



| GUIDELINE      |                                     |
|----------------|-------------------------------------|
| Oxycodone      |                                     |
| Scope (Staff): | All Emergency Department Clinicians |
| Scope (Area):  | Emergency Department                |

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<http://kidshealthwa.com/about/disclaimer/>

# Oxycodone

## Discharge dispensing of oxycodone for moderate pain

### Background

The removal of codeine from the hospital formulary has resulted in a perceived lack of a suitable agent to treat moderate pain in children that is not sufficiently treated with simple analgesia. Oxycodone has been identified as the most suitable drug.

### Inclusion criteria

- Children deemed to be fit for discharge from the ED
- Acute (<48 hrs) musculoskeletal injury
- Age over one year (corrected for prematurity if applicable)
- Weight more than 10 kg
- Moderate pain not relieved with simple analgesia
- Initial dose required prior to discharge

### Exclusion criteria

- Significant head injury
- Contraindication or allergy to oxycodone
- Child already receiving regular oral opioid (e.g. for chronic pain)

## Dosing and dispensing oxycodone

Dosing should commence at 0.05mg/kg and can increase to 0.1mg/kg if pain control is inadequate and side-effects from initial dose were acceptable. Oxycodone suspension is provided in 25 mL units at a concentration of 1 mg/mL. We discourage dispensing of individual doses, often fractions of millilitres, thereby increasing the risk of error. The following table provides dosing bands and amount to be dispensed. This should be enough for one day following discharge. Should pain persist beyond this timeframe and despite regular simple analgesia, children should be reviewed in the Emergency Department.

| Weight (kg) | Dose (mg) | Volume (mL) | Dispensed amount (mL) | Discarded amount (mL) |
|-------------|-----------|-------------|-----------------------|-----------------------|
| 10-20       | 1         | 1           | 5                     | 20                    |
| 20-30       | 2         | 2           | 10                    | 15                    |
| 30-40       | 3         | 3           | 15                    | 10                    |
| 40-50       | 4         | 4           | 20                    | 5                     |
| 50+         | 5         | 5           | 25                    | 0                     |

After the appropriate dose has been identified, a test dose (from regular stock) is given in ED to ensure it is well tolerated.

All the relevant paperwork including a flowchart and prescription packs in manila envelopes can be found in the drug room next to 4E. The prepacked bottles are locked away in the same room. For dispensing, a doctor needs to team up with a registered nurse to witness the signing out and discarding process just like with any other schedule 8 drug.


Once the child is deemed fit for discharge, fill in the paperwork including the checklist and hand over to parents. Put the checklist into the pharmacy tray next to the RMO office.

A sample Schedule 8 prescription can be seen [here](#).

## References

[Codeine use in children and ultra-rapid metabolisers. Pharmacovigilance and Special Access Branch Safety Review](#). Therapeutic Goods Association. October 2015

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