Breastfeeding/medication concerns:
Medicines Information: 8153/8566
Pain team bleep: 8102 (RSCH)/6468(PRH)

Guideline for Postoperative Analgesia in Obstetrics

Brighton and Sussex University Hospitals NHS Trust

	For Every Patient (unless contra-indicated)	Patients with Complex Requirements e.g. no neuraxial/extensive surgery/ opioid tolerance [chronic pain/ substance misuse]
GENERAL	Continue usual analgesics if not contraindicated/ breastfeeding	
PERI-OPERATIVE	**All patients should have had neuraxial opioid if possible:** Diamorphine - spinal ≤300mcg/epi ≤3mg; PF morphine- spinal 100mcg/epi ≤2mg**.** **Remove epidural catheter as soon as possible after surgery,** NB. Document reason for continuing epidural into recovery if applicable	
		Consider **abdominal wall blocks** (TAP/QL)
POST OPERATIVE	• Encourage oral intake, check sensory level of block and motor function. • Paracetamol 1g PO 6hrly (500mg if under 50kg); consider Intravenously (IV) for 24hrs if pain poorly controlled • Ibuprofen 400-600mg PO 6 hourly (add Omeprazole 20mg OD whilst an inpatient) • Give 1st doses in recovery if not given intra-operatively • If ONE OFF Diclofenac given intra-op: document on drug chart and clearly indicate interval before next NSAID: 50mg- 8hrs, 75mg- 12hrs, 100mg- 16hrs • **ALL Patients should receive care as per post-operative monitoring protocol for maternity guideline**	**Do not use NSAID in Patients with contraindication to NSAIDs e.g. GI upset/ some asthmatics/severe PET [renal dysfunction, low platelets]** Consider regular dihydrocodeine (AFTER 24hrs if neuraxial Morphine given)
PLEASE GIVE REGULAR NON OPIOID ANALGESIA BY THE CLOCK – even if not in pain,to reduce need for additional opioids **If a dose of Paracetamol/ Ibuprofen is missed on the drug round, please give missed dose ASAP – as long as 4 hour gap before next dose there need be no disruption**		
OPIOID	**NO OPIOID (including Dihydrocdeine) PRESCRIPTION ON REGULAR SIDE OF DRUG CHART FOR 24HRS AFTER NEURAXIAL MORPHINE, PRN ONLY**	
	Oral Morphine sulphate 10-20mg 2—4 hrly Immediate release (I/R) **PRN** or Dihydrocodeine 30mg 4hrly **PRN**	Oral Morphine sulphate (I/R) 10-20mg 1-2hrly **PRN** Consider slow release morphine (MST) tablets 10mg BD x3 doses (AFTER 24hrs if had neuraxial morphine) **IV (anaesthetist Rx only)** LSCS only: Consider PCA (max 24hrs) ONLY if analgesia unachievable by oral route e.g. PONV
	Medical review if greater than 4 doses oral Morphine sulphate required within a 12 hour period	
OPIOID TOXICITY	**Naloxone**: 100 - 400micrograms IV as per Trust protocol for opioid induced respiratory depression **Monitor neonate for adverse effects if ANY opioid given to a breast-feeding mother (eg. drowsy/poor feeding)**	
Laxative	**Senna** 2 tabs BD or **lactulose** 20mls BD or **macrogol** (Laxido/Movicol) 1 sachet BD PRN (until bowels open)	
Anti-emetic	**Ondansetron** 4mg IV/PO 6 hrly (max. 16mg/24hrs**) ; Cyclizine** 50mg SC/IM/slow IV 8hrly	
Anti-itch	**Chlorphenamine** 4mg (PO) - 10mg (IV) 4-6hrly; Naloxone 40-80mcg IV PRN	
DISCHARGE	Patient to supply own paracetamol/ibuprofen—take as per instructions on packet**. Dihydrocodeine often not required and should not be routine** , (7-14 tab TTO if needed) but **MUST** have laxative on discharge even if not used during inpatient stay.	