 **Pain Relief (mild to moderate) Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Pain relief- mild to moderate |
| **Rationale** | To provide prompt and appropriate pain relief in the acute setting. |
| **Scope (condition and patient group)** | Children and adults who are presenting with distress and discomfort due to pain. |
| **Red Flags** | Suspected infectionRecent significant trauma |
| **Assessment** | 1. Assess patient for * Location of pain
* Cause of pain
* Intensity of pain and patients current pain score
	+ Does the intensity change
* Character of pain
	+ Eg: Radiating, throbbing, sharp, burning
* Duration of pain
	+ Eg: intermittent or continuous
* Effect of pain on activities
	+ Eg: sleep, mobility
* Other contributing factors
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| **Indication** | **1st line pain relief**  |
| **Medicine** | **Paracetamol** |
| **Dosage instructions** | Adult: 1000mg FOUR times daily if required.Child: 15mg/kg FOUR times daily if required |
| **Route of administration** | Oral |
| **Quantity to be given** | 60 x 500mg tablets or 200mLs of suspension (either 120mg/5mL or 250mg/5mL) |
| **Contraindications** | Liver failure |
| **Precautions** | * In elderly or frail patients THREE times daily dosing may be sufficient.
* Do not take with other paracetamol containing products.
* Maximum: 4 doses in 24 hours
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| **Indication** | **Anti-inflammatory pain relief in those patients that have an inflammatory component to their pain or in combination with other pain relief** |
| **Medicine** | **Ibuprofen** |
| **Dosage instructions** | Adult: 400mg THREE times daily if requiredChild 3 months–12 years: 5–10 mg/kg THREE times daily if requiredChild 1–3 months: 5 mg/kg THREE times daily if required |
| **Route of administration** | Oral |
| **Quantity to be given** | 40 x 200mg tablets or 200mLs x 100mg/5mL suspension |
| **Contraindications** | Avoid in renal failure Hypersensitivity to aspirin or any other NSAIDSevere heart failure; Active, recurrent or history of gastro-intestinal ulceration or bleeding especially if NSAID inducedPregnancyCombination with ACE & diuretic in the elderly |
| **Precautions** | * Elderly
* Cardiac impairment or Ischaemic heart disease
* Uncontrolled hypertension
* Heart failure
* Increased risk of bleeding with warfarin and dabigatran therefore requires discussion with Medical or Nurse Practitioner
* Peripheral artery disease
* Cerebrovascular disease
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| **Indication** | **Moderate pain relief when addition of codeine is needed** |
| **Medicine** | **Codeine** phosphate 15mg  |
| **Dosage instructions** | Take ONE to TWO tablets up to FOUR times daily if required for pain. |
| **Route of administration** | Oral |
| **Quantity to be given** | 12 x 15mg tablets |
| **Contraindications** | Acute respiratory depressionConditions where inhibition of peristalsis should be avoidedUse of monoamine oxidase inhibitors in the last 14 daysNot recommended in children due to the number of non-metabolisers |
| **Precautions** | * Maximum: 120mg in 24 hours
* Advise patient regarding constipation see constipation standing order for laxatives)
* Advise patient regarding sedation
* Dependence may occur with prolonged use
* Caution advised in patients with a history of drug dependence or drug seeking behaviour
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| **Additional information** | At all times you must be aware of what other pain relief the patient may have taken before presenting (prescribed, OTC, illegal).The above pain relief can be combined depending on the severity of the pain.Depending on the cause of pain, patients may benefit from heat packs, cold presses, compression, elevation, rest or continued movement.Beware of those patients seeking drugs of abuse, such as codeine. |
| **Follow-up** | Ask patient to return if pain is not controlled, worsens or symptoms change. |
| **Countersigning and auditing** | Due to the addition of codeine within this Standing Order, countersigning is required within **48 hours.** |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | None |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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