Analgesic Therapy Flow Chart for Chronic Nociceptive Pain recommended by York hospital Pain Management Clinic

Please use this pathway in conjunction with the following NICE guidance:
http://www.nice.org.uk/guidance/cg88 and http://www.nice.org.uk/guidance/cg177
***see http://www.yorkandscarboroughformulary.nhs.uk/ and/or the CCG websites for details of commissioned formulations of these agents**

This chart does not include recommendations for NSAIDs or analgesic adjuncts and does not include neuropathic pain

Step 1

Step 1:
Paracetamol 1g qds
Either alone or in combination with steps below

- Is compliance or oral absorption an issue?
- Has the patient mild to moderate renal failure?

No

Step 2

Codeine/ dihydrocodeine/ co-dydramol
60-240mg in 4 divided doses; Titrate up dose until pain relief or side effects occur (may need regular laxative)

Yes

Buprenorphine patch*
5 –20 microgram/hour patch
Start on lowest patch and titrate up weekly to higher strength patch (may need regular antiemetic for first 2 weeks)

- Is compliance or oral absorption an issue?
- Has the patient mild to moderate renal failure?

No

Step 3

Tramadol (beware combination with concurrent anti-depressants)
Max. dose 400 mg daily; modified release* 100mg bd with short acting for breakthrough.

Yes

Buprenorphine patch*
35 – 140 microgram/hour patch

Is compliance or oral absorption an issue?

No

Step 4

1st Line **Morphine***
(max. 100mg/day)
2nd Line **Oxycodone MR***
(max. 50mg/day)

Yes

Fentanyl patch*
(max. 50 microgram/hour)

If strong opioid prescription is required for more than 3 months or lack of efficacy, please refer to specialist pain clinic

Step 5

Tapentadol MR
(max. 450mg/day) for initiation by pain specialist only.