Take	Do NOT Take

Morning of Procedure: _____

Medication to Take	Do NOT Take



PAIN PHARMACOTHERAPY SERVICES (INPATIENT) ACUTE PAIN SERVICE (APS)/ MULTIDISPLINARY PAIN TEAM ROUND



3. ACUTE PAIN SERVICE (APS)/ MULTIDISCIPLINARY PAIN TEAM ROUND

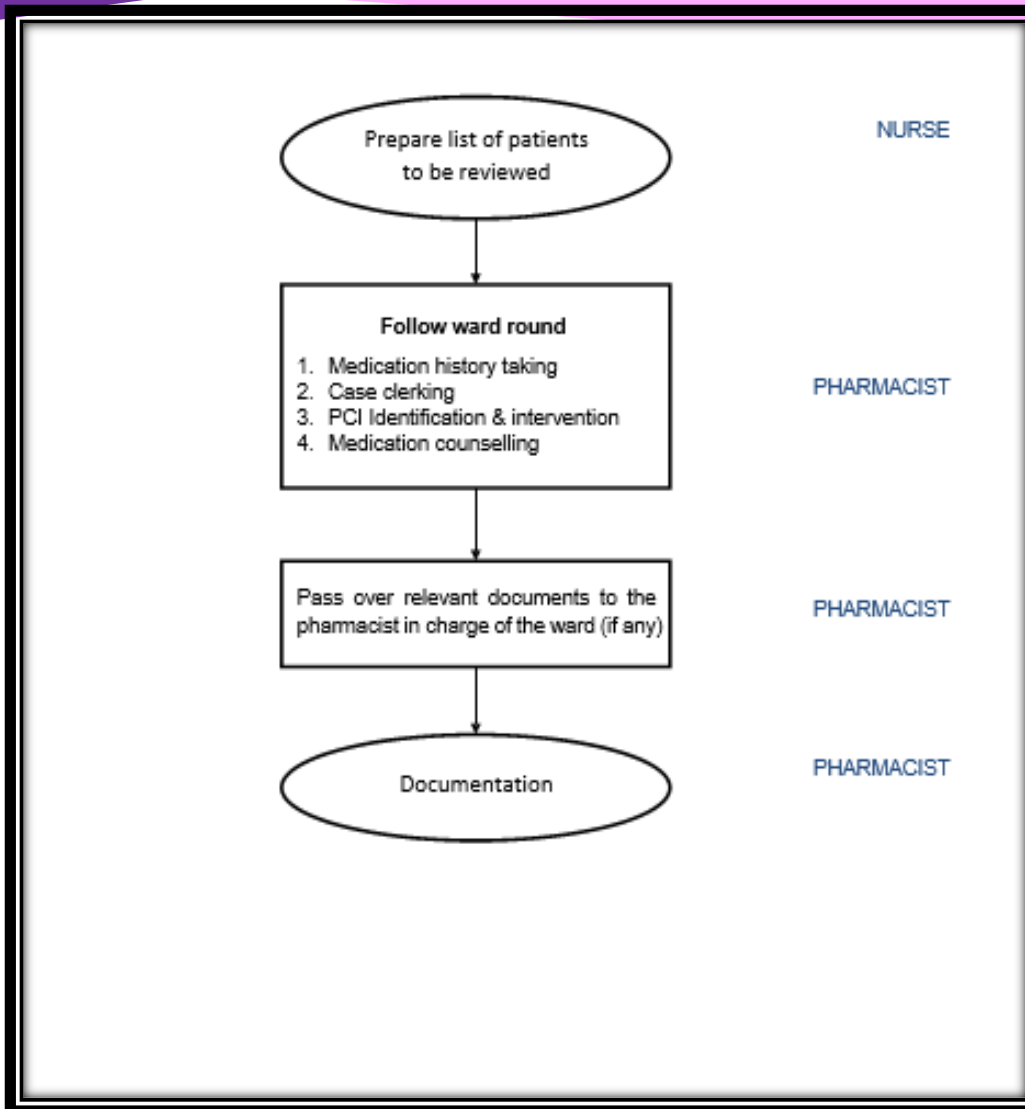
Scope

- Participation during APS/ Multidisciplinary Pain Team Round

Manpower Requirement

- At least 1 pharmacist (preferably but not limited to pharmacists who are trained in pain pharmacotherapy services).
- Ward pharmacist are advisable to be part of the team.

