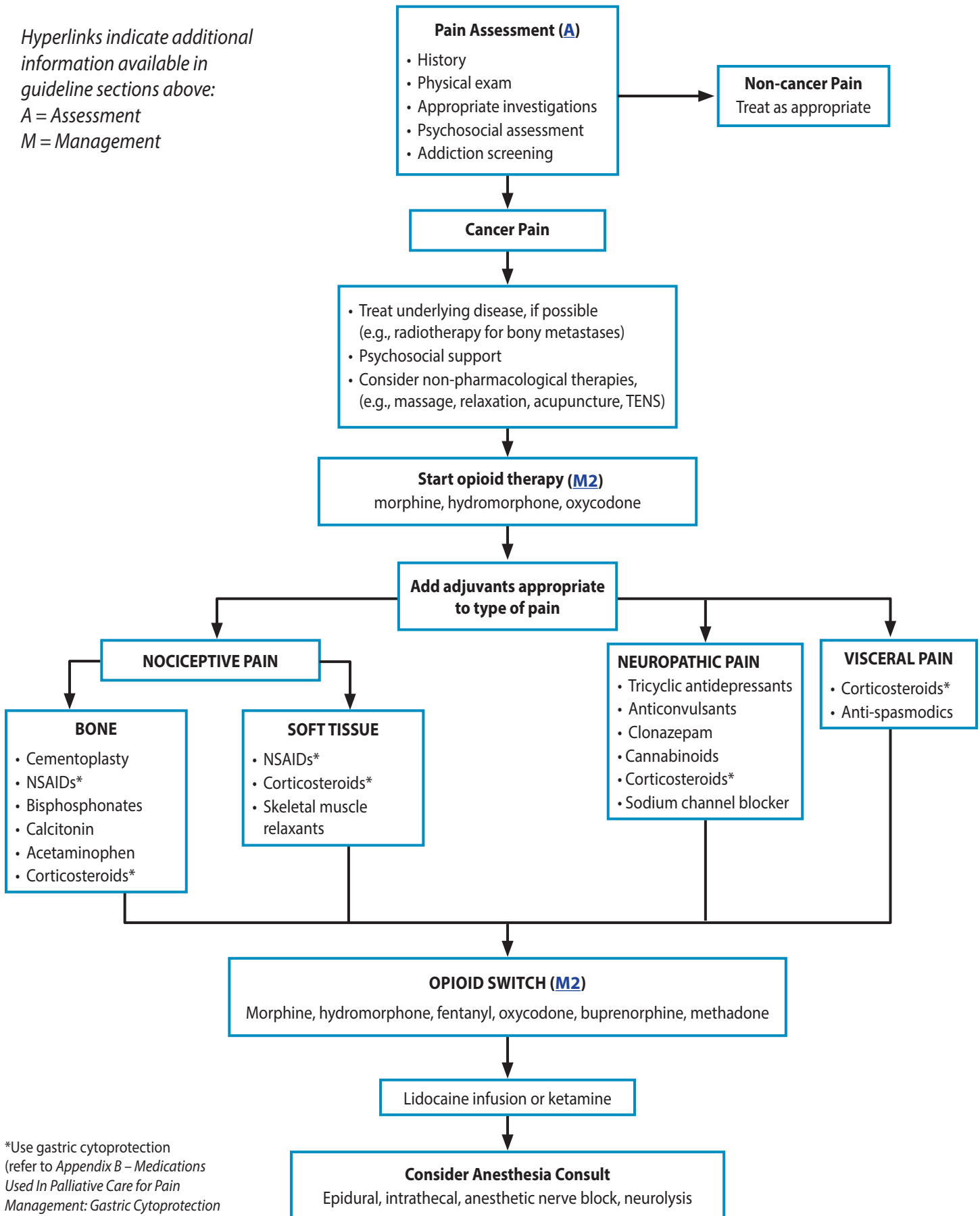# Cancer Pain Management Algorithm

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

VISCERAL 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*