## 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

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### Acute Pancreatitis: Avoid Oramorph, follow Oxycodone dosing below

<table>
<thead>
<tr>
<th>Age &lt; 65 years &amp; normal renal function</th>
<th>Age &gt; 65 years age &amp; normal renal function</th>
<th>Abnormal renal function</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ibuprofen</strong> 400mg PO TDS OR <strong>Naproxen</strong> 500mg PO BD if no contraindications</td>
<td><strong>Avoid NSAIDS &amp; slow release opioids</strong></td>
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<tr>
<td><strong>Morphine (IR) 5 - 20 mg 2 hourly PO PRN</strong> lowest effective dose - monitor renal function</td>
<td><strong>Morphine (IR) 2.5 - 10 mg 2 hourly PO PRN</strong> lowest effective dose - monitor renal function</td>
<td><strong>eGFR 30 - 60</strong> <strong>Morphine (IR) 2.5 - 5mg 4 hourly PO PRN</strong> IF intractable side effects* with morphine switch to <strong>Oxycodone (IR) 1.5 - 2.5mg 4 hourly PO PRN</strong></td>
</tr>
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<td>IF intractable side effects* with morphine switch to <strong>Oxycodone (IR) 2.5 - 10mg 2 hourly PO PRN</strong></td>
<td><strong>Age&gt;85: Morphone (IR) 2.5 - 5mg 4 hourly PO PRN</strong> IF eGFR &lt; 30 Consider oxycodone (IR) 1.5 - 2.5mg 4 hourly PRN</td>
<td><strong>Consider Fentanyl PCA for dialysis patients</strong></td>
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<tr>
<td><strong>Naloxone 100 - 400 micrograms IV PRN</strong> prescribed for opioid respiratory depression following algorithm (Click <a href="https://viewer.microguide.global/BSUH">here</a> for Naloxone guideline)</td>
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<tr>
<td>Consider <strong>Gabapentin</strong> if pain poorly controlled but monitor renal function and stop if side effects** not tolerated</td>
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<tr>
<td><strong>Gabapentin 300mg PO TDS</strong></td>
<td><strong>Gabapentin 300mg PO TDS</strong></td>
<td><strong>eGFR 30-60 Gabapentin 100mg to 200mg PO TDS</strong></td>
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<tr>
<td><strong>Anti-emetics:</strong> Ondansetron 4 mg BD PRN PO/IV/IM; Prochlorperazine 3-6 mg BD Buccal; Cyclizine 50mg TDS PRN PO/IV (avoid if age&gt;75 years); <strong>Laxatives:</strong> Senna 15mg BD PO PRN; Macrogol 3350 up to 3 sachets per day PO PRN <a href="https://viewer.microguide.global/BSUH">https://viewer.microguide.global/BSUH</a></td>
<td></td>
<td><strong>eGFR &lt;30 Gabapentin 100mg PO BD</strong></td>
</tr>
<tr>
<td><strong>Review analgesic requirements daily</strong> - if pain is still an issue bleep the <strong>Acute Pain Team (8102)</strong> or 1st on call anaesthetist out of hours (8235)</td>
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<tr>
<td>*Morphine side effects: respiratory depression confusion, hallucinations, sedation, Nausea and Vomiting, itching <strong>Gabapentin side effects: sedation, hallucinations, dizziness, tremor *** Co-morbidities: Frailty, dementia, previous ADRs, avoid if age&gt;75 years</strong></td>
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<tr>
<td><strong>Review opioids and gabapentin prior to discharge</strong> - Prescribe limited supply with TTOs (if needed) and instruct GP to manage risk of long term dependence</td>
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</tbody>
</table>

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BSUH Acute Pain Service

Approved by MGG: January 2021

Review date: January 2023