Derbyshire hospitals approach to prescribing and supply of analgesia on discharge following surgery

Introduction

In 2022 Joined Up Care Derbyshire and the East Midlands Academic Health Sciences Network started a project to implement a systems approach to reducing harm from opioids for chronic non-cancer pain. Three workstreams were identified, one of which (Transfers of care), is focussing on preventing inappropriate initiation of opioids by secondary care post-surgery, and ensuring opioids are not continued for longer than clinically appropriate.

One of the Transfers of Care group objectives is to develop and agree an ICS wide discharge policy from hospital for opioids for acute pain post-surgery. The aims being to reduce variation across and within different hospitals, share the same information with patients so there is consistency of messaging, reduce waste by only supplying what is needed on discharge.

The following advice has been discussed and agreed by the surgical (pharmacy, medical and nursing) teams at UHDB and CRHFT.

Advice for prescribing:

- Prescription section
    - For new analgesia:
        - All opioids started in hospital should be prescribed as immediate release preparations, for use if required, on discharge.
        - Prescribe no more than 5-7 days. In some cases, 3 days may be sufficient.
        - Ensure that it is clear on the discharge letter that this is not a long-term medicine i.e. not for GP to continue.
    - If there was analgesia prescribed prior to surgery:
        - Continue existing analgesia if there will be an ongoing clinical indication for chronic pain relief.
    - Include simple analgesia in the TTO.
        - If this is not prescribed patients may think they only have opioids available to manage their pain and may use more opioids as a result.
        - However, if patients have their own simple analgesia at home, they may not need it supplying from the acute Trust – see supply/pharmacy information below.
- Prescribing information to patient/GP:
    - Analgesia started for post-op pain should be used on an 'if required' basis.
    - Advise to taper existing analgesia if surgery is expected to remove the cause of specific pain e.g. joint replacement**.** GP will need to manage this on an individual basis.
    - Add QR code for pain PIL (paper copies are also available if patient would prefer this)

Supply/Pharmacy information:

- If required, ensure all Controlled Drugs requirements for the prescription are met.
- When deciding how much to supply on discharge, consider:
  - the patient's usual requirement for analgesia on the ward during the 24 hours prior to discharge,
  - the type of surgery and
  - likely duration of post-op pain

Medicine	Supply	Labelling
Paracetamol 500mg tablets	• encourage self-care and purchase pre-op • supply 1-2 boxes of 32 tablets on discharge if patient doesn't have own supply	• Normal dose: 1-2 tablets 4-6hourly PRN (max 8 tablets in 24hrs) • Lower dose e.g. under 50kg body weight: 1 tablet 4-6hourly PRN (max 4 tablets in 24hrs)
Ibuprofen 200mg or 400mg tablets	• encourage self-care and purchase pre-op • supply 1-2 boxes of 24 tablets on discharge if patient doesn't have own supply	• Depends on strength/frequency on prescription
Codeine 15mg or 30mg tablets	• 1-2 boxes of 28 tablets (depending on usage on the ward*)	• Normal dose: 1-2 tablets QDS PRN
Tramadol 50mg capsules	• 1-2 boxes of 30 capsules (depending on usage on the ward*)	• Normal dose: 1-2 capsules QDS PRN
Morphine sulphate oral liquid (10mg in 5ml)	• 1-2 x 100ml bottle (depending on usage on the ward**)	• Normal dose: 4-6 hourly PRN
Oxycodone liquid (5mg in 5ml)	• 1 x 50-100ml bottle (depending on usage on the ward)	• Normal dose: 4-6 hourly PRN

** e.g. if codeine or tramadol 2 tablets/capsules QDS regularly in last 24 hours then 2 boxes may be more appropriate, but if 1 tablet/capsule QDS regularly or just as required then 1 box is most appropriate*

***e.g. if morphine sulphate oral solution 1.25ml-2.5ml regularly or 5ml-10ml as required only supply 1 bottle, if 5ml-10ml regularly may need 2 bottles. For hip & knee replacement surgery also consider if the patient has been having regular oxycodone slow release within the last 24 hours, as they may need as required analgesia on discharge even if they haven't needed any on the ward.*

References:

Faculty of Pain Medicines of the Royal College of Anaesthetists. Surgery and Opioids: Best Practice Guidelines 2021

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