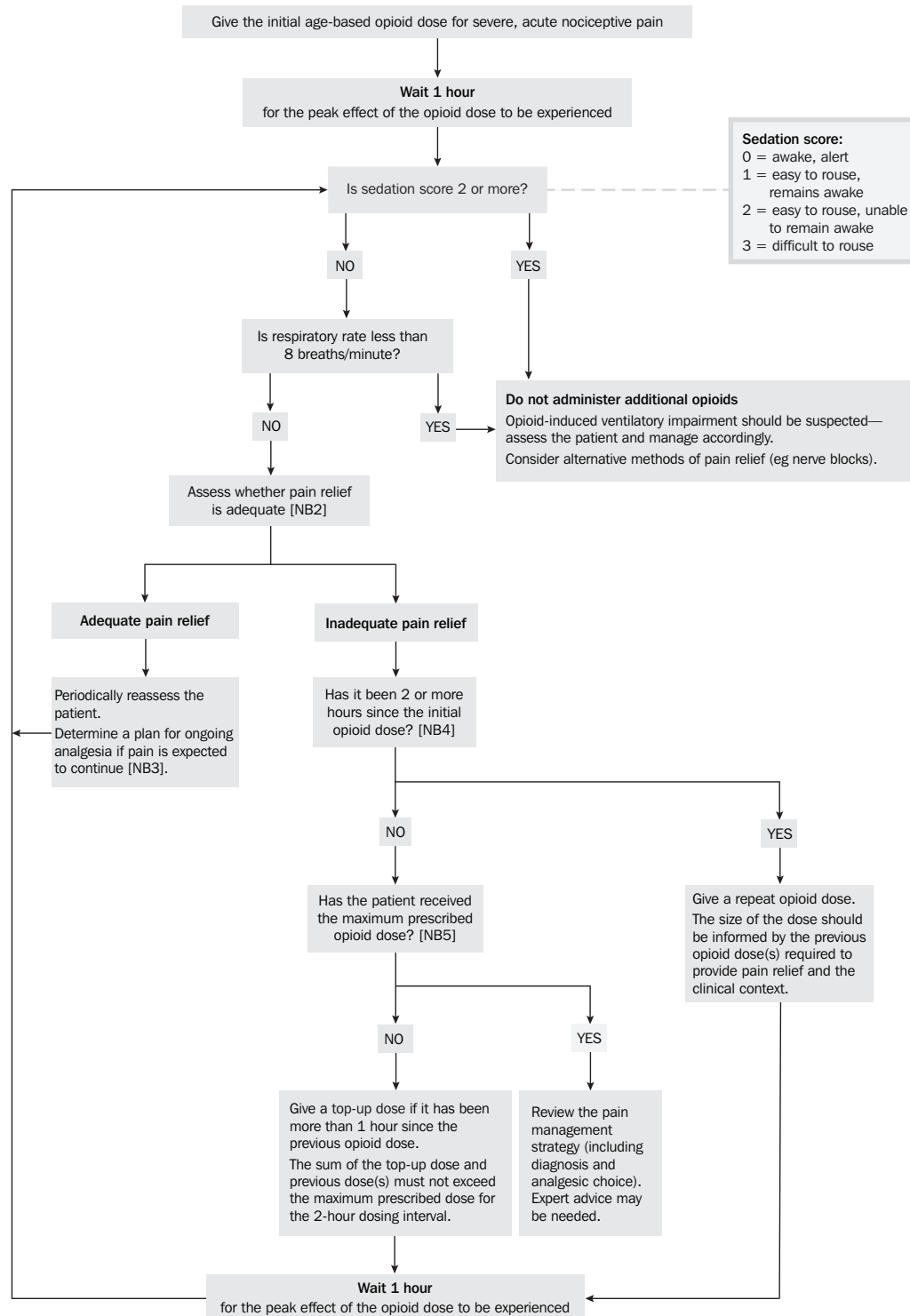


## Example of oral and subcutaneous opioid dose titration in hospital for severe acute pain in adults [NB1]



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 or severe 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 severe acute pain in hospital the opioid dose frequency for adults is 2-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, if a patient is prescribed morphine 20 to 35 mg orally, 2-hourly if required, and was given an initial oral morphine dose of 20 mg, they can receive a top-up oral morphine dose of up to 15 mg; however, consider the principles of opioid dose titration outlined in Box 1.6 in eTG complete.