

Drug Formulary - Pain Management Nurse Practitioner * - if patients have severe renal or hepatic impairment, are pregnant or breastfeeding, consult the Medicines Information service (ext 4359) before prescribing any medication. Dose reductions may be required in the elderly

Drug Class	Form	Route & Dose	Clinical Indication	Special Precautions	Comments
Schedule 2 Poisons					
Antihistamines					
Cetirizine (Zyrtec)	Tablets	Oral – 1 tab (10mg) Daily	Treatment of opioid related itch		With or without food
Loratadine (Claratyne)	Tablets	Oral – 1 tab (10mg) Daily			With or without food
Non-steroidal Anti-inflammatory					
Ibuprofen (Neurofen)	Tablets	Oral 200 – 400mg 4-6 hourly (2400mg max daily dose)	Treatment of inflammatory pain	All NSAID's should be avoided in patients with severe renal impairment, > 75 years, asthma, CAD. Note: multiple drug-drug interactions with NSAID's	With or without food
Simple Analgesia					
Paracetamol	Tablets Controlled Release tablets Oral liquid Suppositories Injection	Oral 1gm 6 hourly (max 4gm Daily) PR IV - < 50kg 15mg/kg 4-6hourly (max 60mg/kg) daily AMH	Pain	Dose reduction in severe liver dysfunction, chronic liver disease, significant alcohol intake, malnourished (< 50kg)	Ensure patients are using only one medication containing paracetamol

Drug Class	Form	Route & Dose	Clinical Indication	Special Precautions	Comments
Schedule 3 Poisons					
Antihistamines					
Promethazine (Phenergan) 10mg/25mg	Tablets – 25-75mg once daily or 10-25mg 2 or 3 times daily Oral liquid – 1mg/ml	Oral	Treatment of opioid related itch		Preference to use non-sedating agent as first line
Combination Simple Analgesics					
Paracetamol-Codeine (Panadiene 8mg codeine, Panadiene forte 30mg codeine)	Tablets 1-2 tabs 4-6hourly PRN (max 8 daily)	Oral	Mild to moderate pain	Codeine - Consider history of addiction/ allergies (codeine metabolised to morphine)	On formulary, but trying to discourage use and instead go regular paracetamol + prn oxycodone
Aspirin-Codeine (Aspalgin) (Codiene 8mg & aspirin 300mg)	Tablets 1-2 tabs 4 hourly PRN (max 8 daily)			Avoid 7-10 days prior to surgery. As per NSAIDs above & codeine above.	
Ibuprofen-Codeine (Neurofen Plus, Panafen plus) Codiene 12.5mg & ibuprofen 200mg)	Tablets 1-2 tabs 4 hourly PRN (max 6 daily) AMH				Non formulary

Drug Class	Form	Route	Clinical Indication	Special Precautions	Comments	
Schedule 4 Poisons						
Antidepressants						
Amitriptyline (Endep) TCA 10mg/25mg/50mg	Tablets 10-25mg nocte (max 75mg migraine, 150mg pain)	Oral	Treatment of neuropathic pain	Active metabolite – nortriptyline may increase risk of side effects in renal impairment	Prescribed following consultation with a Consultant Anaesthetist	
Nortriptyline (Allegron) 10mg/25mg/50mg	Tablets Elderly 25-50mg daily. Adults 25-75 (max 150mg Daily)	Oral				
SNRI Duloxetine (Cymbalta) Capsule 30mg/60mg	Controlled Release Capsules 60mg Daily (30mg daily if renal impairment)	Oral			Dose reduction in renal impairment (Cr CL < 30mls/min)	Duloxetine should not be used in hepatic impairment
SNRI Venlafaxine (Efexor) 37.5mg/75mg/150mg	Controlled Release Capsules 75mg Daily AMH	Oral				Halve dose in hepatic impairment
Anti-emetics						
Cyclizine (Sedating antihistamine)	Injection 25-50mg IV 6 Hourly PRN	IV	Treatment of PONV Refer to the antiemetic guideline for PONV	Avoid in severe heart failure	Slow IV injection	
Droperidol (Antipsychotic)	Injection 0.625mg 6 Hourly PRN	IV		Avoid in Parkinsons disease May prolong QT interval		
Ondansetron 5Ht3 antagonist 4mg/8mg	Injection 4-8mg 8 hourly PRN Tablets Wafers	IV, IM Oral		Prolongs QT interval – dose dependent.	Slow IV push Wafers are approved only where tablets are not able to be taken.	
Prochlorperazine (stemetil) Dopamine antagonist	Injection 12.5mg 8 Hourly PRN Tablets 5-10mg 8 Hourly PRN	Oral IV, IM,		Should be given by oral/ deep IM injection rather than IV		

