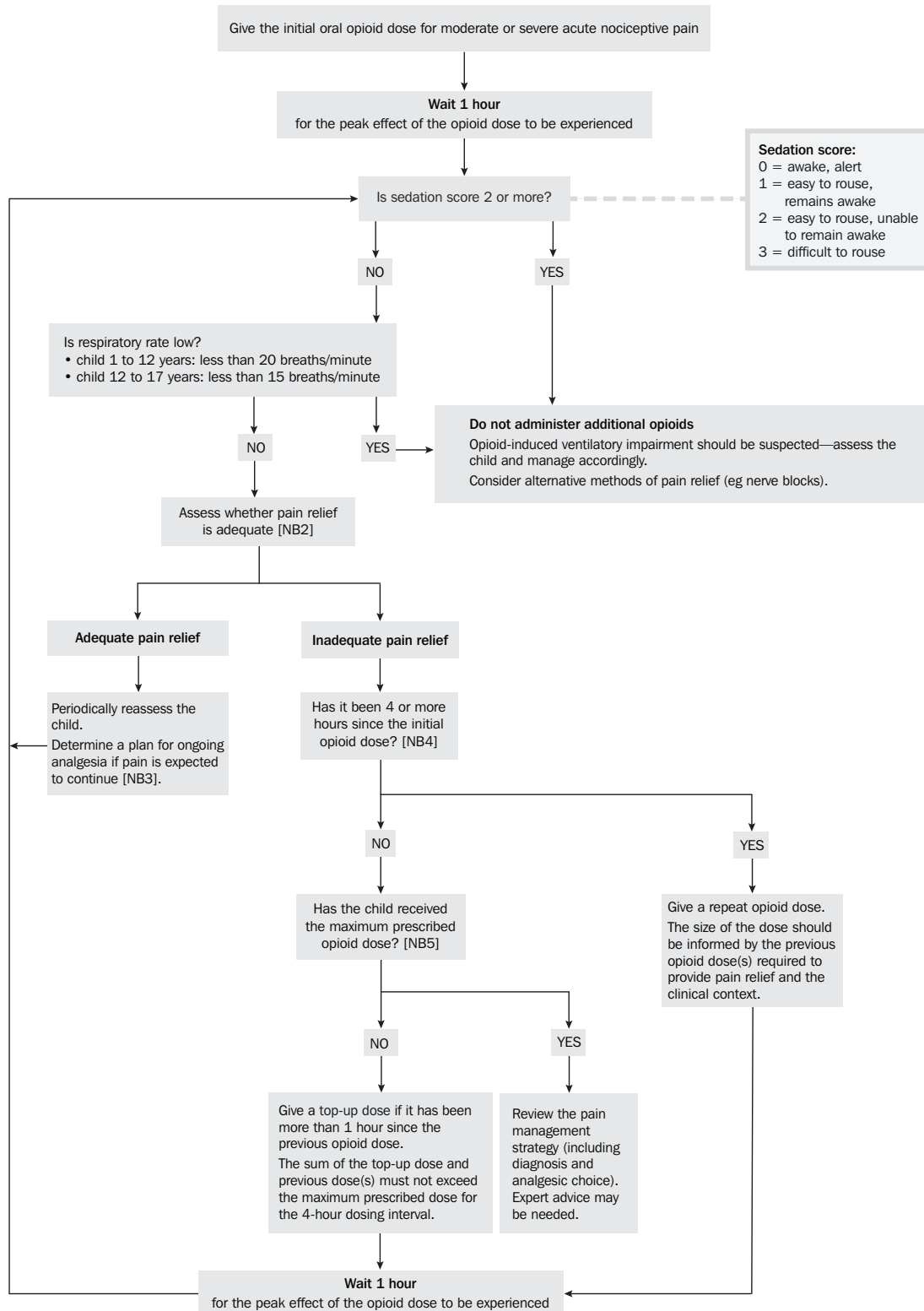


Example of oral opioid dose titration in hospital for moderate or severe acute pain in children [NB1]



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 child is comfortable; pain is not necessarily eliminated.

NB3: If the child's circumstances have changed (eg a dislocated shoulder has been reduced and the child's pain is mild), reconsider analgesic regimens.

NB4: The oral opioid dose frequency for children in hospital with moderate or severe acute pain is 4-hourly.

NB5: To determine whether the child has received the maximum prescribed opioid dose, sum all doses administered (starting with the initial dose) within the dose interval. For example, if a child is prescribed morphine 0.1 to 0.15 mg/kg orally, 4-hourly if required, and was given an initial oral morphine dose of 0.1 mg/kg, they can receive a top-up oral morphine dose of up to 0.05 mg/kg; however, consider the principles of opioid dose titration outlined in Box 1.6 in eTG complete.