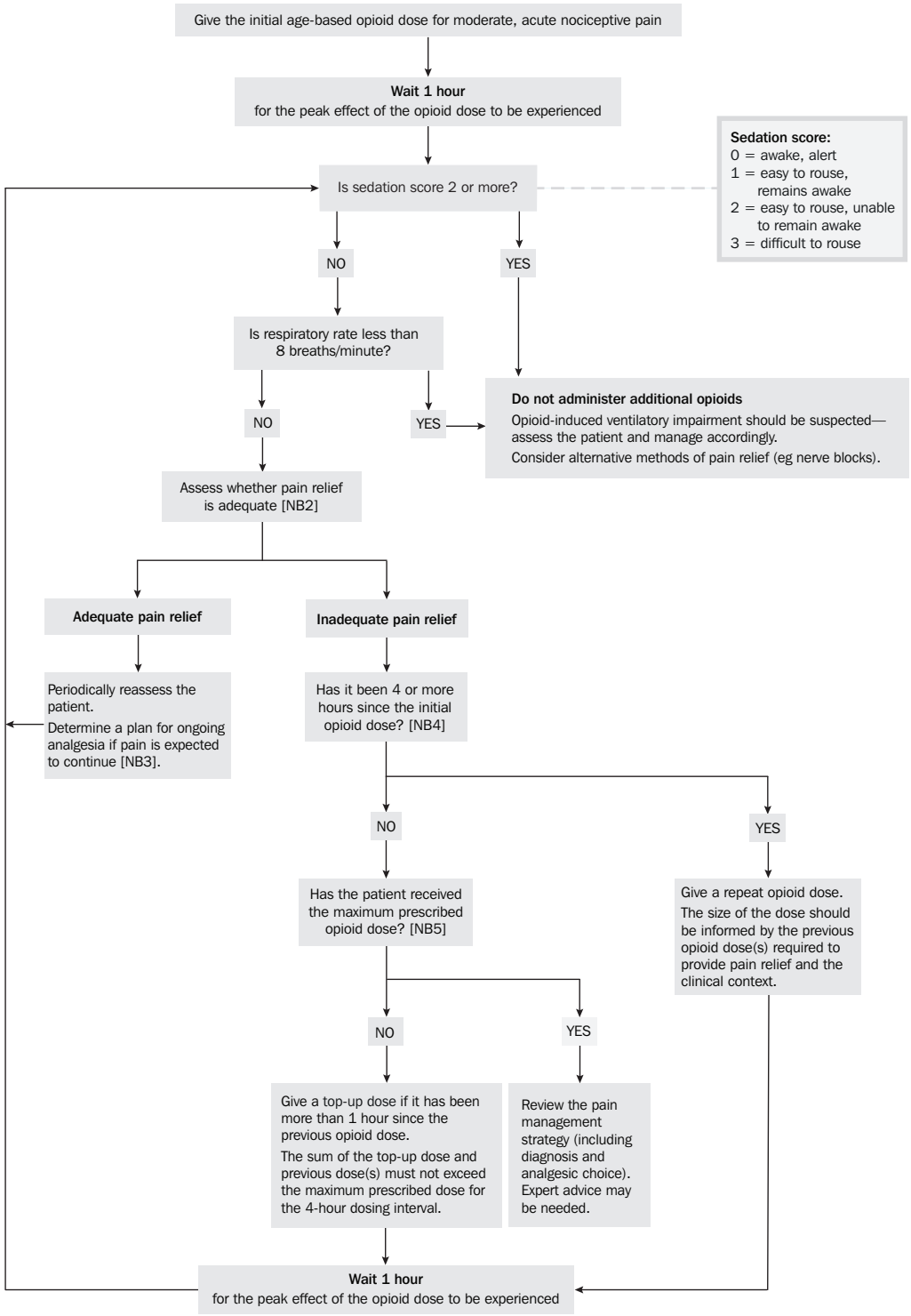
Example of oral and subcutaneous opioid dose titration in hospital for moderate acute pain in adults [NB1]



NB1: This figure is intended as an example only. For further advice, see 'Principles of opioid dose titration for acute pain management in hospital' in *eTG complete*.

NB2: Adequate pain relief implies that the patient is comfortable; pain is not necessarily eliminated.

NB3: If the patient's circumstances have changed (eg a dislocated shoulder has been reduced and the patient's pain is mild), reconsider analgesic regimens. If moderate pain is expected to continue, oral opioids should be used for ongoing analgesia. If the oral route is not suitable in adults, opioids may be administered subcutaneously via a subcutaneous cannula, or seek expert advice on the administration of opioids via patient-controlled analgesia (PCA).

NB4 The opioid dose frequency depends on the severity of pain; for moderate acute pain in hospital the opioid dose frequency is 4-hourly.

NB5: To determine whether the patient has received the maximum prescribed opioid dose, sum all doses administered (starting with the initial dose) within the dose interval. For example, for a patient prescribed morphine 7.5 to 20 mg orally, 4-hourly if required, the maximum dose is 20 mg within the 4-hour dose interval. If the patient was given an initial oral morphine dose of 10 mg and a second oral morphine dose of 5 mg an hour later, they have received a total dose of 15 mg, which is less than the maximum dose. An additional 5 mg of morphine can be given within this dosing interval (ie within 4 hours of the first dose); however, consider the principles of opioid dose titration outlined in Box 1.6 in *eTG complete*.

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