WORKFLOW: APS/ MDT ROUND



Standardised Clinical Pharmacy Services Documentation

1. Medication History Assessment
2. Pharmacotherapy Review
3. Clinical Pharmacy Report Form
4. Nota Rujukan Pesakit

PAIN PHARMACOTHERAPY SERVICES (MEDICATION COUNSELLING) AMBULATORY, INPATIENT, COMMUNITY



4. PAIN MEDICATION COUNSELLING

References for the work process and documentation :

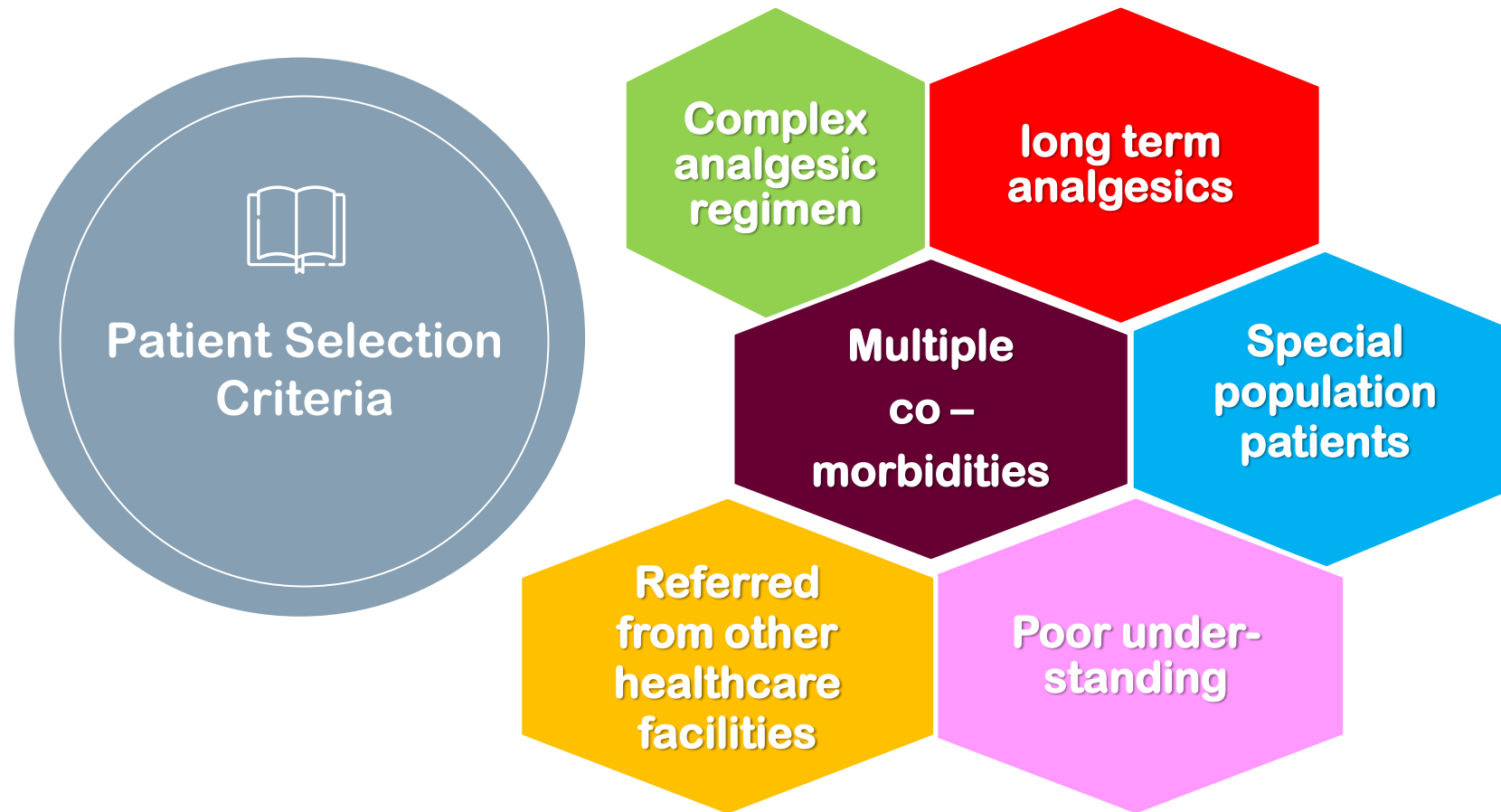
01

Garis Panduan Kaunseling Ubat-ubatan Edisi Ketiga (2019) published by the Pharmaceutical Services Programme, MOH.

02

Garis Panduan Pelaksanaan Kaunseling Ubat-Ubatan Secara Maya / Virtual (2021)

4. PAIN MEDICATION COUNSELLING



PAIN PHARMACOTHERAPY SERVICES (MEDICATION COUNSELLING) PAIN MANAGEMENT IN PALLIATIVE CARE



PAIN MANAGEMENT IN PALLIATIVE CARE

01

Medication therapy is often a cornerstone of symptom control in palliative care and an important part of this is pain therapy management.

02

Pharmacist involvement in multidisciplinary palliative care team contributed to the reduction of inappropriate use of analgesics and improved pain control⁶

03

Refer Handbook of Palliative Medicine in Malaysia (2015)

6) Geum, M. J. et al. (2019). Interprofessional Collaboration Between a Multidisciplinary Palliative Care Team and the Team Pharmacist on Pain Management. *The American journal of hospice & palliative care*, 36(7), 616–622. <https://doi.org/10.1177/1049909119829047>



