Equianalgesic Dosing: Principles of Practice for the Care Team

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Opioids are the basis for managing cancer-related pain. Pain assessment and management are critical competencies for the clinical care team to improve quality of life for patients with cancer. Knowledge and application of evidence-based practice approaches to cancer pain relief, including the principles of equianalgesic dosing, opioid switching and rotation, and use of coanalgesics, can lead to improved patient outcomes.

Opioid naive includes patients who are not chronically receiving opioid analgesics on a daily basis.

- **Mild pain (score 1–3)**
  - Step 1: Simple analgesia (nonopioid); initiate simple oral, nonopioid analgesics (e.g., acetaminophen, nonsteroidal anti-inflammatory drugs) with or without adjuvant for neuropathic pain (e.g., tricyclic antidepressant, anticonvulsants)

- **Moderate pain (score 4–6)**
  - Step 2: Weak opioid (e.g., tramadol, codeine phosphate) with or without adjuvant for neuropathic pain (e.g., tricyclic antidepressant, anticonvulsants)

- **Severe pain (score 7–10)**
  - Step 3: Strong opioids (e.g., morphine, oxycodone) with or without adjuvant for neuropathic pain (e.g., tricyclic antidepressant, anticonvulsants)

**FIGURE 1. Management of Pain in an Opioid Naive Patient**

Note. Based on information from World Health Organization, 2012.