

Severe Pain Relief Standing Order

Issue date:		Review date:	
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This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

Standing Order Name	Pain relief for severe pain								
Rationale	To promptly and appropriately treat patients presenting with severe pain.								
Scope (condition and patient group)	Adults and children > 1 year who present with severe pain.								
Red Flags	Suspected infection Recent significant trauma Drug seeking behaviour								
Assessment	<p>1. Assess patient for</p> <ul style="list-style-type: none"> • Location of pain • Cause of pain • Intensity of pain and patients current pain score <ul style="list-style-type: none"> ○ Does the intensity change • Character of pain <ul style="list-style-type: none"> ○ Eg: Radiating, throbbing, sharp, burning • Duration of pain <ul style="list-style-type: none"> ○ Eg: intermittent or continuous • Effect of pain on activities <ul style="list-style-type: none"> ○ Eg: sleep, mobility • Other contributing factors <p>2. In deciding whether the patient needs to be following the mild to moderate pain relief standing order or the severe pain relief standing order consider intensity and cause of pain.</p>								
Indication	Severe pain associated with major trauma, acute coronary syndrome and pain unresponsive to non-opioid analgesia.								
Medicine	Morphine sulphate 10mg/1mL injection or prefilled syringe								
Dosage instructions	<p>To prepare a syringe: Dilute 10 mg/mL morphine with 9 mL Sodium Chloride 0.9% to total 10 mL (1 mL = 1 mg morphine = 1000 micrograms morphine)</p> <p><u>Adults and children > 12 years:</u> 1-5mg boluses at intervals of 3-5 minutes and observe for effect. Additional dosing with caution- may have a delayed effect; lower dose in those >65 years and frail.</p> <p><u>Child 1–12 years:</u> Give in increments of 20 micrograms/kg up to a total dose of 100 micrograms/kg (0.1 mg/kg).</p> <table border="1" data-bbox="448 1787 1062 1973"> <thead> <tr> <th>Weight/Age</th> <th>Total dose for IV administration</th> </tr> </thead> <tbody> <tr> <td>10kg/1 year</td> <td>1mg</td> </tr> <tr> <td>20kg/5 years</td> <td>2mg</td> </tr> <tr> <td>30kg/10 years</td> <td>3mg</td> </tr> </tbody> </table>	Weight/Age	Total dose for IV administration	10kg/1 year	1mg	20kg/5 years	2mg	30kg/10 years	3mg
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10kg/1 year	1mg								
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30kg/10 years	3mg								
Route of administration	Intravenous								
Quantity to be given	Maximum of 10mg per dose								

Contraindications	<p>Allergy to morphine Premature labour Acute respiratory depression Conditions associated with raised intracranial pressure and head injury MAOI use in last 14 days. Morphine is contraindicated in respiratory depression. Ensure the following respiratory rates prior to giving any morphine increments:</p> <ul style="list-style-type: none"> • 1 year to 8 years: ≥ 14 • > 8 years: ≥ 12 								
Precautions	<ul style="list-style-type: none"> • Children less than 1 year due to increased risk of respiratory depression. • Those at high risk of respiratory depression including asthma, COPD, children and the elderly. • Hypotension may occur with administration of morphine. 								
Indication	Reversal of respiratory and CNS depression resulting from opioid administration								
Medicine	Naloxone 400 microgram/mL								
Dosage instructions	<p>Adults and children > 12 years: administer 400 micrograms undiluted over 15- 30 seconds</p> <p>Child: administer 10 micrograms/kg diluted over 15-30 seconds</p> <p>Dilute 400 micrograms with 3mL of Sodium Chloride 0.9% to a total of 4mL. This final solution contains: 1mL = 0.1mg Naloxone = 100 micrograms of Naloxone</p> <table border="1"> <thead> <tr> <th>Weight/Age</th> <th>Initial dose</th> </tr> </thead> <tbody> <tr> <td>10kg/1 year</td> <td>100 micrograms</td> </tr> <tr> <td>20kg/5 years</td> <td>200 micrograms</td> </tr> <tr> <td>30kg/10 years</td> <td>300 micrograms</td> </tr> </tbody> </table>	Weight/Age	Initial dose	10kg/1 year	100 micrograms	20kg/5 years	200 micrograms	30kg/10 years	300 micrograms
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Route of administration	Intravenous								
Quantity to be given	May be repeated at 2-3 minute intervals up to a maximum of 5 doses.								
Contraindications	None in the event of opiate overdose								
Precautions	<ul style="list-style-type: none"> • Patients with known or suspected opioid dependence, administration of naloxone may precipitate an acute abstinence syndrome. 								
Indication	Nausea and vomiting associated with morphine administration								
Medicine	Ondansetron 4mg wafers or injection								
Dosage instructions	<p>Adult and children > 12 years: Give 4 to 8mg STAT</p> <p>Child: Give 100 micrograms/kg STAT. Maximum of 4mg</p> <table border="1"> <thead> <tr> <th>Weight/Age</th> <th>Dose for IV administration</th> </tr> </thead> <tbody> <tr> <td>10kg/1 year</td> <td>1 mg</td> </tr> <tr> <td>20kg/5 years</td> <td>2 mg</td> </tr> <tr> <td>30kg/10 years</td> <td>3mg</td> </tr> </tbody> </table>	Weight/Age	Dose for IV administration	10kg/1 year	1 mg	20kg/5 years	2 mg	30kg/10 years	3mg
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10kg/1 year	1 mg								
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Route of administration	Oral or intravenous								
Quantity to be given	1-2 x 4mg wafer or injection								
Contraindications	Congenital long QT syndrome								
Precautions	<ul style="list-style-type: none"> • Gastro-intestinal obstruction • Hypokalaemia and hypomagnesaemia • Hepatic impairment • Constipation (note: constipation is a SE of ondansetron) 								
Additional information	<p>All patients requiring any pharmacological management listed on this Standing Order require urgent medical assessment.</p> <p>Check all paediatric doses with another health professional</p>								
Follow-up	Urgent medical review.								

Countersigning and auditing	Due to this Standing Order containing morphine, countersigning is required within 48 hours .
Competency/training requirements	All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order.
Supporting documentation	Healthpathways at www.healthpathways.org.nz Best Practice Journal at www.bpac.org.nz New Zealand Formulary at www.nzf.org.nz Individual medicine data sheets at www.medsafe.govt.nz Standing Order Guidelines, Ministry of Health, 2012 Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) Notes on Injectable Drugs. 7 th Edition St John Clinical Practice Guidelines
Definition of terms used in standing order	

Medical Centre or Clinic:	
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Signed by issuers

Name: _____

Signature: _____

Title: _____

Date: _____

Nurses operating under this standing order

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____