My patient has pain. What should I do?

**ASSESS:**
1. Pain score?*
2. Pain history?*
3. Co-morbidities?*
4. Allergies?
5. Other meds?

**ACUTE PAIN**

Is the patient on regular opioid-sparing analgesics i.e. PARACETAMOL and IBUPROFEN?

- **NO**
  - Does the patient have any contraindications* to PARACETAMOL or IBUPROFEN?
    - **NO**
      - Prescribe: PARACETAMOL* 1G PO 6hourly and IBUPROFEN* 400mg after food 8 hourly
      - Check dosing guidelines for the elderly, renal, hepatic disease *

- **YES**
  - Consider one of the following:
    - OXYCODONE* 5mg PO 3hourly PRN
    - *(If pain is severe and persistent add*)
    - OXYCODONE/NALOXONE SR *(Targin®)* 10mg/5mg po B.D.
    - *(If patient is nil by mouth:)*
      - BUPRENORPHINE* 200mcg sublingual 6 hourly, (with a further 200mcg 6 hourly PRN for breakthrough pain).

**ACUTE ON CHRONIC PAIN**

Continue patient’s regular baseline analgesia

- Pain still ≥ 5/10?
  - **YES**
    - Consider one of the following:
      - OXYCODONE* 5mg PO 3hourly PRN
      - *(If pain is severe and persistent add)*
      - OXYCODONE/NALOXONE SR *(Targin®)* 10mg/5mg po B.D.
    - *(If patient is nil by mouth:)*
      - BUPRENORPHINE* 200mcg sublingual 6 hourly, (with a further 200mcg 6 hourly PRN for breakthrough pain).

**CHRONIC PAIN**

Continue patient’s regular baseline analgesia

- Pain still ≥ 5/10?
  - **YES**
    - Consult ACUTE PAIN TEAM 8209 (8212 a/h)

Aim to balance optimal analgesia with minimal side effects

Remember to prescribe anti-emetics* and aperients* with opioids.

Never prescribe immediate release opioids or sedating medications to a patient on a PCA!

Monitor*: Sedation score, HR, NIBP, RR

Wherever you see the * refer to notes on full information regarding prescribing, contraindications, and monitoring. This flowchart is for ADULT patients only.