|  |
| --- |
| On admission prescribe **all usual analgesia** (including opioid patches) – unless contraindicated (e.g. AKI, acute confusion, sepsis) [add specific detail here] |
| **Avoid** [add specific detail here] |
| **Paracetamol** 1g 4–6hrly (PO/IV) max 4gm in 24 hrs - reduce dose to 500mg QDS if patient weighs <50kg  |
| **Epidurals/Local anaesthetic catheters** as indicated and managed by anaesthetists/Acute Pain Team [add specific detail here] |
|  |
| **Patients less than 65 years age** **who have normal renal function** | **Patients greater than 65 years age****who have normal renal function** | **Patients with renal impairment** |

|  |  |  |
| --- | --- | --- |
| [add specific detail here]e.g. **Oramorph 5 – 20 mg 2 hrly PO PRN** **lowest effective dose - monitor renal function** | [add specific detail here][delete whole column if for paediatrics or obstetrics] | [add specific detail here] |
| **Naloxone 100 - 400 micrograms iv stat** prescribed for opioid toxicity: following algorithm ([Naloxone delivery](http://nww.bsuh.nhs.uk/clinical/teams-and-departments/acute-pain/how-we-do-things-policies-and-guidelines/?assetdet1612669=168753))) |
| [add specific detail here] | [add specific detail here] | [add specific detail here] |
| **Anti-emetics**: [add specific detail here]**Laxatives**: [add specific detail here] |
| Review analgesic requirements daily - if after following this protocol pain is still an issue contact the **Acute Pain Team (bleep 8102)** or **on call anaesthetist out of hours (bleep 8235)** [add specific detail here] |
| **\***Oramorph s/e: confusion, hallucinations, sedation, N+V, itching, constipation  | **\*\***Gabapentin s/e: sedation, hallucinations, dizziness, tremor |
| **Opioids or Gabapentin commenced during admission should be stopped prior to discharge wherever possible** |
| [add specific detail here] |