Chronic Pain Flowchart

1. Assess patient using appropriate tool.

2. Ensure patient is prescribed Paracetamol according to weight

3. Add NSAID (Ibuprofen/Naproxen) and PPI (if over 45yrs old) Review effect after 2 weeks. Not for long term use. Monitor renal function

4. Add Codeine 30-60mg QDS OR Tramadol 50-100mg QDS Approx 10% Patients do not respond to codeine and is constipating so for short term use.

5. REASSESS PATIENT.

- **Before prescribing stronger opioids,** consider that there is little evidence to support long term use of opiates, and there are endocrine and immunological risks e.g. opioid induced hypogonadism
- It is unlikely that an alternative opioid will work where morphine has not
- Opioids are NOT usually helpful for Mechanical back pain, Fibromyalgia, Pelvic or Abdominal pain, or non-specific visceral pain - only use in these conditions with advice from specialists

6. STOP Tramadol/Codeine; ADD Morphine SR (Zomorph Caps 10-20mg BD)

- Titrate by no more than 10mg BD morphine at a time to maximum 120mg per day- Discuss with pain specialist nurses (see guidelines for referral on intranet-pain management)
- Assess abuse potential
- Do not increase dose without seeing patient
- If patient does not gain 30-50% pain relief within 2-4 weeks consider withdrawing opioid.

If pain not responding to opioids it could be neuropathic pain (i.e. stabbing, burning, tingling descriptors) - see neuropathic guidelines

Guidelines for the pharmacological management of non cancer pain in adults (2015) Contact Sarah.Cooper@bsch.nhs.uk for more copies.

Top tips:
- Ensure step 1+2 are prescribed on the regular side
- If a patient is needing a step 3 drug, this means they are taking the step 1+2 drugs as well

SEE GUIDELINES FOR REFERRAL TO PAIN SERVICE BEFORE MAKING A REFERRAL

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ACUTE PAIN Management :

Step 1 : Paracetamol and NSAID (unless contraindicated)

Step 2 : Add Tramadol (50-100mg QDS) or codeine (30-60mg QDS)

Step 3 : Add an Opioid

Morphine Equivalent	10	15	30	40	45	60	90	120
Oral Codeine (mg/24hrs)			240					
Oral Tramadol (mg/24hrs)			300	400				
Transdermal Buprenorphine (ug/24hrs)	5	10	20			35	52.5	70
Transdermal Fentanyl					12		25	
Oral Dihydrocodeine (mg/24hrs)	80							

- Effective analgesia means at least 30% reduction in mean pain score.
- REMEMBER – if a patient is NBM and in pain they do not always need a PCA – consider IV Paracetamol and IV Tramadol.
- Oral Oxycodone is twice as strong as morphine but the same IV.