

Analgesic ladder for treatment of pain in patients with renal impairment/on dialysis

(also see full guidelines for pain management in renal impairment)

Step 1 Mild Pain	Step 2 Mild – Moderate Pain	Step 3 Moderate – Severe Pain
<ul style="list-style-type: none"> • Paracetamol 1g qds +/- • Adjuvant analgesics (see below) <p>AVOID: NSAIDS</p>	<ul style="list-style-type: none"> • Paracetamol 1g qds +/- • Adjuvant analgesics (see below) + • Codeine phosphate 30mg every 6 hours and increase slowly only if tolerated (dihydrocodeine and tramadol can be considered in place of codeine – please see full guidelines for doses) <p>AVOID: NSAIDS</p>	<ul style="list-style-type: none"> • Paracetamol 1g qds +/- • Adjuvant analgesics (see below) + Oxycodone Start with small prn doses (e.g 2.5 – 5mg qds) of short acting oxycodone (oxynorm) - available as caps, liquid and IV/SC injection - and increase as tolerated. Convert to long acting oral preparation (oxycotin) as necessary. <p>AVOID: DIAMORPHINE MORPHINE NSAIDS</p> <p><u>If pain remains unresolved:</u> Contact pain team on ext 2621 or bleep 308 or if appropriate, palliative care team ext 6272</p>

ADJUVANT ANALGESICS

Amitriptyline

No dosage adjustment required, but start with lower doses (e.g. 10mg nocte) and increase gradually due to extra risk of dizziness and postural hypotension.

Nortriptyline can be considered in place of amitriptyline if sedation becomes a problem (please refer to full guidelines).

Gabapentin

Start at 100mg at night. In mild/moderate renal impairment dose can be increased gradually according to response. More caution is required in severe renal impairment (seek specialist advice). **Pregabalin** can be used second line only if patient is not tolerating gabapentin (please refer to full guidelines).

Analgesia via syringe driver

Oxycodone	Calculate 24 hour requirement and administer via syringe driver. Oxycodone for breakthrough pain.
Alfentanil (senior or specialist supervision/advice only)	An alternative in cases of intolerance to other strong opiates or a need to reduce final volume.
Fentanyl (senior or specialist supervision/advice only)	Calculate 24 hour requirement and administer via syringe driver (For large volumes consider alfentanil). Oxycodone for breakthrough pain.

Avoid Morphine and Diamorphine

Analgesia via PCA

Fentanyl	1mg in 100ml normal saline (10microgram/ml) 10microgram dose with 6 minute lockout
Oxycodone (made in aseptics)	100mg in 100ml normal saline (1mg/ml) 1mg dose with 6 minute lockout

Avoid Morphine and Diamorphine

Part of the full guidelines to pain management in renal impairment

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