

**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?



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



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

No change required

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

Is pain still manageable?



+

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

+

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

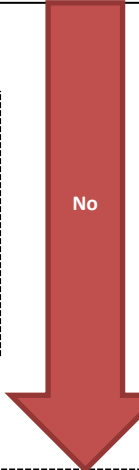
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 Opioid rotation  
 (e.g. oxycodone 5~10mg po Q2h prn)

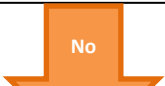
Is pain manageable?



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



Is pain manageable?



No change required

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

No change required

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

Is pain manageable?



No change required

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

Any adverse effects of oxycodone?



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

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