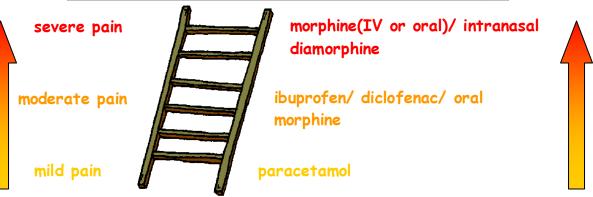
## ANALGESIA GUIDELINES for ACUTE PAIN MANAGEMENT (PAEDIATRICS) in BGH (for > 3 months of age)



DRUG	DOSE			COMMENT	
DIAMORPHINE	R	Refer to separate guideline for intranasal use			
		intra	/enous		
MORPHINE (for > 1 month of age)	Loading	0.1mg/kg over at least 5 minutes Contact APS / Anaesthetist for infusion or PCA		Monitor respiratory rate and SaO <sub>2</sub> . Convert to oral analgesia as soon as tolerated. Prescribe antiemetics.	
	Maintenance				
		oral	*PR		
IBUPROFEN	Loading	10mg/kg		1-3mths, 5mg/kg 3-4 x/day only	
	Maintenance	5mg/kg		Regular qds prescription.  ** Caution in asthma, renal he patic or cardiac impairment.	
	Max.	30mg/kg/24hrs			
DICLOFENAC	Loading	1mg/kg	1mg/kg	Not licensed if <1 year of age. PR not licensed if <6 years of age	
	Maintenance	1mg/kg	1mg/kg	Regular tds prescription.  **Caution in asthma, renal, hepatic or cardiac impairment.	
	Max.	3mg/kg/24hrs (max 50mg TDS)		The parte of car diac impairment.	
ORAL MORPHINE	Age- dependent	0.1mg/kg 1-6 months	<b>0.2mg/kg</b> 6-12 months		
		0.3mg/kg	5-10mg	4 hrly prn pre scription.	
		1-11 years	12 years+	May be prescribed with	
	Max.	2.4mg/kg/24hrs		paracetamol and NSAIDs.	
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PARACETAMOL	Loading	20mg/kg	40mg/kg	1-3 months 30mg/kg PR loading dose	
	Maintenance	15mg/kg	15mg/kg	4 – 6hrly prn May be prescribed with regular NSAIDs	
	Max.	75mg/kg/24hrs			

<sup>• \*</sup>PR route should be reserved for patients with no oral intake

<sup>• \*\*</sup>NSAIDs should be used with caution in children with asthma, hypersensitivity to any NSAID, at risk or established renal, hepatic or cardiac impairment. They should be avoided if there are current significant symptoms requiring oral steroids or if there is a history of emergency hospital admission for acute severe asthma.