

Analgesia Prescribing Guidelines: Surgery

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, 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)	
Recovery: administer analgesia as per ‘opioid sparing analgesia in Recovery’ guidelines	
Epidurals/Local Anaesthetic (LA) catheters as indicated and managed by anaesthetists/Acute Pain Team	
Acute Pancreatitis: Avoid Oramorph, follow Oxycodone dosing below	

Age < 65 years & normal renal function	Age > 65 years age & normal renal function	Abnormal renal function
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Ibuprofen 400mg PO TDS OR Naproxen 500mg PO BD if no contraindications 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	Avoid NSAIDS & slow release opioids 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	Avoid NSAIDS & slow release opioids 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 Consider Fentanyl PCA for dialysis patients
Naloxone 100 - 400 micrograms IV PRN prescribed for opioid respiratory depression following algorithm (Click here for Naloxone guideline)		
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 years); 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>75 years
Review opioids and gabapentin prior to discharge - Prescribe limited supply with TTOs (if needed) and instruct GP to manage risk of long term dependence		