PHARMACY PAIN MANAGEMENT GUIDELINES

Pharmaceutical Services Programme
Ministry of Health Malaysia



PHARMACY PAIN MANAGEMENT GUIDELINES

01

First edition was in year 2016 followed by 2nd edition in year 2018

02

Published by Pharmaceutical Services Programme, MOH

03

Content : Guideline on provision of Pharmacy Pain Management Services in MOH facilities

04

These guidelines accessible at website :
[www. pharmacy.gov.my](http://www.pharmacy.gov.my) – Publications
[www. moh.gov.my](http://www.moh.gov.my) – Publications



PROTOCOL FOR CHRONIC PAIN MEDICATION THERAPY MANAGEMENT



Pharmaceutical Services Division
Ministry of Health Malaysia
[2016]

PAIN MEDICATION THERAPY MANAGEMENT SERVICES: GUIDELINE FOR PHARMACY



Pharmaceutical Services Programme
Ministry of Health Malaysia
[Second Edition 2018]



TRAINING PROGRAMME FOR PAIN PHARMACIST

Pharmaceutical Services Programme
Ministry of Health Malaysia



TRAINING MODULE PHARMACIST IN PAIN MANAGEMENT

01

Pain Medication Therapy Management (MTM) for Pharmacy Training Module (2022) has been established by Pharmaceutical Services Programme

02

Aim to train and develop pharmacists with knowledge and skills to strengthen provision of pharmaceutical care in Pain Pharmacotherapy.

03

Trainings options:
Full Training for MOH & non-MOH pharmacist
Echo Training (TOT by trained pharmacist).

