



REGISTERED NURSE DIAGNOSIS, TREATMENT, AND REFERRAL TOOL FOR
MUSCULOSKELETAL PAIN

Medical History

- Renal dysfunction?** → caution with NSAIDs if severe
- Osteoarthritis?** → if pain is primarily in joints, send for USS + X-ray
- History of, or risk factors for, cardiovascular or cerebrovascular disease?** (see treatment guidelines for definition of CVD and risk factors) → prefer treatment options other than NSAIDs (esp. diclofenac)

Drug History:

- Statin use?** → consider possible statin-induced myopathy as a cause of symptoms

Review of Symptoms

Any of the following red flags present?

- Visible joint changes, abnormal movement, weakness in any limb, or suspected fracture?** Request:
 - USS and/or X-ray
 - Follow up over the phone for results and if advisable, book patient for follow-up with PCP
- Pelvic or abdominal pain?** (other than dysmenorrhea) Request:
 - USS pelvis & Abdo
 - Follow up over the phone for results and if advisable, book patient for follow-up with PCP
- Accompanying nausea, vomiting, fever, or other signs of systemic infection or disorder?**
 - refer to ED
- Pain present for more than 2 weeks (or >7 days with treatment), without improvement?** Request:
 - USS and/or X-ray
 - Follow up over the phone for results and if advisable, book patient for follow-up with PCP
- Pain is moderate to severe (> 6 on pain scale or impact on daily life) or increased intensity?** Request:
 - USS and/or X-ray
 - Follow up over the phone for results and if advisable, book patient for follow-up with PCP

Does the patient attribute the pain to overexertion or muscle or joint injury?

- Yes → self-care appropriate, proceed to treatment
- No → Request:
 - USS and/or X-ray
 - Follow up over the phone for results and if advisable, book patient for follow-up with PCP

Has the patient tried any non-pharmacologic or pharmacologic treatment for their pain?

- No
- Yes → Fill out entries below

What? _____ Effect? _____

Treatment recommended

- Initiate RICE** (if within 3 days since injury): Rest, Ice, Compression, Elevation
- Mild pain:** OTC analgesics (topical or oral) and / or muscle relaxants for 7 days (**Pain 1-3/10**)
- Moderate pain:** Prescription NSAID for pain and stiffness for 7 days, refill X 1 PRN (**Pain 4-5/10**)
- Severe pain (Pain 6/10): Tylenol QID** (6 hours) 15 days book patient for follow-up with PCP AND either:
 1. **Robax Platinum** or non-proprietary
400/1000mg TID (8 hours) 15 days and always **Dexilant** 60mg OD 15 days; or
 2. **Robaxacet** or non-proprietary
800/1000mg BID (8 hours) 15 days; or
 3. **Pregabalin**
75mg BID (if staying at home, otherwise NOCTE) 15 days (No driving, no machinery use, no work in responsibility positions); or
 4. **Celebrex**
200mg BID 15 days and always **Dexilant** 60mg OD 7 days if NSAID
 5. **Cyclobenzaprine**
10mg NOCTE 5 days

Follow-up over the phone in 3 days and:

- Assess for significant improvement in all symptoms
- Determine if side effects are occurring
- If worsening or not improving, refer to PCP
- If improving, encourage continued use until the end of therapy
- Send a task to the PCP of the patient on the EMR