Cancer Pain Management Algorithm

Hyperlinks indicate additional information available in guideline sections above:
A = Assessment
M = Management

Pain Assessment (A)
- History
- Physical exam
- Appropriate investigations
- Psychosocial assessment
- Addiction screening

Non-cancer Pain
- Treat as appropriate

Cancer Pain

- Treat underlying disease, if possible (e.g., radiotherapy for bony metastases)
- Psychosocial support
- Consider non-pharmacological therapies, (e.g., massage, relaxation, acupuncture, TENS)

Start opioid therapy (M2)
- morphine, hydromorphone, oxycodone

Add adjuvants appropriate to type of pain

NOCICEPTIVE PAIN
- BONE
  - Cementoplasty
  - NSAIDs*
  - Bisphosphonates
  - Calcitonin
  - Acetaminophen
  - Corticosteroids*
- SOFT TISSUE
  - NSAIDs*
  - Corticosteroids*
  - Skeletal muscle relaxants

NEUROPATHIC PAIN
- Tricyclic antidepressants
- Anticonvulsants
- Clonazepam
- Cannabinoids
- Corticosteroids*
- Sodium channel blocker

VICERAL PAIN
- Corticosteroids*
- Anti-spasmodics

OPIOID SWITCH (M2)
- Morphine, hydromorphone, fentanyl, oxycodone, buprenorphine, methadone

Lidocaine infusion or ketamine

Consider Anesthesia Consult
- Epidural, intrathecal, anesthetic nerve block, neurolysis

*Use gastric cytoprotection (refer to Appendix B – Medications Used In Palliative Care for Pain Management: Gastric Cytoprotection)

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