Drug Class	Form	Route &	Clinical Indication	Special Precautions	Comments
Anti-epileptics					
Gabapentin (Neurontin) Antiepileptic 100mg/300mg/400mg	Capsules 100-300mg nocte increasing every 2-3 days (max 3600mg daily) (tabs not stocked)	Oral	Treatment of neuropathic pain	Dose adjustment recommended on basis of creatinine clearance	Prescribed following consultation with a Consultant Anaesthetist
Pregabalin (Lyrica)	Capsules 75mg nocte (max 300mg BD) Elderly – start 25mg nocte	Oral			
Corticosteroids					
Dexamethasone	Injection 4-10mg Tablets	IV, IM Oral	Treatment of PONV	Refer to the PONV guidelines	Prescribed following consultation with a Consultant Anaesthetist
Drugs for Local Anaesthesia					
Bupivacaine (marcain) 0.125% 100ml/200ml	Injection Epidural Infusion	Regional Epidural	Pain	-	Re-writing orders Alteration of rate of infusion Prescription of a bolus dose for existing orders
Ropivacaine (Naropin) 2mg/ml 100ml/200ml	Injection Epidural		Max 800mg in 24 hrs AMH		
Lignocaine 2% with Adrenaline Lidocaine 2% Adrenaline 1:200,000 (5mcg/ml)	Epidural Adult 5-10mls				Prescribed following consultation with a Consultant Anaesthetist to reestablish epidural block
Lignocaine Subcutaneous infusion APP	Injection	S/C	Neuropathic pain		Prescribed following consultation with a Consultant Anaesthetist

Drug Class	Form	Route	Clinical Indications	Special Precautions	Comments
Nonsteroidal Anti-inflammatory Drugs					
Celecoxib (celebrex) 100mg/200mg	Capsules 200mg twice daily for 5 days Oral Liquid	Oral	Treatment of inflammatory pain		Oral liquid is Non formulary, could be ordered if necessary
Diclofenac (Voltaren)	Tablets 50mg 3 times Daily (max 200mg) Gel (1% - rub on 3-4 times Daily, 2% rub on twice Daily) Suppositories	Oral Topical PR		Same Precautions as NSAIDs.	Topical gel as continuing therapy only
Ibuprofen (Neurofen, Advil)	Tablets 200-400mg 3 or 4 times Daily (max 2400mg Daily)	Oral 25-50mg 2-4 times Daily	Pain	As per NSAIDs above.	
Indometacin (Indocid)	Capsules (Indocid) 25-50mg 2-4 times Daily Suppositories (Indocid)	Oral PR			
Meloxicam (Mobic) 7.5mg/15mg	Tablets 7.5mg-15mg once Daily	Oral			
Naproxen (Naprosyn) IR	Tablets 250-500mg twice Daily	Oral			
Paracoxib (Dynastat) 40mg	Injection 40mg	IV			Women > 65years <50kg 20mg dose

