## 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 Start Amitriptyline 10-25 mg nocte Day 3: 300 mg tid (check 1 &2) Target dose: Gabapentin may need to be titrated to 600 mg tid before being effective ! Remember to balance against side-effects Increase dose by 300 Are side-effects 1 Is patient frail/elderly/infirm? mg every 24 hrs acceptable? • 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 Yes No No pharmacist ! Seek advice if Gabapentin is not effective or side-effects prevent dose increases **Gabapentin Side Effects:** Sleepiness/ Dizziness/Ataxia/Tremor Has target If side-effects are intolerable: Is dose dose been controlling **Exclude other causes for these symptoms** No reached? - they may not be due to Gabapentin patient's (600 mg tid) pain? Reduce to the last tolerated dose\* and/or stop the Gabapentin If side-effects settle: Yes Yes 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 Is pain still uncontrolled? Maintenance: Maintain Maintain dose when analgesic benefit dose & achieved reassess Yes Continue to monitor patient tolerance every 24 hrs Avoid abrupt withdrawal after prolonged use ! Uncontrolled Pain If patient still has uncontrolled \*If in doubt check BNF for drug pain, discuss with interactions/contraindications your Specialist Team