

Guidelines for the Management of Pain in Adults

Analgesic Stepladder

Prescribe analgesia regularly
Use "prn" prescribing for breakthrough pain only

PAIN SCORE 1
'Mild Pain'

Paracetamol 1g 4 – 6 hrly PO/IV
Max. 4g per day

+ / - NSAID

eg Ibuprofen 400mgs TDS orally

PAIN SCORE 2
'Moderate Pain'

Tramadol
50-100mg PO QDS*

Or

Oramorph 10-20mg PO QDS
(limit regular prescription to 5 days)

Or

Codeine Phosphate
30mgs – 60mgs PO QDS

+

Paracetamol 1g PO/IV/PR
+ / - NSAID

PAIN SCORE 3
'Severe pain'

- **Subcutaneous Morphine**
- **Oral Morphine**
(See Guidelines)

PCA & IV Morphine by competency trained staff only

+

Paracetamol 1g PO/IV/PR

+ / - NSAID

NSAID's WARNING

Refer to BNF Section 10.1.1

NSAID's are contraindicated in patients with:

Known Aspirin or NSAID sensitivity
History of Aspirin sensitive Asthma
History of GI Bleed / ulceration
Anticipated major haemorrhage
Bleeding disorders / taking anticoagulant therapy

Use with caution in:

Renal / cardiac / hepatic impairment,
Asthmatics, history of indigestion. Hiatus Hernia,
Recent acute bony injury,
Elderly patients – consider PPI
Pregnancy (seek advice),
Porphyria (seek advice),

Tramadol contra-indications: uncontrolled epilepsy; acute porphyria.

Increased risk of CNS toxicity when given with SSRIs or Tricyclics.

*Renal Dose: If GFR<20ml/min give tramadol 100mg BD. If GFR<10ml/min then avoid

- Consider 'simple interventions' i.e. patients' comfort needs eg position, full bladder etc.
- Consider age, weight, clinical / drug history when prescribing
- Consider other types of pain & treat accordingly eg neuropathic, spasmodic/colic, wind pain
- Seek medical or appropriate Pain Team advice if unsure about medication, or pain persists
- See individual specific treatment guidelines, eg IV Morphine, PCA, SC Morphine/Pethidine
- Entonox should be considered for procedural pain (see guidelines)

PAIN SCORES AND INTERVENTIONS MUST BE RECORDED AND EVALUATED ON A PAIN CHART / OBSERVATION CHART / EWS OR IN PATIENTS NOTES