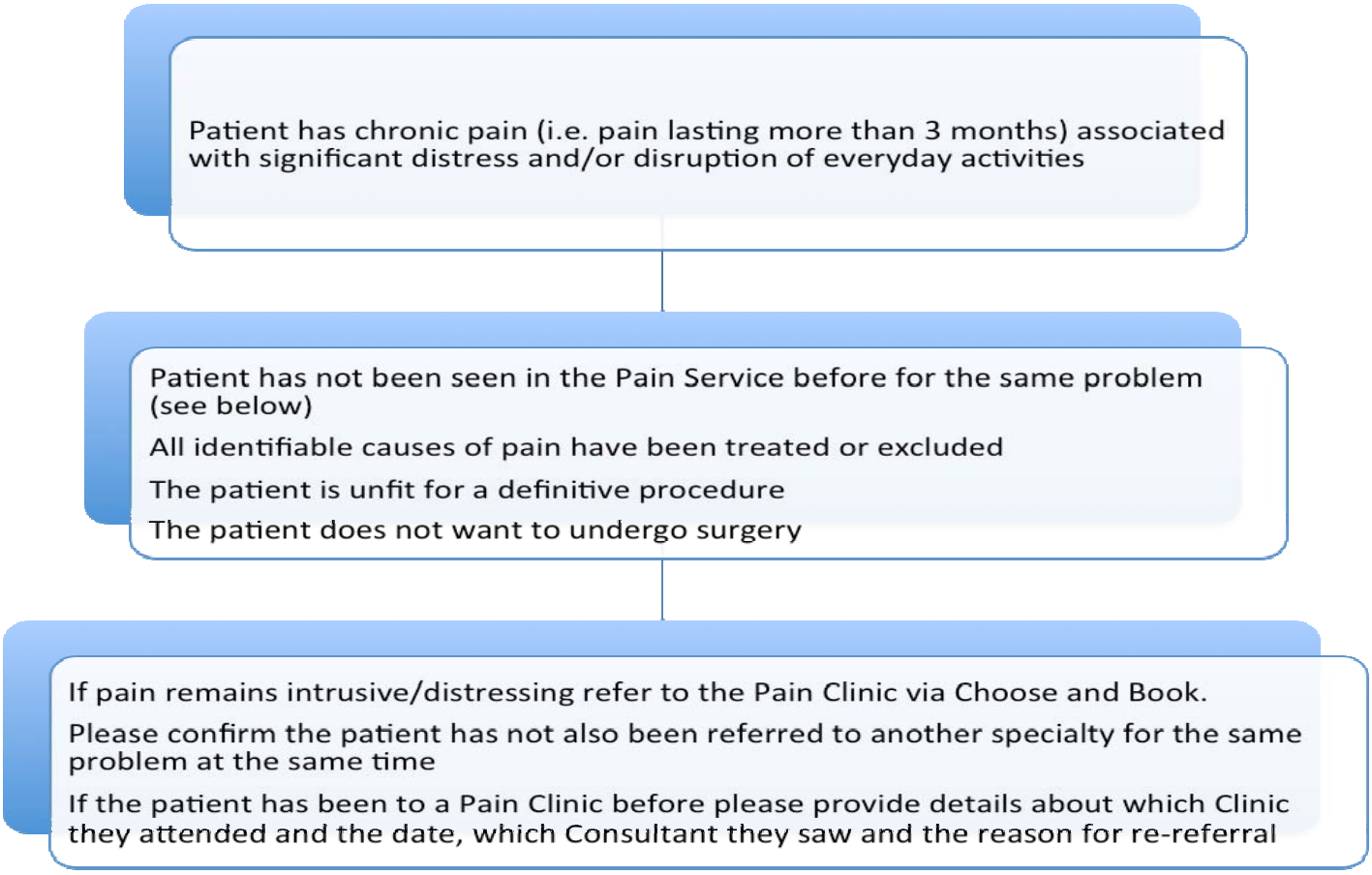
Referral Guidelines To Secondary Care Pain Management Services