04

Duration:
Part 1: 2 weeks attachment at appointed training centres
Part 2: 12 - 24 weeks at trainee's own facility

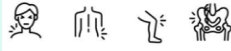

TRAINING MODULE PHARMACIST IN PAIN MANAGEMENT

**PAIN MEDICATION
THERAPY MANAGEMENT
(MTM) FOR PHARMACY
TRAINING MODULE**

Clinical Pharmacy Working Committee
(Pain Management Subspecialty)

Jan 2022

Pharmacy Practice & Development Division, Ministry of Health

 Pathophysiology of Pain Pharmaceutical Services Programme Ministry of Health Malaysia	 Pain Management: Drugs & Pharmacology (PCM & NSAIDs) Pharmaceutical Services Programme Ministry of Health Malaysia
 Pain Management: Drugs & Pharmacology (Antineuropathic Agents) Pharmaceutical Services Programme Ministry of Health Malaysia	 Pain Management: Drugs & Pharmacology (Opioid Analgesics) Pharmaceutical Services Programme Ministry of Health Malaysia



REPORTING OF PAIN PHARMACOTHERAPY SERVICES

Pharmaceutical Services Programme
Ministry of Health Malaysia





KEMENTERIAN KESIHATAN MALAYSIA
(Ministry of Health Malaysia)
Bahagian Amalan & Perkembangan Farmasi
(Pharmacy Practice & Development Division)
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Ruj. Tuan :
Ruj. Kami : KKM.600-34/3/11 (25) Jld 4
Tarikh : 16 Mac 2018

Timbalan Pengarah Kesihatan Negeri (Farmasi)
Jabatan Kesihatan Negeri Perlis/ Kedah/ Pulau Pinang/ Perak/
Selangor/ Negeri Sembilan/ Melaka/ Johor/ Pahang/ Kelantan/ Terengganu/
WP Kuala Lumpur & Putrajaya/ WP Labuan

Ketua Jabatan Farmasi
Hospital Kuala Lumpur/ Institut Kanser Negara

Tuan/Puan,

**EDARAN DOKUMENTASI FARMASI UNTUK PROGRAM P5VS & PFH
SEPANJANG TAHUN 2017 - 2018**

Dengan hormatnya saya diarah merujuk kepada perkara di atas.

2. Sukacita dimaklumkan bahawa Program Perkhidmatan Farmasi, Kementerian Kesihatan Malaysia sedang dalam usaha untuk mempertingkatkan perkhidmatan farmasi dalam penjagaan kesakitan pesakit di hospital-hospital di seluruh negara. Sehubungan dengan itu, satu borang dokumentasi *Pain Medication Therapy Management* telah diwujudkan bagi mengumpulkan maklumat berkaitan perkhidmatan tersebut.

3. Bersama dengan surat ini disertakan Borang Pelaporan Aktiviti *Pain Medication Therapy Management* (seperti di Lampiran A) untuk rujukan dan tindakan Tuan/Puan selanjutnya. Mohon kerjasama pihak Tuan/Puan memaklumkan fasiliti yang terlibat untuk membuat pelaporan retrospektif bagi tahun 2017 untuk dijadikan data *baseline*, dan juga pelaporan bagi tahun 2018. Pelaporan 2017 hendaklah dihantar ke Bahagian ini sebelum/pada 31 Mac 2018. Manakala

1000000000@kkm.gov.my
 03-79413327

Letter from Pharmaceutical Services Programme KKM.600-34/3/11(25) Jld 4 dated 16th March 2018



PAIN PHARMACOTHERAPY SERVICES REPORTING

01

All activities of pain pharmacotherapy services has to be well-documented and kept for monthly compilation by the pharmacists and reported in Pain Pharmacotherapy Services Report.

02

This report has to be submitted quarterly by HOD / pharmacist in-charge to Pharmacy Practice and Development Division MOH via State Deputy Health Director (Pharmacy) every 3 months.



PAIN PHARMACOTHERAPY SERVICES REPORTING

LAPORAN AKTIVITI PAIN MEDICATION THERAPY MANAGEMENT (PAIN MTM)

NEGERI :
 TEMPOH :

Bil	Nama Fasiliti	Klinik Pain MTM		Bilangan Pesakit Dikaunsel Di <i>Pre-Anaesthetic Pain Clinic</i>	Bilangan Kes Yang Dipantau Di Wad	Bilangan Kaunseling Ubat-ubatan Tahan Sakit (selain daripada <i>Pain MTM Clinic</i>)
		Bil. Pesakit Baru	Bil. Pesakit Susulan			
FASILITI YANG TELAH MENDAPATKAN PENSIJILAN PAIN FREE PROGRAMME/ HOSPITAL						
1						
2						
3						
4						
5						
6						
FASILITI YANG BELUM MENDAPATKAN PENSIJILAN PAIN FREE PROGRAMME/ HOSPITAL						
1						
2						
3						
4						
5						
6						

