Trauma Analgesia Prescribing Guidelines

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

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**Age < 65 years & normal 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 | Age>85: Morphine (IR) 2.5-5 mg 4 hourly PO PRN |
| IF intractable side effects* with morphine switch to Oxycodone (IR) 2.5 - 10mg 2 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 |

**Naloxone 100 - 400 micrograms IV PRN** prescribed for opioid respiratory depression following algorithm


Consider **Gabapentin** if pain poorly controlled but monitor renal function and stop if side effects** not tolerated

**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)

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Review opioids and gabapentin prior to discharge. Lidocaine plasters discontinued on discharge: These are not prescribed in primary care.