

PAIN MANAGEMENT

We use a pain scale of 0-10. 0 is no pain and 10 is the worst pain you have ever had.

We will be asking your pain scale # before we give you medications and will be reassessing this score within 1 hr. of giving you your medication to see if our actions were effective.

We can readjust your pain plan as needed according to your scores.

LABOR AND DELIVERY

IV: For the delivery of fluids to keep you hydrated in labor, and for access in case we need to give any IV medications.

Fentanyl: An IV narcotic given during contractions to help decrease pain. Optimally, it is not given within 2-4 hours of delivery, as narcotics can cause respiratory depression in a newborn.

Nubain: An intravenous or intramuscular injection pain reliever during labor. It can also be given during a contraction to help take the edge off contractions. Optimally, it is not given too close to delivery.

Epidural or Spinal: Anesthesia for more complete pain relief in labor.

Pitocin: A synthetic form of oxytocin, the hormone that causes uterine contractions. It is used to augment or induce labor. It is given intravenously, very slowly via an IV pump. It can also be given after the placenta delivery to keep your uterus contracted and prevent excessive post-partum bleeding.

Terbutaline: Given intravenously, subcutaneously, or by mouth to relax your uterus and stop contractions.

Magnesium sulfate: Given intravenously per IV pump to relax uterus and stop preterm labor. It can also help prevent seizures in patients with severe Gestational Hypertension. This requires hospitalization.

Tylenol: Given for a headache or fever during labor if greater than 100.4°.

Antibiotics: Given to group beta strep positive women in labor. Usually, several doses are given as prophylaxis for the newborn. Also, given if the amniotic sac has been ruptured for a prolonged period (18-24 hours) and the patient is becoming febrile.

DELIVERY

Lidocaine: This is a local anesthesia used for episiotomy or for repair of perineum after delivery.

Epidural: This would serve as anesthesia for an episiotomy or the repair of the perineum after delivery.

POSTPARTUM

Discuss your pain management plan with each RN.

Pitocin: *Mentioned above.*

Your IV will stay in until you are stable, which is usually your 1st postpartum day.

Tylenol with Codeine or Percocet: Usually 1 to 2 tabs taken by mouth for perineal pain relief.

Ice: Remember to use ice on your perineum for at least the first 24 hours to decrease swelling and help reduce pain in the area by numbing the site.

Peribottle: Fill with warm water and spray over your perineum – this helps dilute urine so it stings less. It is also used for cleaning perineum. Please be sure to fill it to top so we can measure how much you urinate the first two times you go in the hat.

Dermoplast: This is a topical local anesthetic spray you can spray directly on your perineum.

Tucks pads: These can be used to relieve the discomfort of hemorrhoids after delivery.

Motrin: 600-800mg is given by mouth every 6 hours as needed for pain, discomfort caused by contractions and general muscular soreness after delivery.

Colace: A stool softener that can be given two times a day, morning and night. This is given so you can have your first bowel movement without strain. Also available over the counter.



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Dulcolax: 10 mg will be given by a suppository as needed for constipation or extreme gas.

Ambien: 5-10 mg given as needed by mouth at night for sleeplessness.

BREAST SORENESS

Soothies: These are soothing gel pads that can be placed directly on your nipples and areola to relieve discomfort. They are multi use and can be refrigerated between uses.

Lansinoh cream: Lanolin nipple cream to relieve discomfort.

Ice: Great to relieve the discomfort of swelling when your milk first comes in.

If you have any further issues, please contact lactation services at **970.544.1130**.

POST CESAREAN SECTION

- There will be discomfort because not only have you had a baby, you have had major abdominal surgery. A pain level of 3-4 after surgery (after meds given) is not uncommon.
- Pain is usually felt at the incision. We will help you move, perform your usual daily activities and move side to side the first few hours after delivery.
- Within 8 hours after surgery, you may have trouble getting out of bed, but by 12 hours, you will be walking around your room. The next day, you will be up to taking small walks to the nursery and in the OB hallway.
- Remember we can give you combinations of medications at staggered times to help control your discomfort. Make a pain management plan with your nurse. Generally, you can start with a higher dose and lower your doses before going home.

In addition to the above-mentioned postpartum meds, we can provide:

Duramorph: This is morphine that was given via your epidural catheter right after delivery by anesthesia personnel. It usually helps lessen pain for a few hours after surgery.

Toradol: A pain relief IV medication. It is often given the first few hours after surgery. Because it is in the same family of drugs as Motrin, we would not give them together.

Nubain: Anti-itch medication that is given intravenously, as some narcotics given in the epidural or spinal area can cause itching.

Oxycodone: A narcotic that is taken orally every 3 hours as needed. Dosages are 5-10 mg. You may want to start with 10 mg, then taper to 5 mg once you are feeling better.

Mylicon: This is given via 2 chewable tabs that can be given 2 times a day to prevent or treat gas. Keep moving and maybe take a couple of laps around the OB department to get everything moving and prevent gas pains.

Colace: See above.

Celebrex: A stronger version of Motrin (ibuprofen). Relieves pain, tenderness, swelling and stiffness. Taken orally for pain, usually on a timed basis.

Tylenol: Pain reliever given after surgery every 6 hours in addition to your other pain relievers.

It is very common to alternate Motrin and Tylenol taken with oxycodone. Combinations of medications generally work well to address pain. By combining certain medications, a patient generally requires fewer narcotics, which is helpful to avoid constipation, grogginess, and urinary retention. All the medications we give you are safe for breastfeeding at this point.

POST CESAREAN GOING HOME

Your care provider will write you a prescription for Percocet. We will print out instructions for you. Remember that Percocet contains Tylenol, so you might want to alternate it with ibuprofen instead.

GENERAL INFORMATION

This abbreviated medication availability sheet is a guideline for our common medications on OB. Your care provider and RN will tailor fit a program to you, taking into account your allergies, sensitivities, condition and level of pain. We can also print out very detailed medication information sheets for you about anything you are taking, or will be taking once you go home.

Homeopathic medications or other medication you may be taking or are considering taking:

Please discuss any new medications or homeopathic treatments with your care providers before adding them to your treatment plan. Some medications may be contraindicated for breastfeeding or not compatible with what your care provider has prescribed.



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