

30 May 2020

Dear PHECC Practitioner,

The Seventh Schedule has been amended by SI 177 of 2020, MEDICINAL PRODUCTS (PRESCRIPTION AND CONTROL OF SUPPLY) (AMENDMENT) (NO. 2) REGULATIONS 2020. There was a welcome inclusion of several additional medications and an increased range of indications for some existing medications within the Seventh Schedule. Unfortunately, a decision was made by the Department of Health to restrict the administration of Methoxyflurane to its SPC licenced use within the Seventh Schedule.

PHECC have only just been made aware of this and were not involved in the decision-making process.

Methoxyflurane is now only permitted for adults with traumatic pain, not for other causes of pain, and not at all for children.

As a result, the PHECC Medical Advisory Committee (MAC) had no option but to recommended to Council that Methoxyflurane be removed from the CPGs in accordance with the SI, with immediate effect, to reflect the new legal requirements.

The administration of Methoxyflurane as an analgesic to children (for any pain) or to adults (for non-traumatic pain) is not currently permitted.

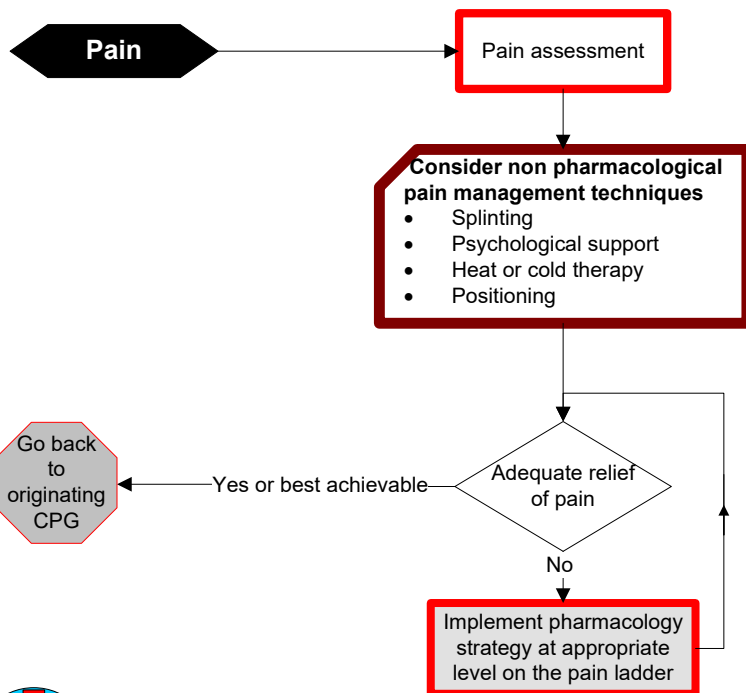
MAC notes that Methoxyflurane has been recognised as a safe and effective analgesic for adults and children. PHECC will liaise with the Department of Health in respect of fully restoring Methoxyflurane to the Seventh Schedule as a priority.

PHECC is now obliged to advise all PHECC registered practitioners to practice within the legal framework and not administer Methoxyflurane to paediatric patients and to limit its administration for adult traumatic pain only. Please consider other available analgesic options to manage patient's pain presentations.

Yours sincerely,



Richard Lodge
Director



Analogue or Visual Pain Scale
0 = no pain.....10 = unbearable

Go back to originating CPG



If pain management not resolved



Following Fentanyl IN the next dose may be either Fentanyl IV or Morphine IV but not both.
In the absence of acquiring IV access a second dose of IN Fentanyl may be administered.

Ketamine indicated if;

- Morphine or Fentanyl not adequate, or
- Painful extrication or procedure anticipated

Severe pain	1 st line	Fentanyl 0.1 mg IN
	2 nd line	Fentanyl 0.05 mg IV or Morphine 4 mg IV
		And/or Paracetamol 1 g IV
3 rd line	Ketamine 0.1 mg/Kg IV	
Moderate pain	Paracetamol 1 g PO and Ibuprofen 600 mg PO	
	And/or Nitrous Oxide & Oxygen INH or Methoxyflurane 3 mL INH	
Mild pain	Paracetamol 1 g PO or Ibuprofen 400 mg PO	
PHECC pain ladder		

Repeat Fentanyl IN once only at not < 10 min after initial dose prn.

