

Analgesia Guidelines – A guide to prescribing oxycodone (Endone®) on discharge

This document is intended to provide general advice on prescribing oxycodone on discharge from Emergency Departments

Pain Management on the ward

- Introduction of pharmacotherapy for acute pain relief should be managed with a stepwise approach starting at a step that corresponds to the severity of the patient's pain.
- Patient's pain severity scores are recorded on the ED Observation Chart:
 - » Score should be used to guide the clinician in selecting the appropriate starting point and de/escalation for managing the patient's acute pain.
- Consider and treat underlying condition causing or worsening pain.
- How much trauma/surgery has the patient suffered?



Mild Pain (1–4)

- » Consider non-pharmacological approaches.
- » Use paracetamol 1g orally, 4- to 6-hourly, up to a maximum of 4g daily.



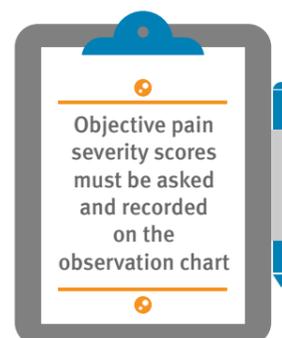
Moderate Pain (5–7)

- » If no contraindications, use a NSAID instead of, or in addition to, paracetamol (e.g. ibuprofen 400 mg orally).
- » If additional analgesia is required after paracetamol and/or ibuprofen given, consider adding Oxycodone immediate-release (Endone®) 5mg orally, as necessary.



Severe Pain (8–10)

- » Morphine is most commonly used; if significant renal impairment, use fentanyl instead of morphine.
- » Paracetamol and NSAIDs should continue to be used as adjuncts to reduce opiate use.
- » If patient takes regular opioids or is on an opioid replacement program, seek advice.



Discharge Prescribing

- Consider the patient's analgesic requirements and PRN usage as an inpatient.
- Develop a pain management action plan including a de-escalation strategy:
 - » Detail action plan in the clinical notes, discharge summary to GP, and individualised patient information brochure (Oxycodone).
- Limit duration of regular paracetamol to five days and NSAIDs to three days, and then prescribe PRN.

Oxycodone

- Review patient's use of PRN opioid over the 24 hours prior to discharge.
- Review APMS continuation plan.
- Ensure dose and frequency of the opioid are appropriate at point of discharge:
 - » A quantity less than the maximum PBS quantity is most often appropriate, for example:
 - 🕒 Prescribe 5mg Oxycodone Q4hourly PRN, with a maximum daily dose of 20mg.
 - 🕒 Prescribe a maximum quantity of 10 tablets.
 - 🕒 This will limit duration of Oxycodone use to 2-3 days.
- Do not prescribe Oxycodone on discharge if the patient did not require opiate analgesia as an inpatient.

Quantities of Oxycodone greater than 10 tablets requires Registrar or SMO approval and documentation of the rationale in the medical record.

Consider alternatives to the maximum PBS quantity when determining the appropriate quantity of oxycodone to be prescribed. Example:

4 hourly PRN

Max daily dose 20mg

Limit use to 2 days

Max quantity 10 tablets

Nil Repeats

Medical records copy