Subcutaneous Analgesia Protocol

**BEGIN**

- Pain Score 3 or above and requesting analgesia
  - No
  - Yes
    - Sedation Score less than 2 and resp. rate ≥ 10
      - No
      - Yes
        - More than 2 hours since last SC dose of analgesia
          - No
          - Yes
            - Offer full prescribed dose of SC analgesia

**Sedation Score**

- 0: None
- 1: Mild, drowsy, easy to rouse
- 2: Moderate, constantly drowsy, easy to rouse
- 3: Severe, somnolent, difficult to rouse
- 5: Normal sleep

**Morphine Dose**

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose Range (mgs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 29</td>
<td>7.5 - 12.5</td>
</tr>
<tr>
<td>30 - 39</td>
<td>7.5 - 12.5</td>
</tr>
<tr>
<td>40 - 49</td>
<td>5.0 - 10.0</td>
</tr>
<tr>
<td>50 - 59</td>
<td>5.0 - 10.0</td>
</tr>
<tr>
<td>60 - 69</td>
<td>2.5 - 7.5</td>
</tr>
<tr>
<td>70 - 79</td>
<td>2.5 - 3.0</td>
</tr>
<tr>
<td>80 - 85</td>
<td>2.5 - 3.0</td>
</tr>
<tr>
<td>&gt; 85</td>
<td>2.0 - 3.0</td>
</tr>
</tbody>
</table>

- Routine observations Review later
- Check Oxygen Saturation. If O2 saturation below 90% - Given 0, 4 litres via face mask. Seek medical advice. Call pain Service.
- **DO NOT** Administer any further analgesia
- Consider Naloxone ** if required
- Consider decreasing size of any subsequent dose
- If ≥ one hour since last dose Give ½ of prescribed dose of SC analgesia.
- If less than one hour since last dose contact Pain Service.
- Consider increasing the size of any subsequent dose.

**IV Access must be maintained at all times**
Prime Line with the prescribed dose of Morphine 10mgs/ml
Do Not dilute the morphine

**RESPIRATORY DEPRESSION**

Sedation score ≥ 2 & resp rate < 10
Sedation score 3 regardless of resp. rate
Draw up 0.4mgs (1ml) of Naloxone + 3mls N. Saline and give in 1ml increments IV until resp. rate ≥12 and sedation score less than 2.
Guidelines for insertion and care of indwelling Subcutaneous Catheter for the use of subcutaneous analgesia only

Indications for use:
- Post-operative pain relief
- Severe pain relief and unable to tolerate oral analgesia eg,
  - Nil orally for investigations
  - Unable to swallow
  - Troublesome nausea and vomiting

Application

Appropriately trained nursing staff are permitted to insert the subcutaneous catheter.

In post operative patients wherever possible the cannula should be inserted in theatre while the patient is asleep to prevent pain on initial injection. Please consider access and muscle bulk prior to insertion!

1. The lateral aspect of the thigh or sub clavicular region is the recommended sites of injection. To minimise the risk the catheter being dislodged, the sub clavicular region is preferred.

2. The area should be cleaned with an alcohol wipe and allowed to dry.

3. Use only 22G (blue) BD Saf-T-Intima cannula.

4. Pinch a fold of skin and insert cannula subcutaneously.

5. Withdraw the metal needle. Attach Swan Lock bung to cannula and secure plastic cannula to the skin with a clear dressing so that the site can be inspected. Attach Morphine sticker to dressing for identification.

6. The line requires to be primed, before first use only, with 0.25ml of neat 10mg/ml (2.5mg) morphine after insertion to ensure the correct dose as protocol table above is administered.

   This priming dose requires to be prescribed on the one off part of the front of the Kardex as “Morphine sc cannula prime, sc, 2.5mg” separately from the prn prescription within the Kardex which should read “Morphine, sc, as protocol” DO NOT REPEAT THE PRIMING DOSE.

7. Draw up the prescribed amount(s) of morphine. DO NOT DILUTE THE MORPHINE. As the priming dose only flushes the cannula of air the prescribed dose as protocol can be administered simultaneously, if required, there does not need to be any delay.

8. Clean the Swan Lock injection port with an alcohol wipe for 15 seconds (“scrub the hub”) and allow to air dry for 30 seconds.

9. Inject prescribed morphine slowly over 1 minute to prevent discomfort at injection site. Do not flush the cannula.