Trauma Analgesia Prescribing Guidelines

Brighton and Sussex University Hospitals NHS Trust

On admission prescribe **all pre-hospital analgesia** (including opioid patches) – unless contraindicated (e.g. AKI, acute confusion, sepsis)	
Avoid slow release opioids	**Avoid PCA** in elderly, dementia, renal impairment, respiratory disease, morbid obesity, obstructive sleep apnoea
Paracetamol 1 gram 4–6hrly (PO/IV) max 4 grams in 24 hrs - reduce dose to 500mg QDS if patient weighs ≤50kg – consider PO pre-operatively	
INTRAOPERATIVELY administer **regional analgesia** & **opioid sparing techniques** (unless contraindicated)	
Epidurals/Local Anaesthetic (LA) catheters as indicated and managed by anaesthetists/Acute Pain Team	

Age < 65 years & normal renal function	**Age > 65 years age & normal renal function**	**Abnormal renal function**
Ibuprofen 400mg PO TDS OR **Naproxen** 500mg PO BD if no contraindications	**Avoid NSAIDS & slow release opioids**	**Avoid NSAIDS & slow release opioids**
Morphine (IR) 5 - 20 mg 2 hourly PO PRN lowest effective dose - monitor renal function IF intractable side effects* with morphine switch to **Oxycodone (IR) 2.5 - 10mg 2 hourly PO PRN**	**Morphine (IR) 2.5 - 10 mg 2 hourly PO PRN** lowest effective dose - monitor renal function **Age>85: Morphine (IR) 2.5-5 mg 4 hourly PO PRN** IF intractable side effects* with morphine switch to **Oxycodone (IR) 1.5 - 5 mg 2 hourly PO PRN** **Age>85: Oxycodone (IR) 1.5-2.5 mg 4 hourly PO PRN**	**eGFR 30 - 60** **Morphine (IR) 2.5 - 5mg 4 hourly PO PRN** IF intractable side effects* with morphine switch to **Oxycodone (IR) 1.5 - 2.5mg 4 hourly PO PRN** **IF eGFR < 30** **Consider oxycodone (IR) 1.5 - 2.5mg 4 hourly PRN**
Naloxone 100 - 400 micrograms IV PRN prescribed for opioid respiratory depression following algorithm (https://nww.bsuh.nhs.uk/EasysiteWeb/getresource.axd?AssetID=168753&type=full&servicetype=Attachment)		
Consider **Gabapentin** if pain poorly controlled but monitor renal function and stop if side effects** not tolerated		
Gabapentin 300mg PO TDS	**Gabapentin 300mg PO TDS** Give 100-200mg for patients with co-morbidities***	**eGFR 30-60 Gabapentin 100mg to 200mg PO TDS** **eGFR <30 Gabapentin 100mg PO BD**
Anti-emetics: Ondansetron 4 mg BD PRN PO/IV/IM; Prochlorperazine 3-6 mg BD Buccal; Cyclizine 50mg TDS PRN PO/IV (**avoid if age >75**); **Laxatives**: Senna 15mg BD PO PRN; Macrogol 3350 up to 3 sachets per day PO PRN https://viewer.microguide.global/BSUH		
Review analgesic requirements daily - if pain is still an issue bleep the **Acute Pain Team (8102)** or **1st on call anaesthetist out of hours (8235)**		
*Morphine side effects: respiratory depression confusion, hallucinations, sedation, Nausea and Vomiting, itching	**Gabapentin side effects: sedation, hallucinations, dizziness, tremor *** Co-morbidities: Frailty, dementia, previous ADRs, **avoid if age >85**	
CHEST TRAUMA – follow chest trauma pathway **Lidocaine plaster 5% -** 1 to 3 plasters over **fractured ribs**: apply **for 12 hours** (e.g. 8am to 8pm), remove for 12 hours (e.g. 8pm to 8 am) – review after 48 hours If **rib fracture score >6** or severe patient comorbidities **consider regional analgesia -** bleep **Acute Pain Team (8102)** or **3rd on call anaesthetist OOH (8224)**		
Review opioids and gabapentin prior to discharge. Lidocaine plasters discontinued on discharge: These are not prescribed in primary care.		