

Additional Case Examples

1. A 65 year old female was converted to a combination of oxycodone SR and IR q6h prn for her chronic pain from an initial prompt release initiation regimen. She has taken 4 doses of rescue oxycodone daily, and complains that her pain is now 8/10 instead of 4/10 at the end of prompt release titration. No new physical findings account for her increased pain level. What action is most appropriate?

- Add second opiate e.g., meperidine
- Decrease dosing interval of oxycodone IR
- Increase dose of oxycodone SR
- Increase dose of both forms
- ★ • Rotate to an alternate opiate

2. A 20 year old female is brought to the ED by ambulance after her boyfriend found her unconscious.

- PE:
 - Vitals: T 97F (po) P 60 RR 4 BP 100/70
 - Pupils equal, round, pinpoint
 - Hypoactive bowel sounds
 - ECG: sinus bradycardia
- PMH:
 - Hx migraine, prophylaxis with divalproex. Recent Rx with hydrocodone syrup for cough and clarithromycin for pneumonia. She is known to be an extensive 2D6 metabolizer

What drug is likely to be in her bloodstream at elevated levels?

- Clarithromycin
- Divalproex
- Hydrocodone
- ★ • Hydromorphone