NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Oral analgesia, adult/ surgical, Acute Pain Service, Royal Alexandra 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.

Version Number:	1
Does this version include changes to clinical advice:	N/A
Date Approved:	20th August 2025
Date of Next Review:	31st May 2028
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Approval Group:	Clyde Sector Clinical Governance Forum

Important Note:

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		Effective From	October 2024
	Acute Pain Service Guidelines (Adult/Surgical) **Oral Analgesia**	Review Date	May 2028
		Version	1
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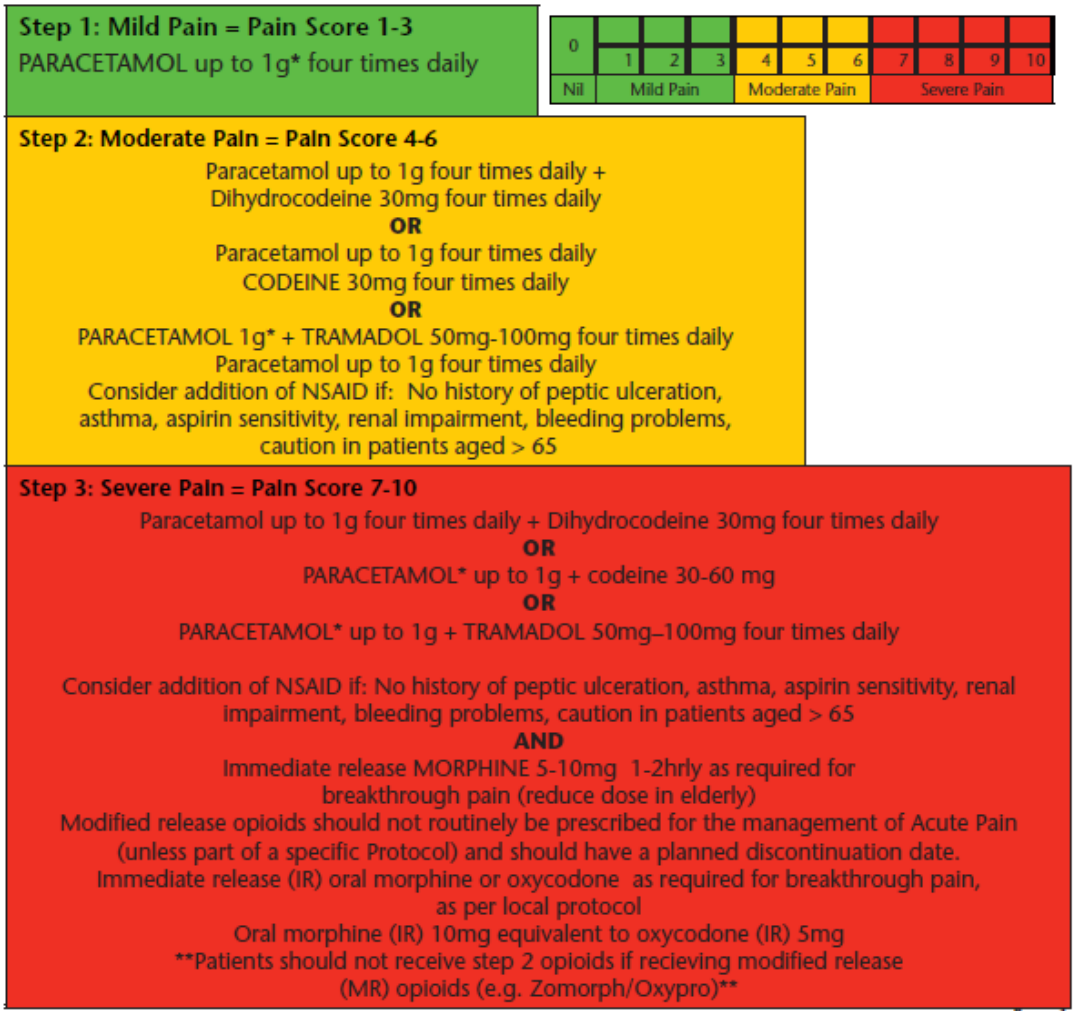
When there are no contraindications, the oral route is the route of choice for the administration of most analgesic drugs being simple, effective and well tolerated by most patients.

