NON OFFICIAL: HOAC APS analgesics manual (opioid naïve only):

Standard oral analgesics in hospital:
Acetaminophen 500 ~ 1000mg po q6h
Celecoxib 100~200mg q12h (unless renal/GI/significant cardiac issue)
Hydromophone (HM) IR 1~4mg po q2h prn

Is pain manageable?

Yes

Any adverse effects of HM? (e.g. n/v, dizzy, sedation, pruritus)

Yes

Reduce opioid if using prn HM a lot
Or
Opioid rotation if hardly used prn HM

Is pain still manageable?

Yes

Any adverse effects of HM?

Yes

Opioid rotation
(e.g tramadol 25 ~ 50mg po q4h prn)

No

No change required

No

Maximize adjuncts
*acetaminophen, celecoxib
*consider:
- Pregabalin (nerve pain)
- Cyclobenzaprine (muscle pain)

Opioid rotation
(e.g. oxycodone 5~10mg po Q2h prn)

Is pain manageable?

Yes

No change required

No

Maximize adjuncts
*acetaminophen, celecoxib
*consider:
- Pregabalin (nerve pain)
- Cyclobenzaprine (muscle pain)

Opioid rotation
(e.g. oxycodone 5~10mg po Q2h prn)

Is pain manageable?

Yes

No change required

No

Any adverse effects of oxycodone?

Yes

Opioid rotation
(e.g tramadol 25 ~ 50mg po q4h prn/Morphine 5~10mg po q2h prn/ codeine 30~60mg po q4h prn) then reassess

No

Increase Oxycodone
Max to 15mg
if no adverse effects then reassess

No

Maximize adjuncts
*acetaminophen, celecoxib
*consider:
- Pregabalin (nerve pain)
- Cyclobenzaprine (muscle pain)
- IV Ketamine, clonidine, nabilone (for apparent severe pain +/- high dose HM use)

Opioid rotation
(e.g. oxycodone 5~10mg po Q2h prn)

Increase HM
TKA: HM max to 4mg
THA: HM max to 3mg

Is pain manageable?

Yes

No change required

No

Increase Oxycodone
Max to 15mg
if no adverse effects then reassess

Yes

No change required

No

Opioid rotation
(e.g. oxycodone 5~10mg po Q2h prn)

Is pain manageable?

Yes

No change required

No

Increase Oxycodone
Max to 15mg
if no adverse effects then reassess

***Discharge home prescription should reflect analgesics that the patient is taking safely & effectively at the end of hospitalization**