

# Trauma: Analgesia

Prescribe all pre-admission analgesia, unless new contraindication, and regular oral/IV paracetamol

## eGFR > 60

### Age < 65yo

NSAIDs  
+  
Full dose morphine or oxycodone

### Age > 65 yo

Reduced dose morphine or reduced dose oxycodone

## eGFR 30 - 60

Renal dose of morphine or reduced dose oxycodone

## eGFR < 30

Renal dose of oxycodone

### Cautions

- No NSAIDs in the elderly or reduced eGFR
- Avoid slow release opioids
- Use oxycodone if morphine is not tolerated due to ADRs
- Avoid PCA in: elderly, dementia, significant renal or respiratory co-morbidity including obesity and OSA

### Gabapentin

Consider If pain remains uncontrolled

## Example Prescribing

**NSAIDs:** Ibuprofen 400mg PO TDS or Naproxen 500mg PO BD, consider need for PPI

**Lidocaine 5%** patch (chest trauma only), 1 - 3 patches applied to the affected area for 12 hours on and 12 hours off, e.g. 8am to 8pm on, 8pm to 8am off, review after 48h

Opioids	Full dose	Reduced dose	Renal dose
Morphine IR (immediate-release)	5 - 20mg PO 2 hourly	2.5 - 10mg PO 2 hourly	2.5 - 5mg PO 4 hourly
Oxycodone IR	2.5 - 10mg PO 2 hourly	1.5 - 5mg PO 2 hourly	1.5 - 5mg PO 4 hourly

Prescribe Naloxone 100-400mcg IV PRN, laxatives and antiemetics with opioids

**Gabapentin** 300mg PO TDS if eGFR >60 and no comorbidities. If elderly (>75yo), previous ADRs or eGFR 30-60, give 100-200mg PO TDS. If eGFR < 30, give 100mg PO TDS only

## Chest Trauma

- Rib fracture score <6: oral and topical analgesia including lidocaine 5% patch
- Rib fracture score ≥6 or more contact Acute Pain team (8102) 3rd on call anaesthetist OOH (8235), to consider PCA or Regional Anaesthesia
- See '**Blunt Chest Trauma: Management**' card for further information