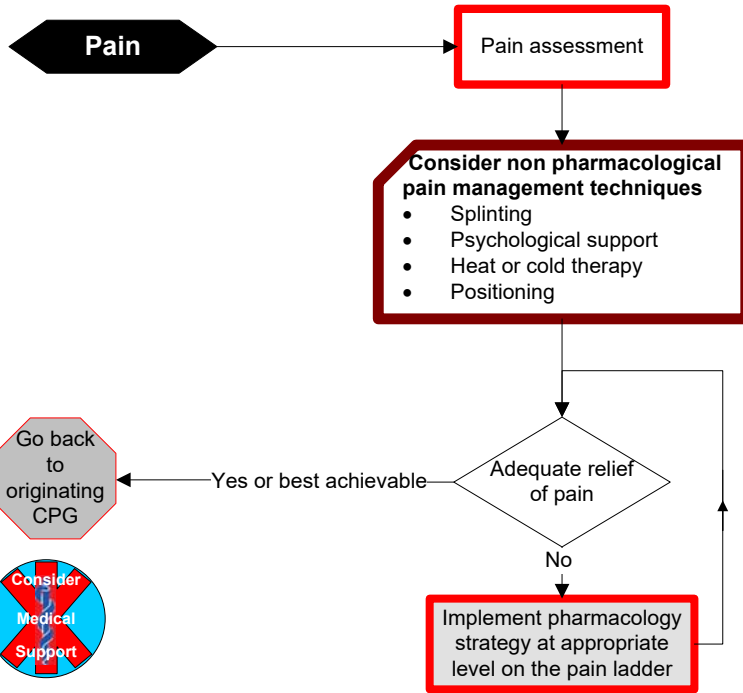
Repeat Morphine 2 mg at not < 2 min intervals prn
Max 16 mg.
For musculoskeletal pain Max 20 mg.

Repeat Ketamine once only at not < 10 minutes prn.

Methoxyflurane limited to traumatic pain only
Repeat INH once only prn.

If nausea following opioid administration

Go to N&V CPG



Pain assessment recommendation
 < 5 years use FLACC scale
 5 – 7 years use Wong Baker scale
 ≥ 8 years use analogue pain scale

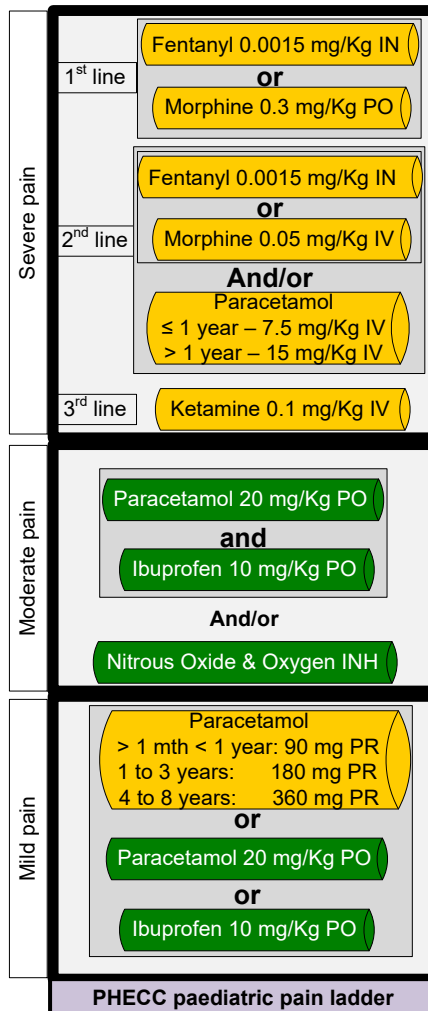
Analogue/ Visual Pain Scale
 0 = no pain.....10 = unbearable

If pain management not resolved
 Request
 ALS

Following Fentanyl IN the next dose may be either Fentanyl IN or Morphine IV but not both.

Ketamine indicated if;

- Morphine or Fentanyl not adequate, or
- Painful extrication or procedure anticipated



Fentanyl IN for ≥ 1 year olds only
 Repeat Fentanyl at not < 10 min after initial dose once only

Morphine PO for ≥ 1 year olds only
 Repeat Morphine at not < 2 min intervals prn to Max of 0.1 mg/Kg IV

Repeat Ketamine once only at not < 10 minutes prn

If nausea consider
 Ondansetron 0.1 mg/Kg IM/ IV slowly (Max 4 mg)