Two or three drugs may be used in combination to manage sever acute pain as the combination of medications with different sites of action improves pain relief. This is called “multimodal analgesia”.

Medication should be taken regularly at sufficient doses to achieve patient comfort and aid pain management. Recognising a person in pain should lead to thorough pain assessment, with the development of a treatment plan based on the “Analgesic Ladder”.



***Paracetamol**

Oral Paracetamol: 1000mg four times daily (usual maximum dose). Consider dose reduction in patients with low body weight (<50kg), renal/liver impairment or chronic malnourishment, chronic alcoholism to 15mg per kg dose. (Up to four times daily: refer to therapeutics handbook https://handbook.ggcmedicines.org.uk/guidelines/acute-pain-and-post-operative-nausea-and-vomiting/prescribing-notes-for-acute-pain/).

Only prescribed co-codamol if the patient already takes this at home. For new prescriptions always prescribed paracetamol and dihydrocodeine or codeine separately. See therapeutic handbook. ****All strengths of co-codamol (8/500, 15/500 and 30/500) contains paracetamol therefore dosage adjustment may be required. (See above).**

It is unrealistic to expect patients will be fully pain free at all times; the goal of acute pain management is to **optimise analgesia to achieve good function ability** with minimal adverse side effects.

Drug	Uses	Side effects
Paracetamol	Good for mild pain. Improves effects of other analgesics for moderate to severe pain. Can be used at any step of the ladder	Generally very safe
NSAIDs e.g Ibuprofen or naproxen	Good for mild/moderate pain but useful for most nociceptive pain. Can be used at any step of the ladder	Risk must be individually assessed. **CONTRAINDICATED:-** aspirin or NSAID hypersensitivity (caution with asthma), heart failure, renal insufficiency (oliguria, hypotension), history of GI ulceration, bleeding issues CAUTION:- patients >65 years old
WEAK OPIOIDs e.g. codeine or dihydrocodeine Tramadol	Good for moderate pain May ease neuropathic pain	Generally safe but may cause: - nausea/vomiting, constipation, itch, sleepiness, dizziness, confusion (potential over sedation), respiratory depression. More likely to affect the elderly, frail or renal impairment; use half dose
STRONG OPIODs e.g morphine such as oral morphine solution or sevradol tablets N.B. morphine is prescribed on an **age-related** basis rather than weight	Good for moderate/sever pain	Same as weak opioids Morphine (immediate release) **caution** in frail patients or renal impairment <70 years old 10mg morphine every 1 – 2 hours (monitor sedation level and respiratory rate) >70 years old, is frail, or has renal or liver impairment 5mg every 1 – 2 hours (monitor sedation level and respiratory rate) **Suggest review if >3 doses required within 6 hours**

NOTE: check in BNF or GGC Therapeutics Handbook before prescribing for a patient

References

1. Macintyre PE, Schug, S (2015) Acute Pain Management A Practical Guide (4th Edition), CRC Press

2. Morriss W, Goucke R (2011) Essential Pain Management: Workshop Manual (1st Edition), Faculty of Pain Medicine, Austrailian and New Zeland College of Anaesthetists

3. http://handbook.ggcmedicines.org.uk/ [Accessed 08/03/2024]

4. Schug SA, Palmer GM, Scott DA, Halliwell R, Trinca J; APM:SE Working Group of the Austrailian and New Zealand College of Anaesthetists and Faculty of Pain Medicine (2015, Acute Pain Management: Scientific Evidence (4th edition), ANZCA & FPM, Melbourn

5. British Medical Association and Royal Pharmaceutical Society of Great Britain (2016). British National Formulary; Pharmaceutical Press, England

6. https://www.medicinescomplete.com/mc/bnf/current/ [Accessed 08/03/2024]