Opioid Analgesics					
Tramadol (Tramal) Cap 50mg CR 50/100/150/200mg 24hr Durotram XR tab (max daily 400mg, start 100mg) Inj 50mg/ml Oral liquid -100/ml	Capsules (daily max 400mg) Controlled Release Tablets (Daily max 400mg) Injection (total daily dose 600mg) Oral Liquid 50-100mg 4-6 hourly PRN (max 300mg in >75years)	Oral IV Enteral	Pain	Avoid in patients with history of seizures Use with caution in severe renal impairment/ elderly. Potentially serious drug interactions with SSRI's, TCA's, MAOIs, warfarin, St John's Wort	Renal impairment Avoid if Cr Cl <10mls/min Reduce dose Cr Cl < 30ml/min (IV/O – 50-100mg twice daily) Max daily dose > 75 years – 300mg. Oral liquid is non-formulary could be ordered if necessary

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Naloxone (opioid antagonist) Narcan 400mcg/ml	Injection	IV SC	Multipurpose agent: opioid induced ventilatory impairment - 100- 200mcg IV Management of opioid induced itch 40mcg		All incidences of naloxone use are audited & discussed annually by the Department of Anaesthesia & Acute Pain Medicine
Antihypertensive: Alpha 2 Adrenergic agonists					
Clonidine (catapress) Tabs scored, 100mcg/150mcg Injection 150mcg/ml	Tablets 25-50mcg 3 times daily PRN Injection	Oral IV	Multipurpose agent: Pain Symptoms of opioid withdrawal	Caution: potential for sedation and hypotension. Should not be given if systolic BP <100	Prescribed following consultation with a Consultant Anaesthetist Must be weaned slowly
Proton Pump Inhibitors					
Esomeprazole (Nexium) Enteric coated 20mg/40mg	EC Tablet 20mg once daily	Oral	Prophylaxis against NSAID induced gastropathy		
Omeprazole (Losec) 10mg/20mg	EC Tablet 20mg once daily Increase to 20mg twice daily (GORD)	Oral		Suspension is non formulary. If liquid is required, contact pharmacy(acimax® tabs are dispersable-do not crush/chew micropellets)	
Pantoprazole (Somac) EC tab 20mg/40mg Injection 40mg	EC Tablet 20mg once daily Injection	Oral IV		See Pantoprazole Medication administration protocol before prescribing	

Drug Class	Form	Route	Clinical Indications	Special Considerations	Comments
Sedatives, hypnotics					
Midazolam (Hynovel)	Injection 1mg added to ketamine 200mg in NSaline 100mls	IV	Management of ketamine induced dysphoria		Prescribed following consultation with a Consultant Anaesthetist
Nitrous Oxide (Inhaled anaesthetic) Premix nitrous 50%/Oxygen 50%	Gas	Inhalational	Procedural pain		Prescribed following consultation with a Consultant Anaesthetist
Schedule 8 Poisons					
Opioid Analgesics					
Buprenorphine Norpsan patch 5,10,15,20,25,30,40mcg Temgesic tabs 200mcg	Patches Tablets 200-400mcg every 6-8 hours PRN	Transdermal Sublingual	Pain	See Transdermal opioid patches policy. Sublingual tablets not to be split, chewed, broken or swallowed. Use with caution in patients with moderate to severe hepatic impairment.	Prescribed following consultation with a Consultant Anaesthetist Tablets require individual patient usage approval (MTAC) Injection is non-formulary
Fentanyl Injection 50mcg/ml Durogesic patch – 12,25,50,75,100mcg/hr	Injection Patches	IV S/C – 25mcg subcut fourly PRN Transdermal	Pain	See Transdermal opioid patches policy.	Subcut – onset & duration can be unpredictable in some pts and may lead to rapid uptake & severe resp depression (APS Manual)
Fentanyl with Ropivacaine	Epidural Infusion	Regional & Epidural analgesia	Pain		Re-writing orders Alteration of rate of infusion Prescription of a bolus dose for existing orders