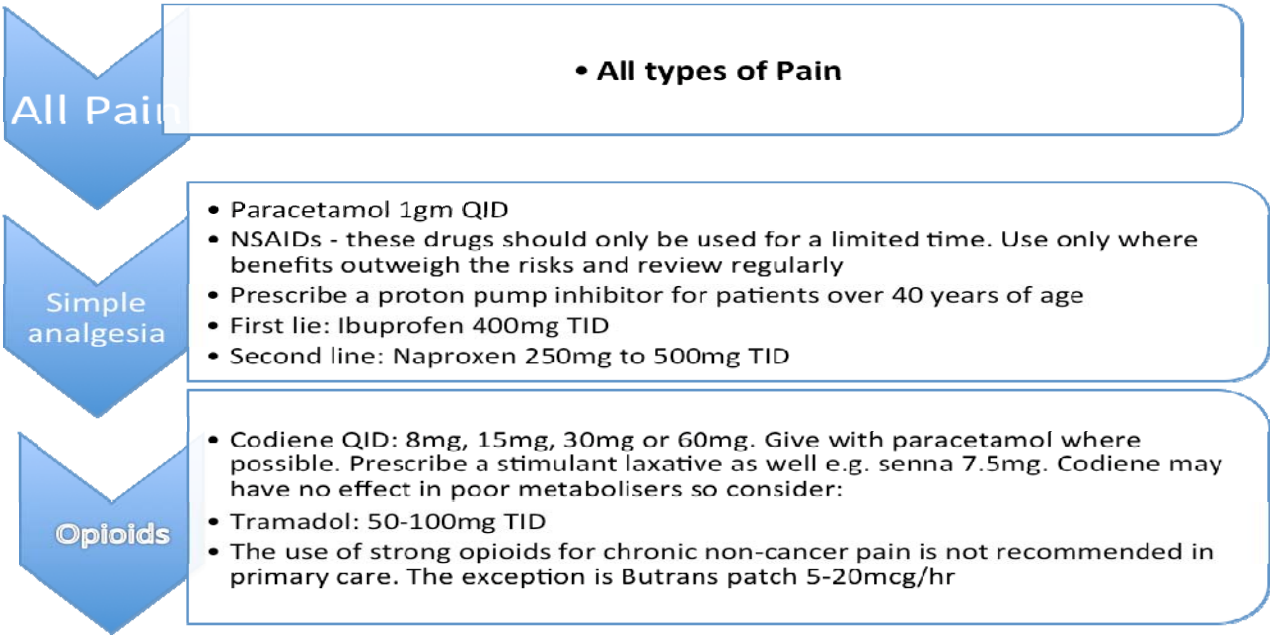
Please do not refer:

