Analgesia prescribing in the Department of Emergency Medicine

Pharmacotherapy for acute pain relief:

- Introduce 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 Emergency Department Observation chart.
- This score is 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.
- Oxycodone should be reserved for patients with **persistent or ongoing** pain of **moderate severity** once simple analgesics have been trialled.

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 analgesia:

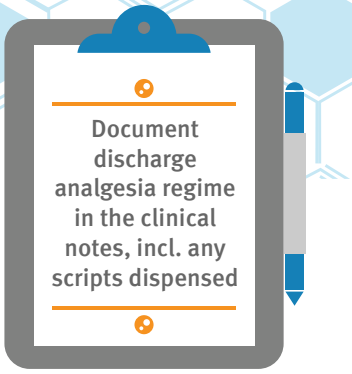
- Consider **analgesic requirements** and **PRN usage** in the department.
- Develop a **pain management action plan** including a **de-escalation strategy.**
  - » **Document** this action plan in the **clinical notes**, the **discharge summary** to the general practitioner, and the patient's **individualised patient information brochure.**
- Limit duration of regular Panadol to five days and NSAIDs to three days, and then prescribe PRN.

Queensland Government

Oxycodone prescribing on discharge from the ED:

What do I need to include on the prescription?

- Full name, address and date of birth of patient (patient sticky label must be on ALL copies of prescription).
- Generic drug name, form (e.g. tablets, capsules, liquid) and strength.
- Quantity to be dispensed must be written in words and numbers (e.g. '10, ten').
- Dose and frequency:
  - Total daily dose.
  - Duration.
- No repeats should be authorised.
- Prescriber name and signature.
- Prescriber contact details (e.g. pager, speed dial) Prescriber number.
- Date prescription is written.
- Complete allergy/ADR section (e.g. 'nil known') where possible.
- Document any authority approval numbers.



Determining the quanitity of Oxycodone to be prescribed:

- Review patient's **use of PRN opioid** over the 24 hours prior to, and during, the DEM visit.
- 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.
  - Quantities of Oxycodone greater than 10 tablets requires Consultant approval and documentation of the rationale in the medical record.
- **Do not** prescribe Oxycodone on discharge if the patient did not require opiate analgesia in DEM.

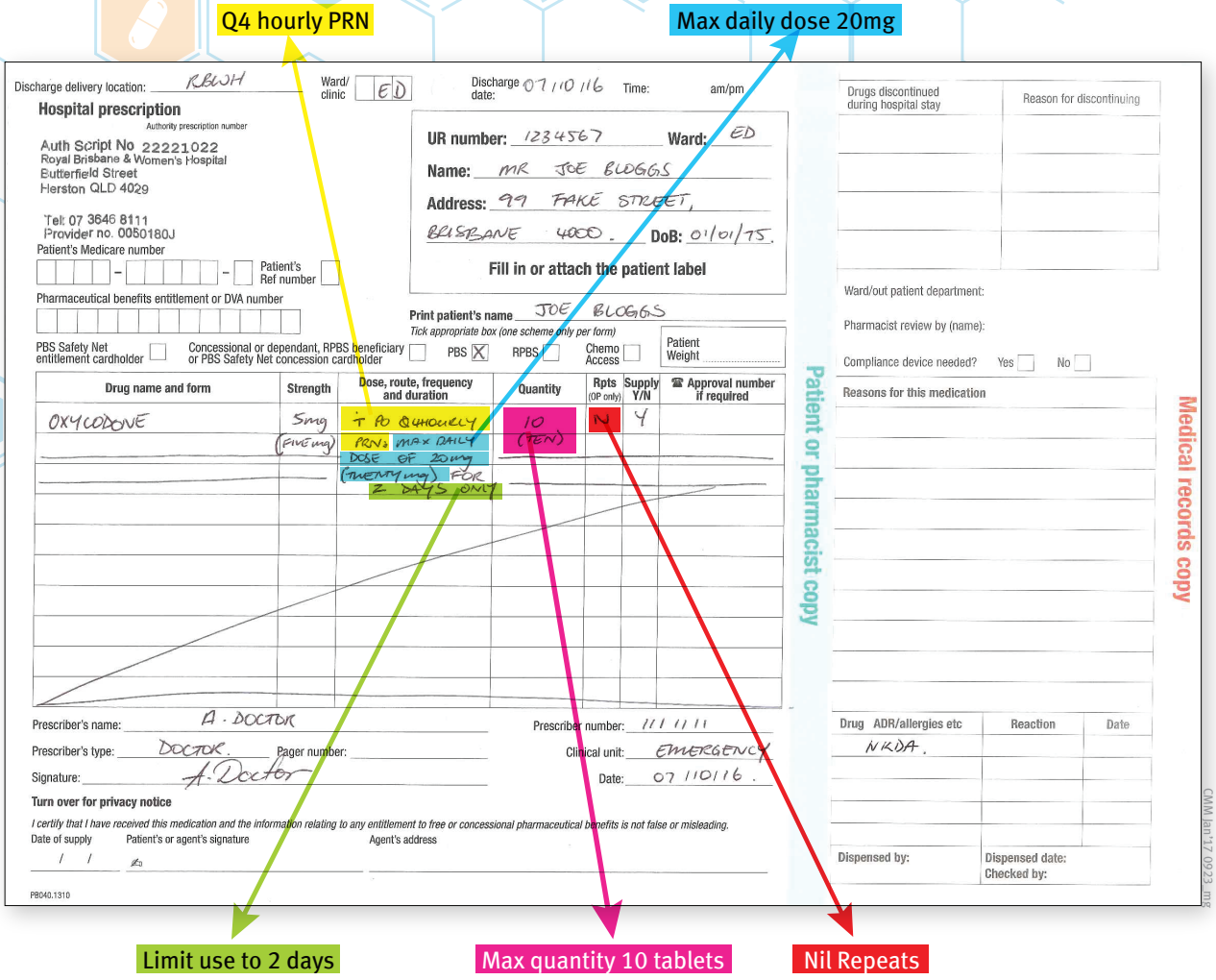
Suspected misuse of Oxycodone

If the medical officer writing the prescription suspects that the patient is deliberately attempting to obtain more Oxycodone than they need, they should contact the Prescription Shopping Information Service (PSIS). The PSIS is a 24 hour, 7 days a week telephone service that gives prescribers information on whether patients meet the criteria of the Prescription Shopping Program (PSP) and is accurate up to the last 24 hours.

PSIS line: 1800 631 181

To meet the criteria for the PSP your patient must have been supplied at least one of the following:

- Pharmaceutical benefits prescribed by 6 or more different prescribers.
- A total of 25 or more target pharmaceutical benefits.



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

Patient education:

It is important that patients and carers are educated regarding the safe and optimal use of Oxycodone.

- The Patient Information Brochure should be provided to all patients prescribed Oxycodone for ongoing but short-term treatment of acute pain to supplement verbal education.
- It is a legal requirement for the prescriber to advise patients of the risks associated with driving or operating machinery whilst taking an opioid.
- Encourage the patient to see their GP if they continue to have pain after 2 days.

Communication to primary care provider:

It is important to communicate details of opioids prescribed to the patient's primary care provider (for example, GP, community pharmacist, Residential Aged Care staff), including:

- Discharge letter which must include information on Oxycodone strength, dose, frequency, quantity and suggested duration of treatment, including plan for de-escalation, other analgesics, and follow up review plan.
- Patient's individualised pain management plan, as per the Patient Information Brochure.