University College London Hospitals WIN

Prescribing Guidelines in Adult Postoperative Pain Management

Moderate Pain Painscore 2-3

Recommended analgesia

- Paracetamol (PO/PR) 1g QDS
- Diclofenac* (PO/PR) 50mg TDS and if needed
- Dihydrocodeine (PO) 30mg 4 hourly

Aim for a painscore of 1

Moderate pain

Severe Pain Painscore 3-4

Recommended analgesia

- Paracetamol (PO/PR) 1g QDS
- Diclofenac* (PO/PR) 50mg TDS
- Morphine (PO) 10 mg 4 hourly or
- Morphine (IV/SC-PCA)

Severe pain

• Epidural infusion (prescribed by anaesthetist or pain team post –op)

0 No pain Mild pain

and if needed

Paracetamol (PO/PR) 1g QDS

Diclofenac* (PO/PR) 50mg TDS

These guidelines are intended for doctors and nurses to rationalise postoperative analysesic prescribing.

Anaesthetists will prescribe analysesia at time of surgery, but as analysesic requirements change, use this guide to step-up or down according to pain score.

Mild Pain

Painscore 1-2

Recommended analgesia

Monitoring:

- If any regime does not provide sufficient pain control please contact the pain team
- The acute pain team will review all patients with a PCA/Epidural daily, and advise on discontinuation.
- Pain assessment and analgesia review should occur on a daily basis by nurses/ doctors/ pharmacists

Acute Pain Team Bleep 2257 Acute Pain Pharmacist Bleep 2245 Prescribing tips:

 Always use oral route if tolerated. Post-operative nausea and vomiting can be effectively treated. If oral or PR route is contra-indicated ask pain team for advice

Opioid dependant patients:

• Patients who regularly take opioids should be referred to the pain team before having their surgery

*NSAIDS

Refer to BNF or UCLH intranet formulary for contraindications and cautions. Patients who take NSAID prior to admission may continue (avoid double prescribing)

Patients at high risk of NSAID gastrointestinal side effects, use lansoprazole prophylaxis 15mg daily

- past history of GI ulceration or GI bleeding
- >65 years of age
- patients receiving systemic corticosteroid therapy

Post-operative nausea & vomiting:

Worst pain

 Prompt treatment is essential using PONV guidelines (available on intranet)

Laxatives:

Post-op patients on opioids are very likely to become constipated.

Consider stimulant Laxatives when prescribing opioids SENNA 2 tablets at night

(Contraindicated in some patients e.g. post bowel surgery)