



Pain Assessment and Management Algorithm



SOME PRESCRIBING TIPS

Consider contraindications and precautions

Simple analgesia for all patients:

(May be sufficient for mild pain)

- Regular paracetamol: 1g QID
- NSAID. eg: Celecoxib 100mg PO BD with food (for 48hrs, then PRN)

For moderate to severe pain:

- Oral hydromorphone 2 hourly PRN
 - 2-4mg 2 hourly PRN for younger patients
 - 1-2mg 2 hourly PRN for elderly patients (Discharge supply: liquid- 50mls only; tablets- 20)

and/or

- Tramadol 50-100mg 2 hourly PRN
 - Start at 50mg for decreased side effect risk
 - Caution in patients over 75yrs (Discharge supply: 28 tablets)

For inpatients where no oral route available:

- Buprenorphine sublingual
 - younger patients: 200-400mcg 2hrly PRN
 - older patients (>65yrs) 200-400mcg 3hrly PRN
 - very elderly or frail 200mcg 3hrly PRN

ENSURE AGENTS TO DEAL WITH SIDE EFFECTS ARE ALSO CHARTED

APERIENTS

Constipation invariably occurs when opioids are prescribed, so management should be commenced before constipation becomes an established problem.

- Coloxyl with Senna 2 tablets once daily
- Lactulose 15ml

Be aware that aperients may be contraindicated in patients having bowel surgery. If in doubt, discuss with senior medical staff and/or Continence CNC.

ANTI-EMETICS

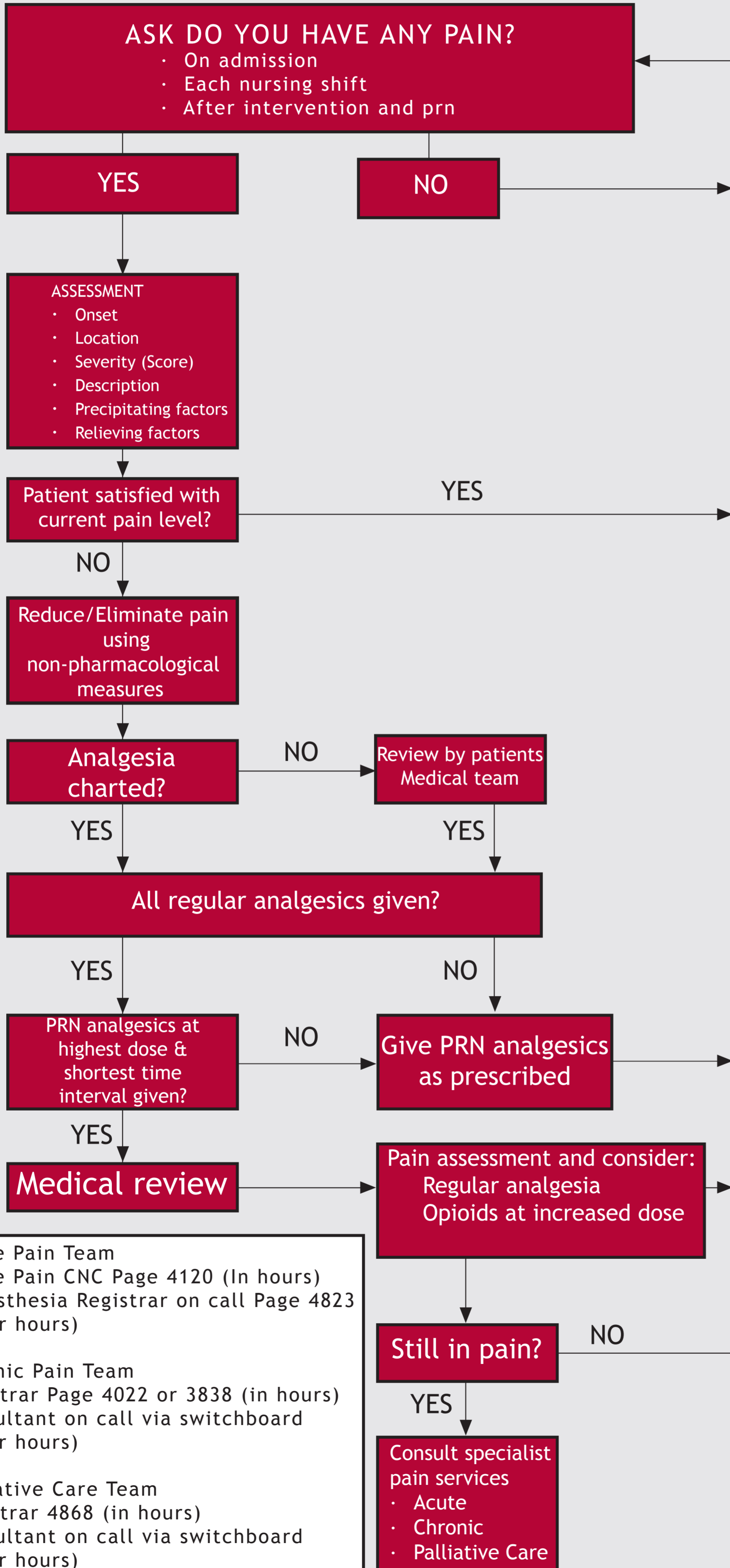
Nausea and vomiting are common but not universal.

Prescribe a PRN anti-emetic in all patients. Consider contraindications and precautions in prescribing anti-emetics

FOR MORE DETAILS:

See http://Chips/pain_service/index.html

Produced by Sir Charles Gairdner Hospital
Last revised Dec 2013



Acute Pain Team
Acute Pain CNC Page 4120 (In hours)
Anaesthesia Registrar on call Page 4823 (after hours)

Chronic Pain Team
Registrar Page 4022 or 3838 (in hours)
Consultant on call via switchboard (after hours)

Palliative Care Team
Registrar 4868 (in hours)
Consultant on call via switchboard (after hours)

- Acute
- Chronic
- Palliative Care