

# MULTIMODAL PAIN CONTROL OPIOID SPARING REGIMEN

## Days 1-5

Ketorolac 10mg every 6 hours (4 times per day) for three days with food  
Methocarbamol 750mg every 6 hours (4 times per day) for five days  
Acetaminophen 1000mg every 8 hours (3 times per day) for five days  
Gabapentin 300mg every 8 hours (3 times per day) for five days  
Omeprazole 20mg every morning for 3 days (over the counter medication)  
Oxycodone 5mg every 8 hours **ONLY AS NEEDED** for breakthrough pain in between (up to 3 times/day but **ONLY AS NEEDED**)

## Days 6-15

Meloxicam 7.5mg every twelve hours (2 times per day)  
Methocarbamol 750mg every 12 hours (2 times per day)  
Gabapentin

- 300mg every 12 hours (2 times per day) for 3 days
- 300mg every morning (1 time per day) for 3 days

Acetaminophen 1000mg every 8 hours (3 times per day)  
Oxycodone 5mg every 12 hours **ONLY AS NEEDED** for breakthrough pain in between (2 times/day)

## Potential Benefits of Opioid Sparing Regimens<sup>1</sup>

As opioid sparing becomes more widespread in the medical field, it could provide these benefits and more:

- **Reduced addiction rates:** By prescribing lower amounts of opioids, doctors can reduce the risk of patients developing addictions.
- **Fewer side effects:** Opioid sparing can reduce the side effects of opioids and the accompanying pain reliever thanks to smaller amounts of each.
- **Better pain relief:** A treatment involving opioid sparing addresses multiple pathways for pain relief, potentially leading to better results.
- **Lower impact of the opioid crisis:** By providing the above benefits, the opioid-sparing effect reduces the negative impact of the opioid crisis. It helps doctors find ways to provide pain relief without increasing opioid risks.

In multiple randomized controlled trials, this regimen provided improved pain control over standard opioid narcotics with improved pain scores, less constipation, and less upset stomach.<sup>2-5</sup>

1. "What Is the Opioid-Sparing Effect?" <https://baartprograms.com/what-is-the-opioid-sparing-effect/>
2. Jildeh TR et al. Multimodal nonopioid pain protocol provides better or equivalent pain control compared to Opioid Analgesia Following Arthroscopic Rotator Cuff Surgery: a prospective randomized controlled trial. [Arthroscopy Journal 2021](#)
3. Jildeh TR et al. Multimodal nonopioid pain protocol provides equivalent pain versus opioid control following meniscus surgery: a prospective randomized controlled trial. [Arthroscopy Journal 2021](#)
4. Moutzourous V et al. Can we eliminate opioids after anterior cruciate ligament reconstruction? A prospective, randomized controlled trial. [American Journal of Sports Medicine 2021](#)
5. Jildeh TR et al. Multimodal nonopioid pain protocol provides equivalent pain control versus opioids following arthroscopic shoulder labral surgery: a prospective randomized controlled trial. [Journal of Shoulder and Elbow Surgery 2021](#)