BPF Negeri akan menghantar borang ini ke Seksyen Farmasi Pesakit Dalam, Bahagian Amalan & Perkembangan Farmasi, KKM setiap 3 bulan :

Januari-Mac

Januari-Jun

Januari-September

Januari-Disember

: sebelum atau pada 15 April

: sebelum atau pada 15 Julai

: sebelum atau pada 15 Oktober

: sebelum atau pada 15 Januari tahun berikutnya



CHALLENGES AND WAY FORWARD

PAIN PHARMACOTHERAPY



CHALLENGES AND WAY FORWARD

Challenges	Impact	WF
Current landscape of Pain Pharmacotherapy Services focus primarily on secondary/tertiary facilities	Limited pain pharmacotherapy services in primary and community setting	Expansion of pain pharmacotherapy services to primary care and community
Limited staffs' knowledge on pain medications: a) Quantity of medications supplied b) Complexity of pain medication regimen	a) Patient not getting enough pain medications leading to inadequate pain control b) Resistance to conduct pain medications counselling among pharmacists	Strengthen the foundation on the overall aspects of pain medication management to all healthcare staffs at different settings
Variation in interpreting prescribing styles	Confusion among healthcare staffs due to different styles of prescribing	To get consensus amongst healthcare providers at facility level



CHALLENGES AND WAY FORWARD

SCENARIO A

Mr. S, 60 years old, retired teacher, diagnosed with prolapsed intervertebral disc was prescribed with:
T. Paracetamol 1g QID x1/12
C. Tramadol 50mg TDS x1/12
C. Gabapentin 300mg TDS x1/12

Ans:

How many T. Paracetamol 500mg should be supplied to Mr. S?

- a) 240 tablets
- b) 120 tablets
- c) 60 tablets
- d) 20 tablets



CHALLENGES AND WAY FORWARD

SCENARIO B

Mr. D, 20 years old, post MVA discharged from ED, pain score upon admission = 8, was given IV Fentanyl 50mcg STAT. Subsequently pain score reduced to 4. The following are discharge medications:

T. Paracetamol 1g QID x1/52

C. Tramadol 50mg TDS x1/52

C. Diclofenac 50mg TDS x1/52

Ans:

As a pharmacist how are you going to counsel on this regimen?

- Take paracetamol if you have mild pain, add on diclofenac if pain persist and lastly add on tramadol if inadequate pain control.
- Take all together then taper accordingly based on the pain score.
- Discuss with prescribers to reach consensus at facility level.



CHALLENGES AND WAY FORWARD

SCENARIO C

Ms. T, 22 years old, diagnosed with chronic pain secondary to post herpetic neuralgia was prescribed with:
T. Paracetamol 1g TDS/PRN x1/12
C. Tramadol 50mg TDS/PRN x1/12
C. Gabapentin 300mg ON x1/12

Ans:

- How many C. Tramadol 50mg shall be supplied to Ms. T?
- a) 10 tablets
 - b) 30 tablets
 - c) 100 tablets
 - d) 90 + x tablets (Consensus at facility level)



ACKNOWLEDGEMENT

This is an initiative by the Clinical Pharmacy Working Committee (Pain Management Specialisation) under of Pharmaceutical Services Programme, Ministry of Health Malaysia. Would like to express our heartfelt gratitude the committee members of the reviewers, contributors and all those involved for their valuable and constructive comments in the completion of this guideline.

DISCLOSURE

This presentation slide is developed for the intent of Training of Trainers (TOT) for Pharmacists.





THANK YOU



PAIN FREE PROGRAMME | KEMENTERIAN KESIHATAN MALAYSIA | UNIT AUDIT KLINIKAL