 **Severe Pain Relief 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 for severe pain |
| **Rationale** | To promptly and appropriately treat patients presenting with severe pain. |
| **Scope (condition and patient group)** | Adults and children > 1 year who present with severe pain. |
| **Red Flags** | Suspected infectionRecent significant traumaDrug seeking behaviour |
| **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

2. In deciding whether the patient needs to be following the mild to moderate pain relief standing order or the severe pain relief standing order consider intensity and cause of pain. |
| **Indication** | **Severe pain associated with major trauma, acute coronary syndrome and pain unresponsive to non-opioid analgesia.** |
| **Medicine** | **Morphine sulphate** 10mg/1mL injection or prefilled syringe |
| **Dosage instructions** | To prepare a syringe:Dilute 10 mg/mL morphine with 9 mL Sodium Chloride 0.9% to total 10 mL **(1 mL = 1 mg morphine = 1000 micrograms morphine)**Adults and children > 12 years**:** 1-5mg boluses at intervals of 3-5 minutes and observe for effect.Additional dosing with caution- may have a delayed effect; lower dose in those >65 years and frail.Child 1–12 years: Give in increments of 20 micrograms/kg up to a total dose of 100 micrograms/kg (0.1 mg/kg).

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| **Weight/Age** | **Total dose for IV administration** |
| 10kg/1 year | 1mg |
| 20kg/5 years | 2mg |
| 30kg/10 years | 3mg |

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| **Route of administration** | Intravenous |
| **Quantity to be given** | Maximum of 10mg per dose |
| **Contraindications** | Allergy to morphinePremature labourAcute respiratory depressionConditions associated with raised intracranial pressure and head injuryMAOI use in last 14 days.Morphine is contraindicated in respiratory depression**.** Ensure the following respiratory rates prior to giving any morphine increments:* 1 year to 8 years: ≥ 14
* > 8 years: ≥ 12
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| **Precautions** | * Children less than 1 year due to increased risk of respiratory depression.
* Those at high risk of respiratory depression including asthma, COPD, children and the elderly.
* Hypotension may occur with administration of morphine.
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| **Indication** | **Reversal of respiratory and CNS depression resulting from opioid administration** |
| **Medicine** | **Naloxone** 400 microgram/mL |
| **Dosage instructions** | Adults and children > 12 years: administer 400 micrograms undiluted over 15- 30 secondsChild: administer 10 micrograms/kg diluted over 15-30 secondsDilute 400 micrograms with 3mL of Sodium Chloride 0.9% to a total of 4mL.This final solution contains: **1mL = 0.1mg Naloxone = 100 micrograms of Naloxone**

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| **Weight/Age** | **Initial dose** |
| 10kg/1 year | 100 micrograms |
| 20kg/5 years | 200 micrograms |
| 30kg/10 years | 300 micrograms |

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| **Route of administration** | Intravenous |
| **Quantity to be given** | May be repeated at 2-3 minute intervals up to a maximum of 5 doses. |
| **Contraindications** | None in the event of opiate overdose |
| **Precautions** | * Patients with known or suspected opioid dependence, administration of naloxone may precipitate an acute abstinence syndrome.
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| **Indication** | **Nausea and vomiting associated with morphine administration** |
| **Medicine** | **Ondansetron** 4mg wafers or injection |
| **Dosage instructions** | Adult and children > 12 years: Give 4 to 8mg STATChild: Give 100 micrograms/kg STAT. Maximum of 4mg

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| **Weight/Age** | **Dose for IV administration** |
| 10kg/1 year | 1 mg |
| 20kg/5 years | 2 mg |
| 30kg/10 years | 3mg |

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| **Route of administration** | Oral or intravenous |
| **Quantity to be given** | 1-2 x 4mg wafer or injection |
| **Contraindications** | Congenital long QT syndrome |
| **Precautions** | * Gastro-intestinal obstruction
* Hypokalaemia and hypomagnesaemia
* Hepatic impairment
* Constipation (note: constipation is a SE of ondansetron)
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| **Additional information** | All patients requiring any pharmacological management listed on this Standing Order require urgent medical assessment.Check **all** paediatric doses with another health professional |
| **Follow-up** | Urgent medical review. |
| **Countersigning and auditing** | Due to this Standing Order containing morphine, 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)Notes on Injectable Drugs. 7th EditionSt John Clinical Practice Guidelines |
| **Definition of terms used in standing order** |  |

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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