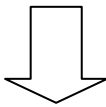


Acute Pain management in patients with pre-existing opioid usage

Patient using opioids preoperative



Inform Acute Pain Team – Bleep 2257
 ONLY TO BE INITIATED AFTER CONSULTATION WITH THE ACUTE PAIN TEAM



If postoperative oral intake possible

- Continue with regular opioid
- Add Breakthrough 24 does/6 2hrly
- Start at minimum of 10-20mg immediate release morphine

All patients should have a pain score of <2 when leaving recovery: Prescribe intravenous morphine for recovery



If perioperative oral intake impossible
 Convert regular opioid to parenteral morphine sulphate:
 Calculate 24 hour oral requirement and convert to intravenous dose (see conversion table)



PCA suitable?



PCA not suitable
 IV drug user, patient refusal



Continuous background infusion
 calculated: $iv\ 24\ dose / 24 = hourly\ rate$

Set PCA : Start at

	IV	SC
Bolus	2mg	4mg
Lockout	5min	10min

Increase/decrease
 as necessary in
 response to pain
 Sedation etc



4 hourly intermittent SC injections

Dose
 $A + 100-150\% A\ divided\ by\ 6 = 4\ hrly\ dose$

Breakthrough dose : same as above 2 hrly

