



## CLINICAL GUIDELINE

# Analgesia Chart, Queen Elizabeth University Hospital

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

<b>Version Number:</b>	1
<b>Does this version include changes to clinical advice:</b>	N/A
<b>Date Approved:</b>	25 <sup>th</sup> July 2023
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<b>Approval Group:</b>	South Sector Clinical Governance Forum

### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

# Acute Pain Service Greater Glasgow and Clyde referral criteria

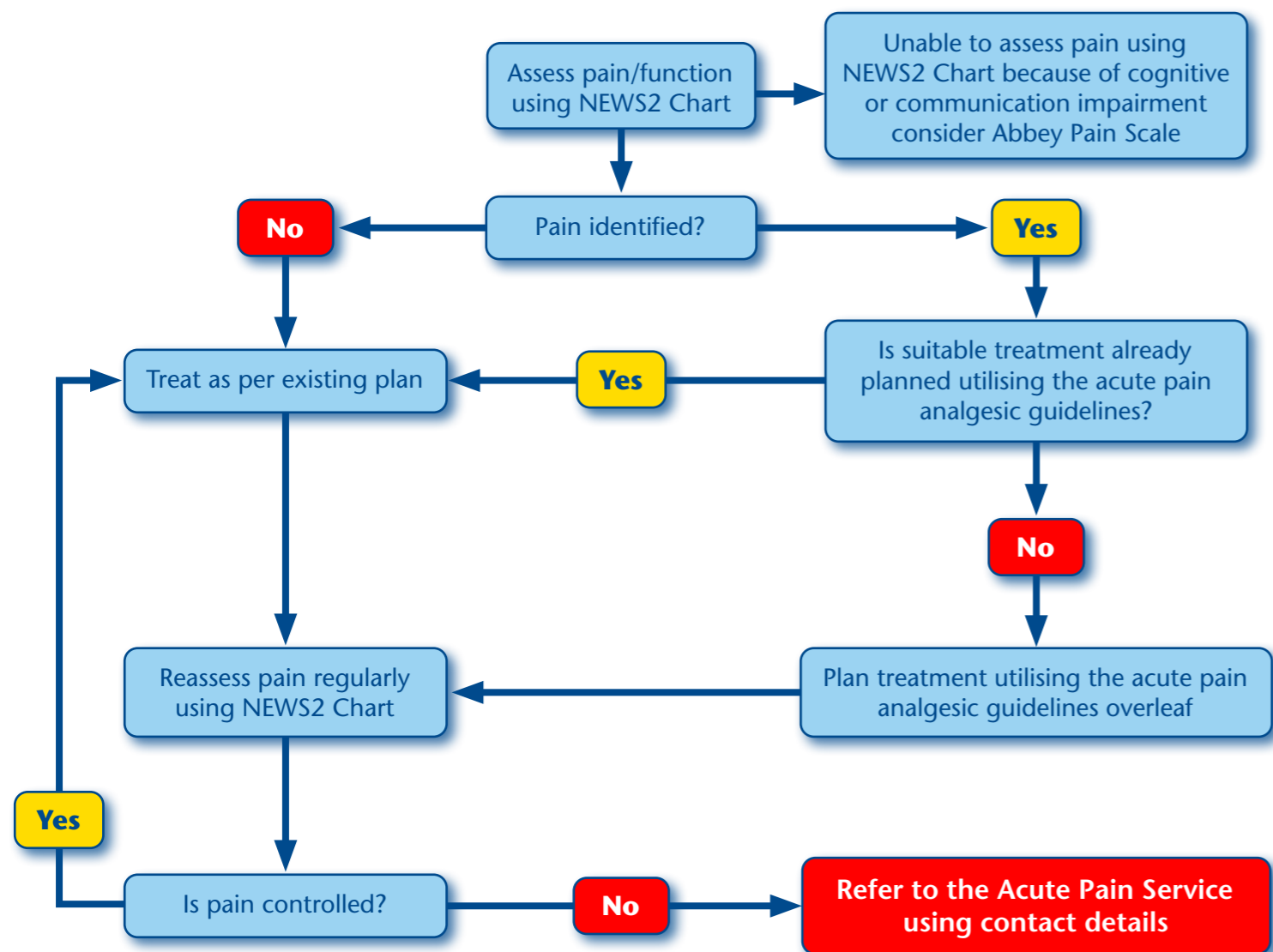
	Review	Don't review
QEUH, GGH, RAH, IRH & GRI	Postoperative patients, trauma patients, acute fractures, new acute pancreatitis, new acute back pain, burns patients	Chronic pain, acute on chronic pain – of any origin, medical patients

## The Acute Pain Service (APS) is a surgical service only.

The Acute Pain Service (APS) is a surgical service only. The remit of the APS is to ensure timely, effective and safe analgesia for patients and to provide education, advice and practical help to nursing and medical staff.

We will review patients with epidurals, local anaesthetic devices and local anaesthetic catheters at least once daily Monday-Friday. If you have patients in your area with this form of analgesia please let us know. The APS will review surgical patients referred with acute pain problems such as, acute neuropathic pain, opioid tolerance issues, or patients with complex analgesic requirements. For out of hours advice please contact on-call anaesthetist (see numbers listed).

Ensure patients are receiving appropriate analgesia according to the acute pain analgesic guidelines prior to referring.



## Prescribe regular analgesia using the analgesic ladder below.

**Step 1: Mild Pain = Pain Score 1-3**

**PARACETAMOL up to 1g four times daily**  
Refer to Therapeutic Handbook for guidance on appropriate doses of paracetamol

**Step 2: Moderate Pain = Pain Score 4-6**

PARACETAMOL up to 1g + DIHYDROCODEINE 30mg four times daily  
**OR**  
PARACETAMOL up to 1g + CODEINE 30mg - 60mg four times daily  
**OR**  
PARACETAMOL up to 1g + TRAMADOL 50mg-100mg four times daily

Consider addition of NSAID if no contraindications such as:  
History of peptic ulceration, asthma, aspirin sensitivity, renal impairment, bleeding problems, caution in patients aged > 65.

**Step 3: Severe Pain = Pain Score 7-10**

**AS ABOVE,**  
with addition of

PRN Immediate Release (IR) oral morphine or oxycodone. Doses must be adjusted based on patients age and renal function. See local guidelines.

Subcutaneous (S/C) morphine/oxycodone can be prescribed if no oral route available. Dose adjustment is required. \*Note: Oral to S/C conversion is 2:1\*. See local guidelines.

**\*\*Patients should not receive step 2 opioids if receiving modified release (MR) opioids (e.g. Zomorph/Oxypro)\*\***

- **Seek advice from APS if:** patient has severe pain that is not responding to treatment or patient is experiencing adverse effects from analgesia.
- If the dose of opioid administered has increased rapidly and patient is still in pain refer to **APS after surgical review.**

### APS Contact Details

Wards ending with A & B	83717
Wards ending with C & D	83718
Critical Care Surgical only	83726
On call anaesthetist (out of hours)	83464

### References

1. NHS Greater Glasgow and Clyde, adult therapeutics handbook. Prescribing Notes for Acute Pain (2022)
2. Royal College of Anaesthetists. Chapter 11: Guidelines for the Provision of Anaesthesia Services for Inpatient Pain Management (2022)