

**ADULT ACUTE PAIN MANAGEMENT ANALGESIC LADDER****PLEASE DO NOT USE THE ANALGESIC LADDER IF THE PATIENT IS ON A PCA OR EPIDURAL INFUSION****Pain Score on Movement****Analgesia****None**

No analgesia required

**Mild**

Paracetamol 1g po / iv regularly 6 hourly

Ask..... Are \*NSAID's appropriate? (add PPI if appropriate)

YES

NO

ADD - Naproxen 500 mg po 12 hrly reg

(Parecoxib 40mg IV if nil orally. Up to 80mg/day for 3 days Max. if appropriate )

Codeine 30-60 mg po / Tramadol 50 to 100mg IV if nil orally 4-6hrly PRN (Maximise Analgesia)

Re-assess after 60 to 90 minutes – if still in pain treat as Moderate pain

**Moderate**

Paracetamol 1g po / iv regularly 6 hourly

ADD - Naproxen 500 mg po 12 hrly reg (if appropriate) if not already taking

(Parecoxib 40mg IV if nil orally. Up to 80mg/day for 3 days Max. if appropriate)

ADD- Codeine 30-60 mg po /Tramadol 50 to 100mg IV if nil orally 4-6hrly reg. (Maximise Analg.)

Consider Oral Morphine 5 to 15 mg po 3 hrly PRN for break-through pain

Re-assess after 60 to 90 minutes and if still in pain treat as Severe Pain-

**Severe**

Discuss with admitting / Parent team to assess regarding ongoing pathology

Paracetamol 1g po / iv regularly 6 hrly

PLUS - Naproxen 500mg BD po regularly OR Parecoxib 40mg OD iv (If appropriate)

PLUS - Codeine 60 mg po or Tramadol 100mg po/iv/im regular 6 hrly reg

Morphine 5-15 mgs po 3 hourly PRN for break-through pain

Re-assess after 30 minutes

If still in pain call ward doctor / parent team

Consider calling Inpatient Pain Team as per contact details intranet or anaesthetist for advice

**Medications SHOULD be reviewed every 24 hours****Pain Scores**

None

Mild

Moderate

Severe

**Patient self-reported pain on movement****Naproxen: is a Non-Steroidal Anti-inflammatory Drug (\*NSAID) and is NOT appropriate for patients with:**

Current or previous gastrointestinal ulceration or bleeding  
 Asthma sensitive to NSAIDs  
 Hypersensitivity to NSAIDs  
 Renal impairment  
 Use caution in those with Hypertension and heart failure  
 Long Bone Fractures: Discuss with orthopaedic surgeons prior to use.  
 Patients in last trimester of pregnancy

## **If patient has pain at discharge:**

**Note: Patients on long term strong opiates are not covered by this guidance**

### **Option 1:**

Take Paracetamol 1 g 6 hourly regular + If no contraindications add Naproxen 500mg BD regular (add PPI if appropriate)

Plus Codeine 30 to 60mg QDS PRN or Tramadol 50 to 100mg 4 to 6 hourly PRN (up to maximum 400mg / day). Maximum 5 days supply to take home. Only if required.

*Please see below advice to be given to patients being discharge on Codeine, Tramadol or Morphine*

### **Option 2: If patient cannot take Codeine (side effects) or Tramadol (e.g: on SSRIs, etc.)**

Take Paracetamol 1 g 6 hourly regular + If no contraindications add Naproxen 500mg BD regular (add PPI if appropriate)

Oral Morphine 5 to 10mg 4 hourly PRN up to maximum 40mg in 24 hours as oral solution. Maximum 5 days supply to take home (if patient needs >40mg / day Morphine seek acute pain team/or In Patient Pain Service anaesthetic advise).

## **Advice to be given to patients being discharge on Codeine, Tramadol or Morphine**

If fit to be discharged patient can go home with a maximum 5 day supply of Codeine, Tramadol or oral Morphine. The patient should be advised of the possible side effects of taking long term OPIOIDS (more than 2 weeks) including addiction, immunosuppression, hormonal changes.

The patient should be advised to contact their GP as soon as possible but within 5 days of discharge to discuss their analgesic needs.

Please also include in the discharge summary to the GP that the patient has been discharged with a supply of Codeine, Tramadol or Morphine for 5 days and request the GP to review the patient.

***If further advice needed for complex patients please contact the Inpatient pain service or the on call acute anaesthetic team: contact details can be found on the pain management intranet site.***

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