

# PROTOCOL ACUTE POST OPERATIVE PAIN ER ORTHOPAEDICS

All usual analgesia <b>unless renal impairment</b> or otherwise indicated (including opioid patches)
Epidurals/Local anaesthetic catheters as indicated and managed by anaesthetists/Acute Pain Team
In Recovery Room/Resus - IV opioids directed by anaesthetist - nurses following algorithms. (IM opioids only when all other routes unavailable; IV PCA when enteral route not available).
Paracetamol 1g 4 - 6hrly (PO/IV/pr) 4gm in 24 hrs - reduce dose to 500mg QDS if patient weighs <50kg

Patients under 75 years who have normal renal function



Patients who are greater than 75 years and are considered at risk of toxicity



Patients with prior renal impairment or who have an e GFR < 30



Ibuprofen 400mg PO TDS OR Naproxen 500mg PO BD if no contraindications	<b>Avoid NSAIDs</b>	<b>Avoid NSAIDs</b>
Oramorph 5 - 20mg 1 - 2 hrly PRN	Oramorph 2.5 – 10 mg 2 - 4 hrly PRN (lowest effective dose) - monitor renal function	eGFR 30 – 60 Give Oramorph 2.5-5mg 4 hrly PRN
Switch to Oxycodone (IR) 2.5 -10mg 2 - 4 hrly PO PRN if intractable side effects	Switch to Oxycodone (IR) 1.25 - 5 mg 2 - 4 hrly PO PRN if intractable side effects	eGFR < 30 Give Oxycodone IR 1.25-2.5mg 2-4 hrly PO PRN
Naloxone 100 - 400 micrograms prescribed: following algorithm ( <a href="#">Naloxone delivery</a> )		
Gabapentin 100 to 300mg PO stat: if effective continue 300mg TDS for 3 days and review ( <i>watch renal function</i> ) <b>FOR KNEE REPLACEMENTS ONLY</b>	Gabapentin 100 or 200mg PO stat: continue TDS if side effects tolerated ( <i>watch renal function</i> ): 3 days and review <b>FOR KNEE REPLACEMENTS ONLY</b>	Gabapentin 100mg PO stat: BD if side effects tolerated : <i>titrate against renal function</i> ; review regularly <b>FOR KNEE REPLACEMENTS ONLY</b>
Consider Dihydrocodeine 30mg PO QDS/PRN for step down analgesia		Avoid codeine based drugs
1 <sup>st</sup> line: Ondansetron 4 – 8 mg TDS PRN PO/IV/IM; 2 <sup>nd</sup> line: Cyclizine 50mg TDS PRN Sodium Docusate 100mg BD PO Reg; Senna 2 tabs BD PO PRN		
<i>NB: only consider Tramadol if advised by the Acute Pain Team (Bleep 8102 RSCH; 6468 PRH)</i>		
Review analgesic requirements daily - if after following this protocol pain is still an issue contact the Acute Pain Team Bandolier (2003) <a href="http://www.medicines.ox.ac.uk/bandolier/Extraforbando/APain.pdf">http://www.medicines.ox.ac.uk/bandolier/Extraforbando/APain.pdf</a> (Links to: <a href="#">Substance Misuse</a> , <a href="#">Palliative guidance</a> and speciality guidance for Enhanced Recovery – <a href="http://www.bsuh.nhs.uk/clinical/teams-and-departments/acute-pain/how-we-do-things-policies-and-guidelines/">http://www.bsuh.nhs.uk/clinical/teams-and-departments/acute-pain/how-we-do-things-policies-and-guidelines/</a> )		