

Enhanced Recovery Drug Regime for THR and TKR

(Please use correct order set on Lorenzo < 75yrs or >75yr/Frail/Renal Failure order set.)

Premed

Paracetamol 1-2g
Gabapentin 100-300mg (mainly for TKR's)
+/- Ibuprofen 800mg MR (*if not contraindicated*)
+/- Oxycontin (MR) 5-10mg

Cautions

Please adjust regime according to patient and contraindications.
Use lower doses if frail, >75yrs, eGFR 20-40 or combination of BMI>30 and NIDDM.
Omit oxycontin if GFR<20 and start oramorph QDS from Day 0 instead

Post-op

Paracetamol 1g QDS
+/- NSAID +/- PPI (*if not contraindicated*)
Gabapentin 100-300mg BD (*Max 5 days*) for mainly TKR
Consider for THR if analgesia likely to be difficult

Ondansetron 4mg BD
Sodium Docusate 200mg BD
Senna 2 at night
PRN Cyclizine S/C (omit in >75yrs) or buccal Prochlorperazine, and IV ondansetron

Please prescribe Antibiotics and Aspirin/Enoxaparin

THR

Oxycontin PO 5/10/20mg first evening only (Day 0) then
Tramadol PO 50-100mg QDS from Day 1 morning

Use Oramorph PO 5-10mg QDS in very frail or eGFR <20 instead of Tramadol

PRN Morphine S/C 5-10mg APP
Reduce to 2.5-5mg 2-4hrly in >75yrs, frail or eGFR<30

PRN Oramorph PO 10-20mg APP
Reduce to 5-10mg 2-4 hrly in >75yrs, frail or eGFR<30

TKR

Oxycontin PO BD 5-10mg (5 doses), can increase to 20mg in younger robust patients
Tramadol PO 50-100mg QDS from when oxycontin BD stopped (Day 3)

Use Oramorph PO 5-10mg QDS in very frail or eGFR <20 instead of Tramadol

PRN Morphine S/C 5-10mg APP (1st line for first night)
Reduce to 2.5-5mg 2-4 hrly in >75yrs, frail or eGFR<30

PRN Oramorph PO 10-20mg APP from Day 1
Reduce to 5-10mg 2-4hrly if >75yrs, frail or eGFR<30