Derriford Hospital Analgesic Ladder for non-malignant acute pain in inpatients

If pain unresolved:
Contact ACT to discuss use SBAR referral
Identify type of pain and consider adjuvant medication. Consider alternative or parenteral opioid.

Assess pain as mild, moderate or severe

Mild pain

eGFR ≥ 50mL/min

Regular Paracetamol 1g qds (maximum paracetamol dosage 60mg/kg/day if weight < 50kg. See drug chart for further advice)

Consider **PRN NSAID** unless contraindicated (see drug chart for further advice)

eGFR < 50mL/min

Paracetamol as above
Avoid non-steroidal drugs.
eGFR may drop in acute illness and following surgery – monitor frequently.
Consider risks vs benefit of NSAIDs after major surgery.

Moderate pain

eGFR ≥ 50mL/min

Regular Paracetamol
Plus
Regular NSAID unless contraindicated (see drug chart for further advice)

PRN intermediate opioid
(eg: Tramadol 50-100mg qds (max 400mg in 24 hrs) **or** Codeine 30-60mg qds (max 240mg in 24 hrs))
Do not prescribe >1 type of intermediate opioid

eGFR < 50mL/min

Paracetamol as above
Avoid non-steroidal anti-inflammatory drugs.

eGFR < 30mL/min

Caution with tramadol and codeine – observe for opioid toxicity

Severe pain

eGFR ≥ 50mL/min

As for moderate pain
Plus

Acute pain of expected limited duration
PRN Oramorph 20-30mg 2 hourly
(adjust by age always assess response and modify as needed- see notes)

Acute exacerbation of chronic pain
Careful consideration before use of opioids. Oral route preferred. Review need for opioids daily. Discuss with ACT specialist.

eGFR < 50mL/min

Acute pain of expected limited duration
PRN Oxycodone IR 10-15mg
2 hourly
(adjust by age - see notes)

if eGFR < 15 seek advice from ACT specialist

Notes

Acute pain

Oramorph dose PRN 2hrly

Age (years)	Dose(mg)
18-59	20-30mg
60-69	10-20mg
70-89	5-10mg
>89	2.5-5mg

Oxycodone IR dose PRN 2hrly

Age (years)	Dose(mg)
18-59	10-15mg
60-69	5-10mg
70-89	2.5-5mg
>89	1.25-2.5mg

- This guideline is to be used in conjunction with the BNF and S & W Devon formulary.
- Ensure a full pain history is taken and regular analgesics are prescribed.
- Be aware of the dose equivalence of opioids prescribed – particular care is needed with opioid patches.
- Use subcutaneous route rather than repeated im / iv injections.
- Be aware of the influence of renal impairment, age and opioid tolerance on opioid prescribing.
- If unable to use regular NSAIDs consider regular intermediate opioids.

Opioid equivalence:
10mg **oral** morphine
- 5 mg Morphine SC/IM
- 3mg Morphine iv
- 5mg oral Oxycodone
- 40mg oral Tramadol
- 120mg oral Codeine
- 200mcg sublingual Buprenorphine
- Discuss methadone with pain and addiction specialist

NB: Fentanyl patches are not to be used for acute pain (consultant prescribing only)

Pain is the "Fifth Vital Sign" and must be assessed and recorded alongside other vital signs.
All staff involved in the prescribing, dispensing and administration of controlled drugs must be familiar with the characteristics of the drug. Information in this guidelines supersedes the drug chart.

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