



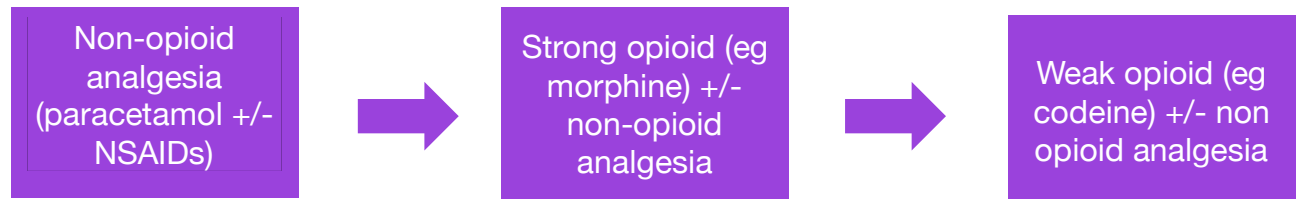
## The OMFS Survival Guide

# Prescribing Analgesia

### Aims & Objectives

- Participants to be able to understand and apply the analgesia prescribing ladder
- To understand common pitfalls with analgesia prescribing
- To understand contra- indications to certain type of analgesia (NSAIDs, opiates)
- To understand some common drug interactions with analgesia prescriptions

### WHO Analgesia Ladder



### Paracetamol

- Most commonly used analgaesic
- Also used as an anti- pyretic
- Maximum dose is 4/g a day in adults (unless they weigh less than 50kg)
- Safe in pregnant patients and breastfeeding
- Caution in patients with liver disease, renal disease, chronic alcohol intake
- Always check the BNF for drug interactions
- Always ask patients how much analgesia they have taken- pts often accidentally overdose (especially on paracetamol)
- The treatment of paracetamol overdose is N- acetylcysteine, ask the medical tam and refer to local guidelines for the protocol and dosing

### Non- Steroidal Anti- Inflammatory Drugs (NSAIDs)

- E.g. ibuprofen, naproxen, diclofenac, aspirin
- Work by reducing inflammation and therefore some of the signalling pathways leading to a pain response

- Also stop platelets aggregating- increased risk of bleeding
- **Absolute Contra- Indications:** peptic ulcer disease, renal disease, severe heart failure, varicella infection
- **Caution:** Asthma, bleeding disorders, cardiac impairment, cerebrovascular issues, the elderly, GI disorders (e.g. ulcerative colitis)
- If giving long- term such as naproxen, can co- prescribe a proton pump inhibitor (e.g. omeprazole) for gastric protection

## Opioids

### Codeine

- A weak opioid that is metabolised to morphine
- The equivalent dose of codeine to morphine is a 10<sup>th</sup> of the dose (e.g. 240mg of codeine is equivalent to 24mg of oral morphine)
- Has the same contra- indications and cautions as morphine (see below)
- Should always prescribe a laxative alongside this as it can cause constipation when taken regularly

### Morphine

- Comes in many forms, IV, oral liquid, oral tablets, granules, modified (long- acting) release
- Works on mu receptors to modify the pain response
- Can cause addiction, not to be prescribed lightly
- Also causes respiratory depression- be careful in patients with known respiratory diseases
- Should always prescribe a laxative alongside this as it can cause constipation when taken regularly
- Patient can be on short-acting morphine (e.g. oramorph), or a combination of long-acting (e.g. morphine sulphate sachets/tablets) plus short-acting for break-through pain (oramorph)
- Oxycodone is safer in patients experiencing confusion with oramorph, or have reduced renal function
- **Absolute CIs:** acute respiratory distress, raised intracranial pressure, head injury
- **Caution:** hepatic impairment, renal impairment (reduce dose or use fentanyl), constipated patients, elderly

## Further reading:

General assessment of OMFS patients: <https://www.amazon.co.uk/Call-Oral-Malliofacial-Surgery-2nd/dp/1909818585>

Renal Drug Handbook:

<http://www.gicu.sgul.ac.uk/resources-for-current-staff/supplementary-inpatient-prescription-charts/renalbook.pdf>

Mind the Bleep:

<https://mindthebleep.com/prescribing-analgesia/>

OSCE Stop Analgesia guide:

[https://oscestop.com/Commonly\\_prescribed\\_drugs\\_hospital.pdf](https://oscestop.com/Commonly_prescribed_drugs_hospital.pdf)

E- Face:

<https://www.e-lfh.org.uk/programmes/oral-and-maxillofacial-surgery/>