RED FLAGS:

- **Unremitting pain:**
  - Not changed by position / activity
  - No / minimal response to analgesia
  - Especially post trauma / surgery
- **Sudden severe onset:**
  - Headache
  - Chest pain
- **Pain associated with:**
  - Visual disturbance
  - Central neurological symptoms
- **Back pain with**
  - **Cauda Equina symptoms:**
    - Urinary retention/incontinence
    - Faecal incontinence
    - Saddle paraesthesia, leg weakness or sensation loss
  - **Bilateral upper limb / lower limb neurological pain**

ABCDE ASSESSMENT

ANY RED FLAGS

- **Try to identify and treat cause of pain (as able)**
- **Avoid just simply giving analgesia**

YES → **CALL SENIOR**

NO

STEP 1
-DETERMINE TYPE OF PAIN-

NOCIOCEPTIVE
- Mediated via nociceptor nerve endings in response to mechanical / inflammatory stimuli
- Distribution localised to area of injury
- Sharp

REFERRED
- Pain felt in an area other than area of painful stimulus / origin
- Distribution associated with dermatomal area of painful stimulus / origin
- Generally non-specific / aching symptoms

NEUROPATHIC
- Nerve compression / irritation / damage
- Dermatome / Peripheral nerve / Glove-Stocking distribution
- Shooting / Electric / Burning
- +/- Paresthesia

ISCHAEMIA
- **Tissue hypoxia due to vascular compromise**
- **Severe Cramping / Pressure**
- **Typically relentless pain out of proportion**
- **Poor response to opioids**

EMOTIONAL
- All pain can be made worse by negative emotion or low mood
- Non-specific nature and distribution

IF SUSPECTING ISCHAEMIC PAIN START MANAGEMENT BUT ALWAYS DISCUSS WITH SENIOR

STEP 2
-OBJECTIFY SEVERITY-

0	1	2	3	4	5	6	7	8	9	10

NO PAIN → WORSE PAIN IMAGINABLE

- Simple 0-10 pain scale can be used
- Good to monitor patient pain and response to management
- Very open to subjectivity

For communication issues patients consider graphical pain scales such as Faces pain scale
For patients with complex pain consider the McGill Pain Scale

STEP 3
-TREATMENT - PAIN LADDER-

- Always start at Non-Opioid and work up ladder
- Consider cause and severity of patients pain when determining how many steps up the ladder to start
- Review effect of analgesia before increasing / decreasing
- **Contact Senior if unsure**

NON OPIOID

PARACETAMOL
- 1g IV/PO/PR QDS

Reduce dose:
- Patient <50kg

WEAK OPIOID

CODEINE
- 15-60mg PO QDS

Reduce dose:
- Patient Elderly
- Impaired renal function

DIHYDROCODEINE

Immediate release
- 30mg PO QDS

Modified release
- 60mg PO BD

Reduce dose:
- Patient Elderly
- Impaired renal function

TRAMADOL

50-100mg PO QDS

Reduce dose:
- Patient Elderly
- Impaired renal function

STRONG OPIOID

MORPHINE

FAST ACTING (PRN)

ORAMORPH:
- 2.5-10mg PO

MORPHINE SULPHATE:
- 1-10mg IV / SC

OXYCODONE:
- Oxynorm
- 2.5-5mg PO

Note:
- If requiring multiple Short-acting PRN consider conversion to Long-acting
- See section below

LONG ACTING

MODIFIED RELEASE MORPHINE SULPHATE (MST)

OXYCODONE MR:
- OXYCONTIN

PATCH:
- BUPRENORPHINE
- FENTANYL
  - Better for patient with impaired renal function

Reduce dose:
- Always start lowest dose
- Elderly Patient
- Impaired renal function
- Consider Laxatives

+/- ADJUVANT

NSAIDS

IBUPROFEN:
- 200-400mg PO TDS

NAPROXEN:
- 250-500mg PO BD

DICLOFENAC:
- 75-150mg PO/PR Daily total in 2-3 divided doses

Note:
- Consider gastro-protection PPI
- Avoid in patients with:
  - CKD/ AKI
  - Gastric ulcers/hx GI bleeding

+/- ADJUVANT

NEUROPATHIC

AMITRIPYLINE:
- 10mg PO ON

PREGABALIN:
- 50mg PO TDS

GABAPENTIN:
- 300mg PO OD (starting - see BNF)

Note:
- Can cause sedation
- Always discuss with Senior / Pain team prior to prescribing

Above doses are commonly used doses
Always speak with Senior / Pain team regarding titration
Always consult BNF for dose / administration and contraindications for all above medications

CONVERSION TO LONG ACTING OPIOIDS

Convert all opioid analgesia used over last 24 hours to equivalent ORAL MORPHINE DOSE

Add together to calculate total ORAL MORPHINE DOSE used over last 24 hours

Choose LONG-ACTING preparation most appropriate and prescribe at equivalent total ORAL MORPHINE DOSE used over last 24 hours

Prescribe SHORT-ACTING preparation at dose 1/6th of total ORAL MORPHINE DOSE used over last 24 hours for BREAK THROUGH PAIN

OPIOID CONVERSIONS

CODEINE PO mg/day → ÷ 10 → **DIHYDROCODEINE PO mg/day** → ÷ 3 → **TRAMADOL PO mg/day**

OXYCODONE PO mg/day → × 2 → **MORPHINE SC mg/day**

OXYCODONE SC mg/day → × 3 → **MORPHINE SC mg/day**

ORAL MORPHINE mg/day

ORAL MORPHINE mg/day → ÷ 3 → **DIAMORPHINE SC mg/day**

ORAL MORPHINE mg/day → ÷ 2 → **BUPRENORPHINE PATCH mcg/hr**

ORAL MORPHINE mg/day → ÷ 3.6 → **FENTANYL PATCH mcg/hr**

Note: These are approximate equivalent dose conversions
These do vary throughout the literature
Always follow any local guidelines on opioid conversion