Derriford Hospital Analgesic Ladder for non-malignant acute pain in inpatients

<u>If pain unresolved:</u>
<u>Contact IPPS to discuss</u>
<u>Pager 0500, 0129</u>
Identify type of pain and consider adjuvant medication. Consider alternative or parenteral opioid.

Assess pain as mild, moderate or severe

Mild pain
eGFR ≥ 50mL/min

Regular Paracetamol 1g qds (maximum paracetamol dosage 60mg/kg/day if weight < 50kg. See drug chart for further advice)

Consider **PRN NSAID** unless contraindicated (see EPMA for further advice)

eGFR < 50mL/min
Paracetamol as above
Avoid non-steroidal drugs. eGFR may drop in acute illness and following surgery – monitor frequently. Consider risks vs benefit of NSAIDs after major surgery.

Moderate pain
eGFR ≥ 50mL/min

Regular Paracetamol
Plus
Regular NSAID unless contraindicated (see drug chart for further advice)

PRN intermediate opioid
(eg: Tramadol 50-100mg qds (max 400mg in 24 hrs) **or** Codeine 30-60mg qds (max 240mg in 24 hrs))
Do not prescribe >1 type of intermediate opioid

eGFR < 50mL/min
Paracetamol as above
Avoid non-steroidal anti-inflammatory drugs.

eGFR < 30mL/min
Caution with tramadol and codeine – observe for opioid toxicity

Severe pain
eGFR ≥ 50mL/min

As for moderate pain
Plus

<u>Acute pain</u>
PRN Oramorph 20-30mg 2 hourly
(adjust by age always assess response and modify as needed- see notes)

<u>Acute exacerbation of chronic pain</u>
Careful consideration before use of opioids. Oral route preferred. Review need for opioids daily. Discuss with pain specialist.

eGFR < 50mL/min

<u>Acute pain of expected limited duration</u>
PRN Oxycodone IR 10-15mg
2 hourly
(adjust by age - see notes)

if eGFR < 15 seek advice from pain specialist

Updated August 2021, review August 2023 M Rockett

Notes

<u>Acute pain</u>
Oramorph dose PRN 2hrly

Age (years)	Dose(mg)
18-59	20-30mg
60-69	10-20mg
70-89	5-10mg
>89	2.5-5mg

Oxycodone IR dose PRN 2hrly

Age (years)	Dose(mg)
18-59	10-15mg
60-69	5-10mg
70-89	2.5-5mg
>89	1.25-2.5mg

- This guideline is to be used in conjunction with the BNF and S & W Devon formulary.
- Ensure a full pain history is taken and regular analgesics are prescribed.
- Be aware of the dose equivalence of opioids prescribed – particular care is needed with opioid patches.
- Use subcutaneous route rather than repeated im / iv injections.
- Be aware of the influence of renal impairment, age and opioid tolerance on opioid prescribing.
- If unable to use regular NSAIDs consider regular intermediate opioids for a limited time.

<u>Opioid equivalence:</u>
10mg **oral** morphine
- 5 mg Morphine SC/IM
- 3mg Morphine iv
- 5mg oral Oxycodone
- 40mg oral Tramadol
- 120mg oral Codeine
- 200mcg sublingual Buprenorphine
- Discuss methadone with pain or addiction specialist

NB: Fentanyl patches are not to be used for acute pain (consultant prescribing only)

NHS University Hospitals Plymouth NHS Trust

Trust Guidelines

University Hospitals Plymouth NHS Trust

Guidance Title: Analgesic Ladder for Non Malignant Acute Pain

Date	Version
August 2021	**16.0**

Accountabilities	
Lead	Dr Mark Rockett (Consultant Pain Management Lead Acute Care Team)
Reviewed by (Group)	MUAC
Approved by (Lead)	Dr Mark Rockett (Consultant Pain Management Lead Acute Care Team)

Links to other documents

Version History		
V15.0	May 2016	Guideline reviewed
V15.1	October 2018	Reviewed – no changes
V15.2	February 2021	Reviewed – no changes
V16.0	August 2021	Guideline updated

Last Approval	Due for Review
August 2021	August 2023