



Opiates or Opioids What is the difference?

- **Opiates** are made from opium or have opium in them and are known to have natural counterparts called endorphins (morphine).
- **Opioids** a compound resembling **opiates** but are not made from opium (synthetic **opioids** include Fentanyl, Oxycodone).
- **Opioids** are medications used to treat **moderate** or **severe** pain.
- These include Codeine, Dihydrocodeine, Tramadol, Morphine, Fentanyl, Oxycodone, Buprenorphine and Diamorphine .
- Opioids should be used for a short time after surgery or trauma (acute pain).



Definition of Acute Pain

“An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage”.

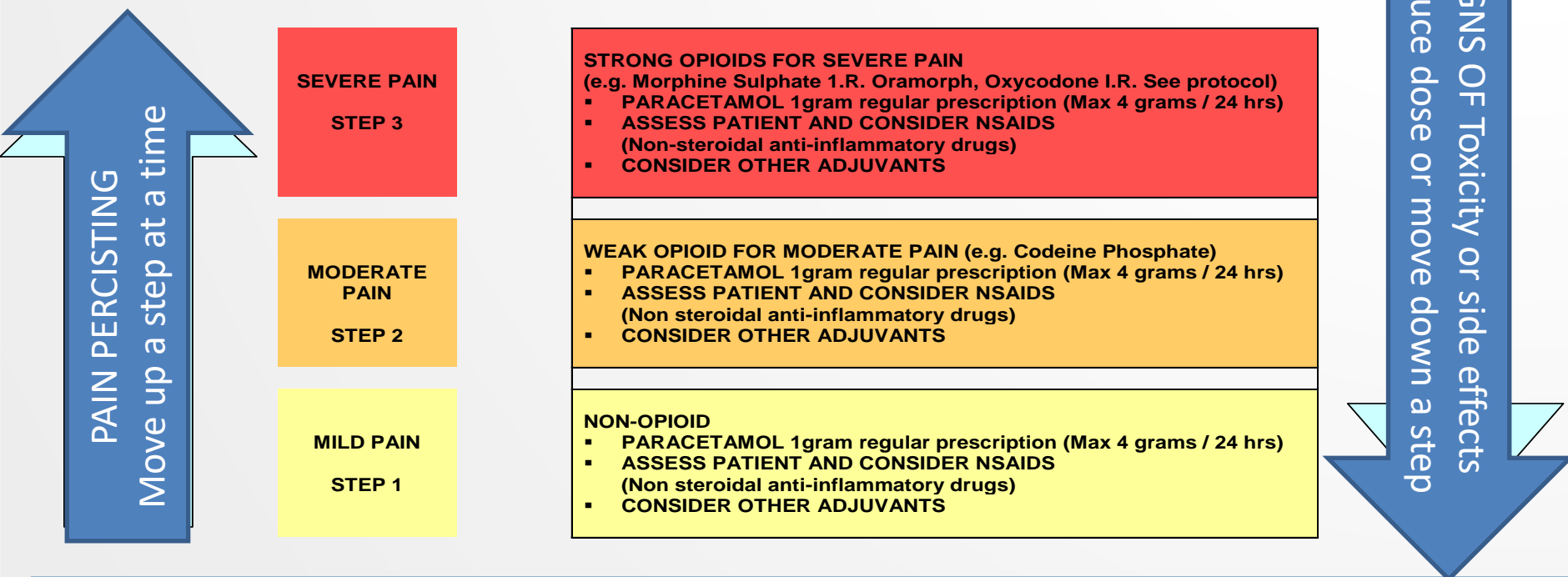
IASP July 2020

Open Hyperlink by right sided click and opening: <https://www.iasp-pain.org/PublicationsNews/NewsDetail.aspx?ItemNumber=10475&navItemNumber=643>

How To Decide When Opioids Should Be Used For The Management Of Acute Pain

Northern Care Alliance (Salford Royal NHS Foundation Trust) Analgesic Ladder

(Adapted from World Health Organisation (WHO) Analgesic Ladder 1986)



READ POLICY BELOW FOR INFORMATION ON USE OF OPIOIDS/OPIATES FOR USE IN ACUTE PAIN

[Pha6\(06\)a - Issue No 3 - Opioid Analgesia for Acute Pain Management \[pdf / 784KB\]](#)



MORPHINE SULPHATE

ORAMORPH I.R. (BRAND
NAME)
(SOLUTION ONLY)

SHORT ACTING

USED IN POST OPERATIVE /
TRAUMA PAIN MANAGEMENT
(ACUTE PAIN)

I.R. = IMMEDIATE RELEASE

Morphine (10mg/5ml) Oral Solution -
10 - 20 mg; As Often as Necessary; PRN For pain
Oral
CONTROLLED DRUG.

Oxycodone IMMEDIATE Release (5mg/5ml) Oral Solution Sugar Free -
2.5 - 5 mg; As Often as Necessary; PRN For pain
Oral
CONTROLLED DRUG.

OXYCODONE

OXYCODONE I.R. (OXYNORM®)
(SOLUTION ONLY)

SHORT ACTING

USED IN POST OPERATIVE /
TRAUMA PAIN MANAGEMENT
(ACUTE PAIN)

I.R. = IMMEDIATE RELEASE

USED IN PATIENTS

RENAL FAILURE / IMPAIRMENT

TRUE ALLERGY TO MORPHINE

OVER 70 YEARS OF AGE

**CONSIDER REDUCING THE DOSE IN THE ELDERLY/FRAIL' OR 'LOWEST DOSE SHOULD BE GIVEN FIRST
AND RESPONSE OBSERVED**

GOOD PRACTICE POINTS

- Start with the **lowest dose** and titrate up if needed
- Controlled drugs **should be** witnessed being taken by the administering nurse
- Oxycodone is **not** single nurse administration and needs checking by 2 registered nurses
- Use the WHO analgesic ladder and **step down** from opioids when no longer required
- Consider using appropriate **multimodal analgesia** to improve overall pain control
- Remember **PICPAS**



Drug administration
Right first time – every time!

P

Prescription: Correct patient, drug, dose, route, allergies & what has been given so far?

I

Independent check: Second administrator checks EPR. Do not ask for the drug by name.

C

Correct Medication: Correct drug is selected, correct dose, method of administration and in date.

P

Patient check at bedside: Correct patient, allergies, consent.

A

Administration to patient: Correct route, patient monitored appropriately.

S

Sign and Document - Both administrators to witness signature.

Help or advise Contact the Pain
team on 07623623107
or email:
pain.specialistnurses@srft.nhs.uk