

**Cardiac Care Outcomes Assessment Program (COAP) Move The Needle (MTN)  
Alternative Pain Management Protocol for Cardiac Surgery**

**Preoperative Pain Management**

Scheduled:

Acetaminophen 1000 mg PO once

Gabapentin 100-600 mg PO once

*Dose based on CrCl:*

*CrCl  $\geq$  60 mL/min = 600 mg*

*CrCl 30-59 mL/min = 300 mg*

*CrCl 15-29 mL/min = 200 mg*

*Do not give if CrCl < 15 mL/min*

**Intraoperative Pain Management**

Limit Opioids, Fentanyl IV with goal of  $\leq$  250 mcg IV or equivalent

Ketamine 0.06-0.15 mg/kg/hr

Lidocaine 1-3 mg/kg/hr +/- 1 mg/kg bolus

Dexmedetomidine infusion 0.1-2 mcg/kg/hr

**Postoperative Pain Management**

Scheduled:

Tylenol 650 mg PO Q6H (500 mg Q6H for liver dysfunction)

Gabapentin PO –

*Dose based on CrCl:*

*CrCl  $\geq$  60 mL/min = 300 mg TID*

*CrCl 15-59 mL/min = 100 mg TID*

*CrCl < 15 mL/min AND HD = 100 mg QD*

*Do not give if CrCl < 15 mL/min*

If pain persists, titrate as tolerated over 2-3 days

PRN for moderate and severe pain:

Oxycodone immediate release tab 5-10mg PO q 4hrs

Lidocaine 5% Patch

Consider Toradol 15 mg IV Q6H

**Discharge:**

Scheduled:

Tylenol 650 mg PO Q6H for 5-7 days (if no liver dysfunction)

PRN for moderate and severe pain:

Oxycodone 5mg PO Q4H PRN for breakthrough pain. Number of pills calculated based on dose required 48 hours prior to discharge and time to follow up.

Review use of oxycodone and other opiates 48 hours prior to discharge and prescribe discharge dose accordingly to cover 14 days. Instruct patients to titrate down on opiates as tolerated with goal to be completely off regular opiate dosing within 10-14 days. If continuing to have severe pain, please call prior to clinic visit.