

C-02 Suicide Attempt in a Patient With Undertreated Pain: Could the Missing Methadone Have Prevented This?

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Objective

After completion of this session, the participant will be able to:

- Formulate a plan for successful multimodal pain management in patients on methadone.

Case Stem Question

This is a case of a 68 year old male who has a Past Medical History significant for Atrial Flutter, CAD, ESRD, Lung Cancer, Cocaine abuse in the past, currently on Methadone 30mg per day, who presented to the Emergency Room with a complaint of abdominal pain associated with emesis. He was made NPO, given Morphine for his pain and did not receive his baseline dosage of Methadone throughout the peri-operative course. Post-op, the patient was found in his room with a scalpel cutting his wrist and neck. Statin "I can't take the pain, I want to die"

Guiding Questions for Discussion

1. Discuss the management of this patient's pain pre-operatively.
2. What is the mechanism of action of Methadone and what are the risks and benefits associated with its administration?
3. How would you manage this patient intra-operatively?
4. What alternatives should have been considered for pain management for this patient?
5. Discuss a plan for Multi-Modal Anesthesia- what co-analgesic medications could have been used?
6. Could Regional Anesthetic procedures have helped prevent this undertreated pain?
7. What strategies can we offer the patient for continued pain management upon discharge for the hospital?

References

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