

Prescribing Guidelines

Post-operative oral analgesia for children

Following the MHRA guidance on reducing the use of codeine (<http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON296400>), post-operative oral analgesia guidelines have been changed.

See page 2 for new codeine guidance

Drug	Dose
Paracetamol	15 mg/kg (Maximum 1g) orally four times a day when needed.
Ibuprofen	5 to 10 mg/kg orally three times a day with or after food when needed. 5mg/kg orally four times a day when needed may be prescribed. Maximum dose 30mg/kg/day and 400mg as a single dose.
Morphine Sulphate Oral Solution 10mg in 5ml	Standard dose for discharge: 100 to 200 micrograms/kg four times a day when needed for a maximum of 5 days. For patients with a history of sleep apnoea (discharge dose): 50 to 100 micrograms/kg four times a day when needed for a maximum of 5 days. Inpatients: 200 micrograms/kg four times a day when needed.

Guidelines for use of Morphine Sulphate Oral Solution as an alternative to Codeine Phosphate

- Codeine Phosphate should only be used to relieve moderate pain in children older than 12 years and only if it cannot be relieved by other painkillers such as paracetamol or ibuprofen.
- Codeine is contra-indicated in all children (i.e. younger than 18 years) who undergo tonsillectomy or adenoidectomy (or both) for sleep apnoea
- Codeine is not recommended for use in children whose breathing might be compromised, including those with neuromuscular disorders; severe cardiac or respiratory conditions; upper respiratory or lung infections; multiple trauma; or extensive surgical procedures.
- Because of this our first choice opiate is now Morphine Sulphate Oral Solution.
- Codeine should not be prescribed for children in the categories above. If codeine is prescribed for other children 12-18 years then the maximum dose of Codeine must not exceed 1mg/kg per dose (maximum 60 mg per dose and 240mg per day) up to four times a day at intervals of no less than 4 hours. It should be used at the lowest effective dose for the shortest time. Duration of treatment should be limited to 3 days, and then reviewed.
- If the patient has Codeine as a TTO a patient information leaflet must be given to parents/carers on how to recognise the signs of toxicity, and advice given to stop giving codeine and to seek medical attention immediately if their child is showing these signs or symptoms (<http://www.medicinesforchildren.org.uk/search-for-a-leaflet/codeine-phosphate-for-pain>)
- Morphine sulphate oral solution as TTO can be stored in the patients POD until discharge on level 8 & HDU, and in drug cupboard on level 7. It does not need to be signed into the CD book.
- If the patient needs a dose of Morphine sulphate oral solution as an in patient then the ward stock should be used and the CD register completed as usual.