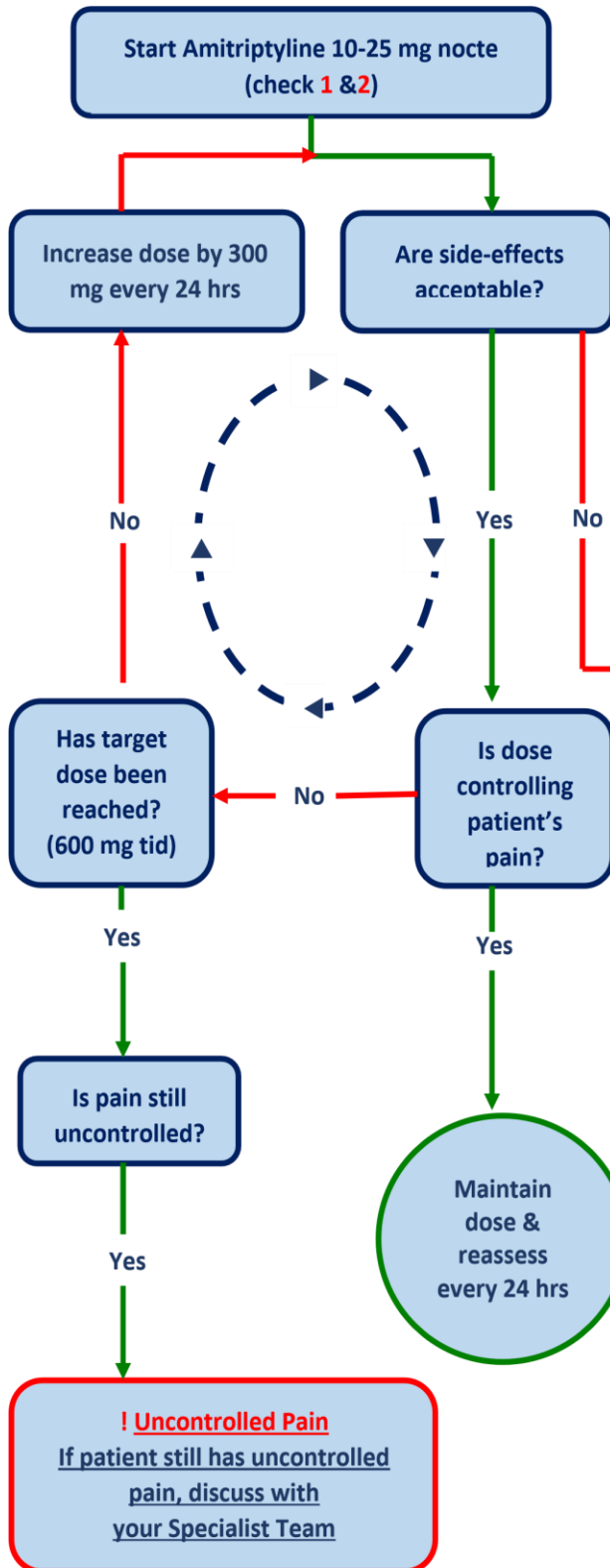


## Edinburgh Pain Assessment Tool EPAT©

### Starting Gabapentin\*

▶ Red for No! ▶ Green for Go!



**Dose Increases: [300 mg every 24 hrs]**  
 Day 1: 300 mg nocte  
 Day 2: 300 mg bd  
 Day 3: 300 mg tid  
 Target dose: Gabapentin may need to be titrated to 600 mg tid before being effective  
 ! Remember to balance against side-effects

- <sup>1</sup>Is patient frail/elderly/infirm?**
- Start 100 mg nocte
  - Increase by 100 mg every 24-48hrs if tolerated (see side-effects box)
  - Maintain dose when analgesia reached
- <sup>2</sup>Is there renal dysfunction?**
- Use reduced doses & discuss with ward pharmacist
- ! Seek advice if Gabapentin is not effective or side-effects prevent dose increases

**Gabapentin Side Effects:**  
 Sleepiness/ Dizziness/Ataxia/Tremor  
 If side-effects are intolerable:

- Exclude other causes for these symptoms - they may not be due to Gabapentin
- Reduce to the last tolerated dose\* and/or stop the Gabapentin

If side-effects settle:

- Consider a more gradual dose increase e.g. 100 mg or 300 mg every 48-72 hrs

! Remember if the dose is kept the same mild side-effects may settle over a few days

**Maintenance:**

- Maintain dose when analgesic benefit achieved
- Continue to monitor patient tolerance
- Avoid abrupt withdrawal after prolonged use

\*If in doubt check BNF for drug interactions/contraindications