SIR CHARLES GAIRDNER HOSPITAL EMERGENCY DEPARTMENT

Prescribing Pathway For Discharge Analgesia

UNLESS CONTRAINDICATED:

DO prescribe

SIMPLE ANALGESIA

Regular **PARACETAMOL 1g QID** to **all patients** (reduced dose in patients <50kg or liver dysfunction)

PLUS

Regular **NSAID** for **3 to 5 days** if no contraindications

Renal impairment (eGFR <30ml/min), peptic ulcer disease, bleeding risk, pregnancy, and heart failure

IBUPROFEN 400mg TDS

NAPROXEN 500mg BD

If higher risk of peptic ulcer disease:

CELECOXIB 100-200mg BD

Consider initial dose of 400mg for patients with acute pain

DON'T prescribe

Codeine, *Oxycontin*, *Opioid patches*, *Methadone* or *Hydromorphone* unless directed by the Acute Pain Service or a Senor Clinician

Seek **Senior Clinician** advice:

Prior to prescribing adjuvant agents such as gabapentinoids due to potential for side effects – particularly in the elderly

For all patients deemed at high risk of opioid dependence or who are known to the Community Program for Opioid Pharmacotherapy (CPOP)

MODERATE OPIATES

IF PATIENT REQUIRING BREAKTHROUGH ANALGESIA:

Small quantities (**up to 10 capsules**) of **Tramadol IR 50mg 6 hourly PRN**

Avoid the use of tramadol in patients taking two or more serotonergic agents to prevent potential for serotonin syndrome

OR

Small quantities (**up to 10 tablets**) of **Tapentadol IR 50mg 6 hourly PRN** *if Tramadol contraindicated*

Note: Tapentadol IR is not available at SCGH – if prescribed on discharge the prescription will be non-PBS and there may be an increased cost associated with its use for patients

STRONGER OPIATES

Small quantities (**up to 10 tablets**) of breakthrough opioid analgesia:

Less than 70 years old:
Buprenorphine (sublingual) 200 – 400 micrograms 6 hourly PRN

Greater than 70 years old:
Oxycodone IR 2.5 – 5mg 6 hourly PRN

Greater than 85 years old:
Oxycodone IR 1 – 2.5mg 6 hourly PRN

LONGER-ACTING OPIATES

Consider adding **slow release (SR) Tapentadol 50mg 12 hourly** for maximum of 3 days OR **SR Tramadol 50mg 12 hourly** if patient requiring significant breakthrough opioid analgesia (>4 times daily)

Last updated 05/09/2022 by A. Steval & J. Rogers. Endorsed by SCGH Acute Pain Service, ED Pharmacy, and ED Toxicology Team