The following pain management protocol is tiered to ensure a global relevance, recognizing that not all analgesic modalities are available to veterinary practitioners and vary from region to region around the world. Its implementation will be guided by the various analgesic modalities available along with the needs of the individual patient requiring treatment. This protocol is reproduced from the WSAVA Pain Committee guidelines, a succinct yet comprehensive review of pain assessment, various pain modalities, and the treatment of various clinically painful scenarios in both dogs and cats. The WSAVA Pain Committee Guidelines are published in the Journal of Small Animal Practice and is available for open access at the Pain Committee pages of **www.wsava.org.**

MEDICAL PAIN

The term "medical pain" encompasses conditions not primarily associated with surgery or trauma. Abdominal, pelvic and thoracic visceral pain occurs in conditions associated with distension and/or inflammation of hollow organs, ischaemia, pulmonary thrombosis, acute enlargement of solid organs resulting in stretching of the capsule and inflammation of any organ (e.g. pancreatitis, acute kidney injury, pneumonia/pleuritis). Visceral pain tends to be diffuse in nature and difficult to localise. The goal of therapy is to treat the underlying medical problem, but analgesics are often required prior to a definitive diagnosis and during treatment.
Adjunctive therapies can be used with all levels of pain where indicated:

- Antiemetic and anti-nausea drugs
- Acupuncture can be useful for pain, gastrointestinal and urinary cases in particular and also vomiting.
- Medical massage, cold therapy and warm compress are recommended where indicated.
- Environmental enhancement and pheromone therapy to reduce stress and anxiety.

Suggested analgesic regimens
Opioids are the first-choice drugs in many emergency and critically ill patients.

Severe pain *(Refer section 3.9 of the full Guidelines)*:

- μ agonist opioids can be titrated to effect. Opioids that cause vomiting (e.g. morphine or hydromorphone) are best avoided. Opioid infusions are recommended.
- NSAIDs, when patients are haemodynamically stable with no contraindications; these can be combined with opioid therapy.
- Locoregional anaesthetic techniques.
- Ketamine and/or lidocaine CRI (lidocaine should be used cautiously in cats due to the risk of haemodynamic compromise)
- Intrapleural and intraperitoneal blocks for somatic and visceral pain, respectively.

Moderate pian:

- μ agonist opioid as described for severe pain. Frequent IM or SC injections are painful and stressful and should be avoided, when possible, therefore a catheter is recommended for IV injections.
- NSAID when patients are haemodynamically stable with no contraindications; these can be combined with opioid therapy.
- Ketamine and/or lidocaine CRI (lidocaine should be used cautiously in cats due to the risk of haemodynamic compromise)
- Buprenorphine as part of multimodal analgesia.

Mild to moderate pain:

- NSAID of choice (if no contraindications) ± buprenorphine (OTM is suitable for home settings).

- Gabapentin 10 mg/kg PO every 8 hours for dogs, or every 12 hours for cats may be of benefit, although there is little published evidence to support its use in acute pain. Gabapentinoids are better administered for naturally occurring medical, chronic pain with a neuropathic component.
- Mouth wash solutions for alleviating oral mucositis pain. Gently rinse or flush oral cavity using a syringe containing one of the following:
    - Lidocaine 2% viscous solution mixed in a 1:1:1 ratio with magnesium/aluminium hydroxide and diphenhydramine: maximum dose 0.4 mL/kg every 8 hours.
    - Green Tea flushes can be used in the mouth or on wounds.

For additional pharmaceutical dosing information, see the dosing tables in the WSAVA Pain Committee Treatise at www.wsava.org

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Monteiro, B.P., Lascelles, B.D.X., Murrell, J., Robertson, S., Steagall, P.V.M. and Wright, B. (2023), 2022 WSAVA guidelines for the recognition, assessment and treatment of pain. J Small Anim Pract, 64: 177-254. https://doi.org/10.1111/jsap.13566

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