Drug Class	Form	Route & Dose	Clinical Indicators	Special Precautions	Comments
Hydromorphone Tab IR (Dilaudid) 2/4/8mg Tab SR (Jurnista) 4/8/16/32/64mg	Injection (Dilaudid) Oral liquid (Dilaudid) Tablets (Dilaudid) Controlled Release Tablets	IV (PCA only) – 5mg Dilaudid in 50mls, NSaline. PCA dose 0.2mg, 5min lockout Enteral/Oral	Pain	Reduce dose in severe hepatic and renal impairment; metabolite accumulation may cause psychotic symptoms.	Prescribed following consultation with a Consultant Anaesthetist
Morphine Tabs (sevredol) 10/20/30mg Tabs SR (Momex) 10/30/60/100mg MS Contin tabs 5/15/30/60/100/200mg MS Mono SR 24hr 30/60/90/120mg Kapanol SR 12 or 24 10/20/50/100mg	Tablets Controlled Release Tablets/ MS Contin Granules - 20/30/60/100mg Oral Liquid (Ordine) Injection (morphine sulphate)	Oral Enteral IV S/C	Pain	Avoid in renal impairment – morphine has active metabolites M6G & M3G Use alternative opioids	12 hourly MS contin preferred to MS Mono (24hour release) Morphine sulphate < 65yrs 5-10mg subcut 4 hourly PRN / < 65yrs 2.5-5mg subcut 4 hourly PRN
Oxycodone Endone IR 5mg tab Oxynorm cap IR 5/10/20mg Oxycodone SR 5mg Oxycontin SR 10/15/20/30/40/80mg Targin 2.5/5/10/15/20/30/40/60/80mg	Tablets Controlled Release Tablets Controlled Release Capsules Controlled Release Granules Oral Liquid (oxynorm liquid) Injection (Oxynorm)	Oral Enteral IV S/C	Pain	Discontinue oral use if paralytic ileus suspected In renal (Cr Cl < 60ml/min), liver impairment & the elderly doses should be reduced.	Oxycontin CR capsules and granules are non formulary Oral liquid only available if swallowing difficulties (tabs preferred). Injection is restricted to use when morphine or fentanyl are not tolerated/ inappropriate.
Tapentadol (Palexia) SR 50/100/150/200/250mg	Controlled Release Tablets – start 50mg twice daily Max 500mg CP/600mg AP)	Oral	Acute/chronic pain	Do not use in severe renal (Cr Cl < 30mls/min) or hepatic impairment	Prescribed following consultation with a Consultant Anaesthetist
Other					
Ketamine	Injection	IV S/C S/L	Acute/chronic pain	Titrate dose in abnormal liver function	LFT's performed weekly

Unscheduled poisons/IV fluids					
Laxatives				Management of opioid induced constipation	
Docusate (Coloxyl) Stool softener 50mg	Tablets 1-2 tabs daily/twice daily	Oral			
Docusate with senna (Coloxyl with senna) 50mg/8mg	Tablets 1-2 tabs nocte (up to 4 tabs daily)	Oral		1-2 BD oral	
Glycerine (Glycerol supps)	Suppositories 1 stat	PR			
Lactulose (Duphalac)	Liquid 15mls daily Maintenance 15-30mls once or twice daily	Oral		Not suitable for fluid restricted patients. Requires patient to drink 2Litres + water daily	
Macrogol -3350-Sodium chloride/Sodium bicarbonate-Potassium chloride (Movicol) (Osmotic laxative)	Sachets 1-3 sachets daily	Oral		1-2 BD oral	
Sodium citrate-Sodium lauryl sulfoacetate-Sorbitol (Microlax) (Saline laxative)	Enema	PR			
Other					
0.9% Normal Saline	Injection	IV	Keep vein open rate only - concurrent with parenteral analgesia		
Hartman's Solution (Compound Sodium Lactate)	Injection	IV			