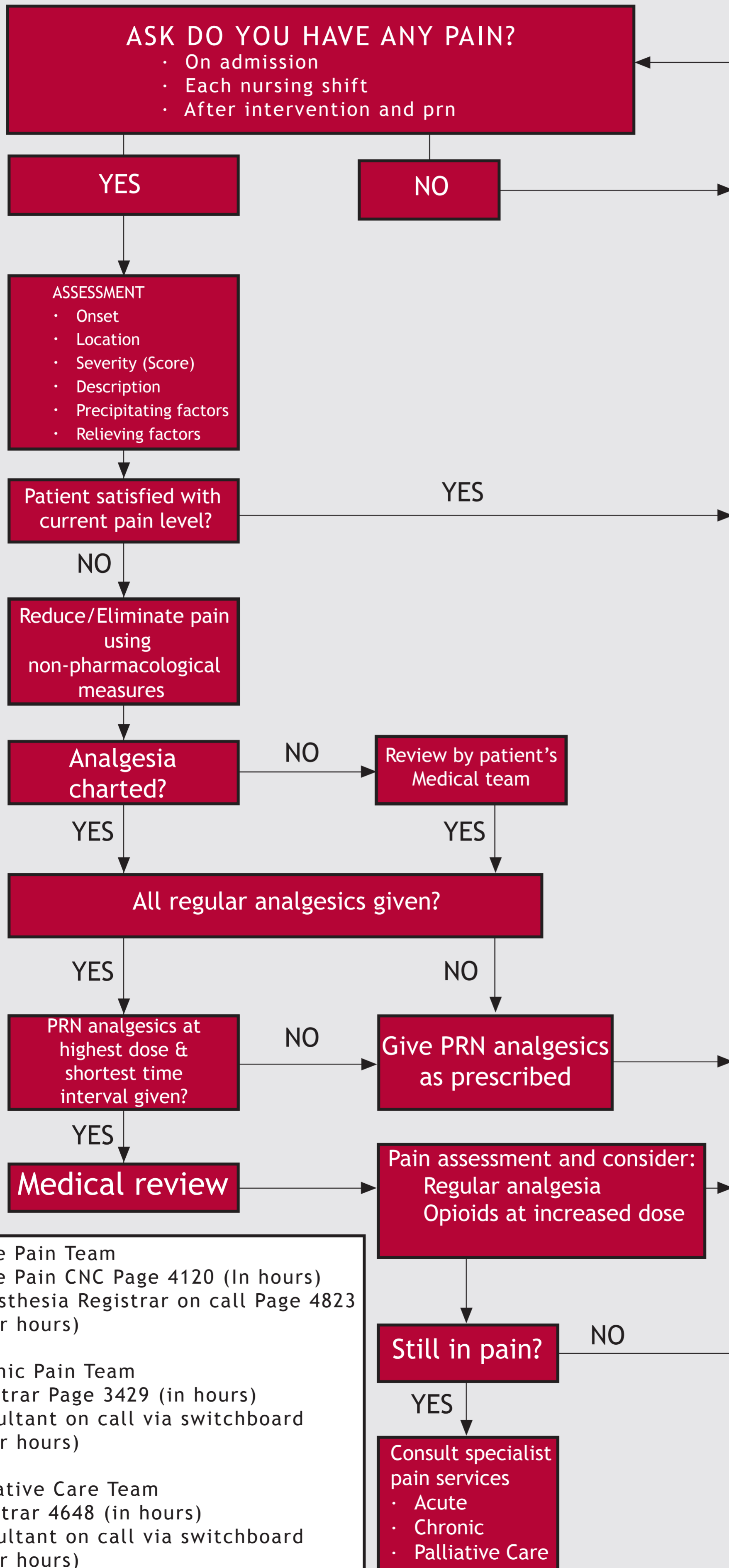


Pain Assessment and Management Algorithm



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

Chronic Pain Team
Registrar Page 3429 (in hours)
Consultant on call via switchboard (after hours)

Palliative Care Team
Registrar 4648 (in hours)
Consultant on call via switchboard (after hours)

SOME PRESCRIBING TIPS

Consider contraindications and precautions before prescribing. Refer to SCGH Medication Guideline Oral Opioid Prescribing in Acute Non Cancer Pain.

Simple analgesia for all patients:

(may be sufficient for mild pain)

Regular paracetamol 1g PO/PR 4-6 hourly, maximum 4g/24 hours (IV only if other routes not available/appropriate)
NSAID e.g. celecoxib 100mg PO 12 hourly or ibuprofen 400mg PO 8 hourly, with food, regularly for 48 hours then PRN

For moderate to severe pain:

Younger patients

Tramadol immediate-release 50-100mg PO 4 hourly up to maximum 400mg/24 hours (unless under specialist advice)
Start at 50mg to minimise adverse effects

Review pain relief 2 hours after dose - if inadequate may need hydromorphone

[Suggested discharge supply: up to 20 x 50mg capsules (PBS quantity)]

Hydromorphone immediate-release 1-2mg PO 2 hourly PRN
[Suggested discharge supply: 50mL of 1mg/mL liquid (not necessary to supply full bottle) or up to 20 x 2mg tablets (PBS quantity)]

OR

Buprenorphine sublingual 200-400micrograms 2 hourly PRN
[Suggested discharge supply: 10-20 x 200microgram tablets, must be dispensed by SCGH Pharmacy (non-PBS)]

Elderly patients (>65yrs old)

Oral route available

Tramadol - CAUTION in patients >65yrs old

Oxycodone immediate-release 2.5-5mg PO 2 hourly PRN
[Suggested discharge supply: up to 20 x 5mg tablets (PBS quantity)]

OR

Hydromorphone immediate-release 0.5-1mg PO 2 hourly PRN

[Suggested discharge supply: 50mL of liquid (not necessary to supply full bottle) or up to 20 x 2mg tablets (PBS quantity)]

Oral route not available

Buprenorphine sublingual 200-400micrograms 3 hourly PRN
Start at 200micrograms to minimise adverse effects
[Suggested discharge supply: 10-20 x 200microgram tablets, must be dispensed by SCGH Pharmacy (non-PBS)]

Buprenorphine - AVOID in patients >75 years

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.

- Docusate/senna (Coloxyl & Senna®) 2 x 50/8mg tablets PO daily
- Bisacodyl 5mg PO daily
- Movicol® one sachet PO daily
- Sorbitol 20mL PO daily
- Lactulose 15mL PO daily

If in doubt, discuss with senior medical staff and/or Continence CNC.

ANTI-EMETICS

Nausea and vomiting are common adverse effects of opioids. Prescribe PRN anti-emetic(s) for all patients on opioids, giving consideration to contraindications and precautions when prescribing.

FOR MORE DETAILS:

<http://chips.qe2.health.wa.gov.au/Departments/PainServices/pdf/PainManagementAlgorithm.pdf>