NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Enhanced Recovery Analgesia for elective THR/TKR surgery

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.

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Approval Group:	South Sector Clinical Governance Forum

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Enhanced Recovery Analgesia for elective TKR/THR surgery

NHS Greater Glasgow and Clyde

Aims

- To provide a simple approach to the management of pain
- To promote safe and effective use of analgesia
- To promote early mobilisation

Regular Prescriptions

Date	Time	
Day of operation	2000	OXYPRO 10MG
1st post-op day	0800	OXYPRO 10MG
1st post-op day	2000	OXYPRO 10MG
2nd post-op day	0800	OXYPRO 10MG

Prescribe oral Paracetamol four times a day in addition to the Oxypro

PCA should not be the routine mode of delivery of opioid analgesia (but is appropriate for some chronic pain/pre-existing opioid usage patients)

If patients already on long-acting opioids these should be continued and increased by 25% for four post operative doses. No oxypro should be prescribed

- **NSAIDS** (consider: contraindications, time limited prescription with PPI/H2 antagonist cover)
  - Ibuprofen 400mg three times daily (avoid in patients >70 years old)
- **Laxido**
  - 1 sachet twice a day: to be discontinued on judgement of nursing staff
- **PONV**
  - **Buccastem 6mg**: route is Buccal 12 hrly (reduce to 3mg if >70 years old)
  - **Ondansetron 4mg**: route is iv/oral 8 hrly
  - **Cyclizine 50mg**: route is iv/oral 8 hrly (reduce to 25mg if >70 years old**)**
- **Pruritus/Itch**
  - **Ondansetron 4mg:** oral 8 hourly (may help pruritis as well as nausea/vomiting)
  - **Chlorphenamine 4mg:** oral 6 hourly (observe closely for sedation when also taking opioids)

PRN Prescriptions

- <=70 years old: **Oramorph 10mg up** to hourly as per ward protocol
- >70 years old: **Oramorph 5mg up** to hourly as per ward protocol

Nursing staff should request a medical review if > 3 doses required within 6 hours.

Patients **should not be** routinely discharged home with oramorph.

RESCUE ANALGESIA: Medical Review

If three doses of oramorph within 6 hours have failed to provide sufficient analgesia on the ward, then it will usually be appropriate to change from oramorph to:-

- <=70 years old: **10mg Morphine s.c.** up to hourly as per protocol
- >70 years old: **5mg Morphine s.c.** up to hourly as per protocol

If above failing to provide sufficient analgesia (> 3 doses sc morphine in 6 hours) then consider commencing a PCA. Continue Oxypro prescription with PCA and refer to Acute Pain Service. Out-of-hours contact the On-Call Anaesthetist for advice.

Stepdown Prescriptions

- As Oxypro stops on the morning of the 2nd post op day, please prescribe dihydrocodeine 30mg four times a day, starting at 16:00.
- This dose may need to be adjusted to a maximum dihydrocodeine dose of 240mg in 24 hours.