



## CLINICAL GUIDELINE

# Postoperative Analgesia Caesarean Birth

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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### Important Note:

The online version of this document is the only version that is maintained.  
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

# Greater Glasgow & Clyde Maternity Guidelines

## Analgesia following caesarean birth

This algorithm is intended for patients who have had a spinal/epidural anaesthetic with neuraxial opioid.

### First 24h

- PARACETAMOL 1g qds
  - reduce dose to 500mg if bodyweight <50kg
- DICLOFENAC 50mg tds
  - starting 8-12h after 100mg diclofenac suppository if used
  - omit if genuine contraindication to NSAIDs (eg true allergy, previous gastric ulcer, asthmatics with known NSAID intolerance)
  - prescribe PPI/H2 antagonist if history of gastritis with NSAIDs
- DIHYDROCODEINE 30mg qds
  - **ONLY FOR PATIENTS WHO CANNOT TAKE NSAIDs**
- ZOMORPH 20mg one dose (two 10mg tablets)
  - prescribe as once-only dose on Hepma
  - at least four hours after spinal/epidural opioid
  - timed to fit in with drug rounds (06:00, 10:00, 14:00, 18:00, 22:00), OR according to local protocol
  - reduce dose to 10mg if bodyweight <50kg
- ZOMORPH 10mg one dose (one 10mg tablet)
  - prescribe as once-only dose on Hepma
  - approximately 12 hours after the previous dose (timed to fit in with drug rounds OR according to local protocol)
- MORPHINE SULPHATE (IMMEDIATE RELEASE) 10mg as required (\*SEVREDOL brand name in GCC)
  - up to once hourly (first dose AT LEAST two hours after MST)
  - if more than 3 doses requested, consider medical review
- **Prescribe stool softeners according to local protocol**
- Please also prescribe at least one anti-emetic

### Second 24h

- NO FURTHER Zomorph
- Dihydrocodeine 30mg 4hrly as required
- Continue regular PARACETAMOL and DICLOFENAC (or DIHYDROCODEINE if contraindication to NSAIDs)
- Obstetric review required if analgesic requirements inadequate

### For discharge

- Discharge on regular PARACETAMOL and DICLOFENAC
- All patients should be discharged on DIHYDROCODEINE 30mg 4hrly (max 3 days supply)
- Patients requiring continuing opioid analgesia 5 days post-natally should be discussed with obstetrician

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