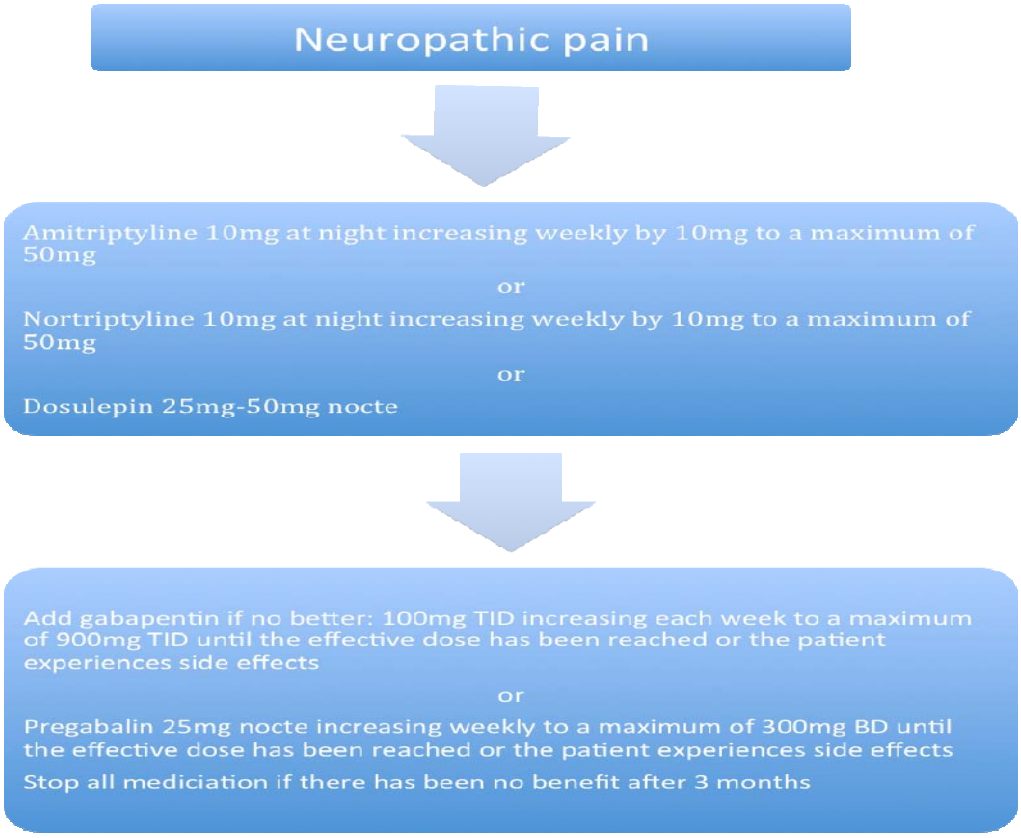
- Patients who are waiting to be seen by another specialty for the same problem
- Patients who only want an intervention such as an injection or acupuncture. We will assess the patient and provide treatment we consider appropriate. Patients who specifically want acupuncture will have to access this elsewhere.
- Patients who have already completed a Pain Management Programme for the same condition

Re-referral of patients

If a patient has been seen by a Pain Clinic Consultant in any hospital, especially if they have completed a Pain Management Programme, it is unlikely we can offer anything else for the same condition. The aim of the Pain Clinic is to improve quality of life and function, not to take pain away. The Pain Management team aim to do this by improving coping skills and self-management. Self-management must be encouraged in Primary Care. The Pain management team can offer a review appointment for patients who continue to struggle but they will continue to promote self-management

Drug Management of Pain


All Pain
• All types of Pain
Simple analgesia
• Paracetamol 1gm QID
• NSAIDs - these drugs should only be used for a limited time. Use only where benefits outweigh the risks and review regularly
• Prescribe a proton pump inhibitor for patients over 40 years of age
• First lie: Ibuprofen 400mg TID
• Second line: Naproxen 250mg to 500mg TID
Opioids
• Codiene QID: 8mg, 15mg, 30mg or 60mg. Give with paracetamol where possible. Prescribe a stimulant laxative as well e.g. senna 7.5mg. Codiene may have no effect in poor metabolisers so consider:
• Tramadol: 50-100mg TID
• The use of strong opioids for chronic non-cancer pain is not recommended in primary care. The exception is Butrans patch 5-20mcg/hr


Neuropathic pain
Amitriptyline 10mg at night increasing weekly by 10mg to a maximum of 50mg
or
Nortriptyline 10mg at night increasing weekly by 10mg to a maximum of 50mg
or
Dosulepin 25mg-50mg nocte
Add gabapentin if no better: 100mg TID increasing each week to a maximum of 900mg TID until the effective dose has been reached or the patient experiences side effects
or
Pregabalin 25mg nocte increasing weekly to a maximum of 300mg BD until the effective dose has been reached or the patient experiences side effects
Stop all mediciation if there has been no benefit after 3 months