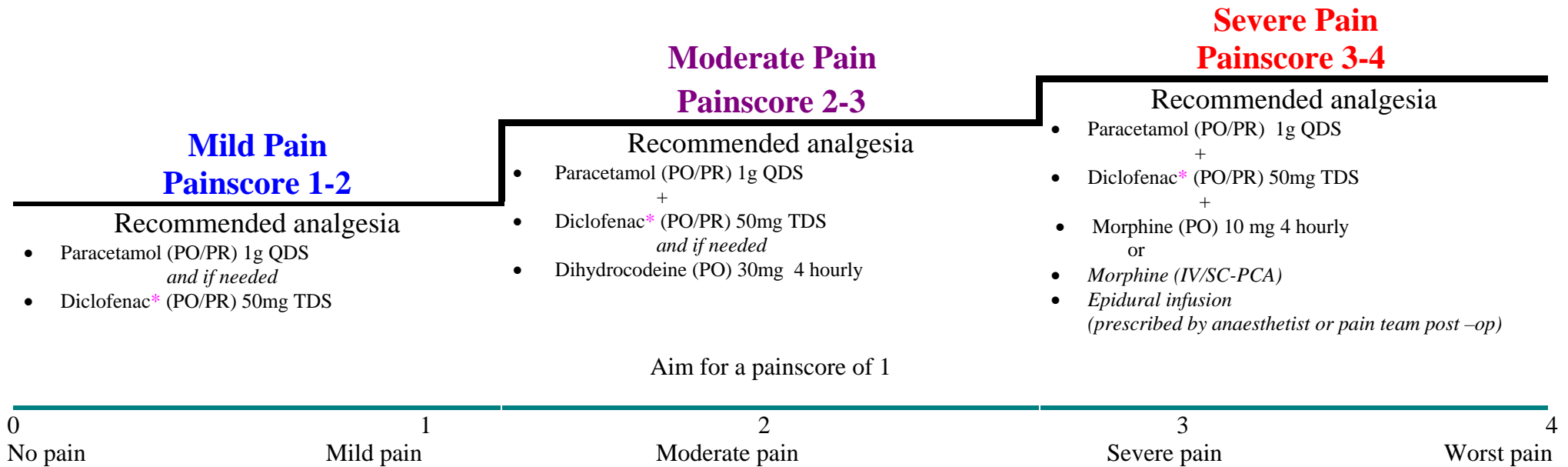


# Prescribing Guidelines in Adult Postoperative Pain Management



These guidelines are intended for doctors and nurses to rationalise postoperative analgesic prescribing. Anaesthetists will prescribe analgesia at time of surgery, but as analgesic requirements change, use this guide to step-up or down according to pain score.

## 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

## 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:

- 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)

Acute Pain Team Bleep 2257  
Acute Pain Pharmacist Bleep 2245