



ADULT MEDICATION GUIDELINE					
Oxycodone					
Scope (Staff):	All WNHS Staff				
Scope (Area):	Obstetrics and Gynaecology				
This document should be read in conjunction with the Disclaimer.					

Quick Links

DoseAdministrationMonitoringPregnancy and Breastfeeding

Restrictions

Formulary: Restricted

HIGH RISK Medication

Medication Class

Analgesics

Presentation

Immediate Release Tablets: 5mg

Immediate Release Capsules: 10mg, 20mg

Oral liquid: 1mg/mL

Controlled Release Tablets: 10mg, 15mg, 20mg, 30mg, 40mg, 80mg

Oxycodone/Naloxone (Targin®) Combined Controlled Release Tablets:

2.5/1.25mg, 5/2.5mg, 10/5mg, 20/10mg, 40/20mg

Storage

Store at room temperature, below 25°C

Schedule 8 Medication

Dose

Moderate to Severe Pain

Doses vary and depend on the indication and previous analgesic requirements.

Titrate dose according to response, respiratory rate and sedation score.

Suggested starting dose (immediate release): 5mg every 2 to 4 hours

Suggested starting dose (controlled release tablets): total daily dose as determined for immediate release products; give up to half total daily dose every 12 hours

Administration

Controlled release tablets: Swallow whole. Do not break, crush or chew.

Oxycontin®: After putting the tablet in the mouth, make sure to wash it down immediately with an adequate amount of water. Review If patient have problems swallowing the tablets.

Monitoring

Respiratory rate, sedation score

Pregnancy

Considered safe to use (lowest effective dose for the shortest duration possible)

For more information, please contact KEMH Obstetric Medicines Information Service.

Breastfeeding

Oxycodone should be administered to breastfeeding mothers at the lowest effective dose for the shortest duration possible.

Dose should be limited to no more than 40 mg in a 24 h period for no longer than 3 days. Breastfed infants should be observed for signs of opioid-related adverse effects including drowsiness and poor feeding.

Seek specialist advice if higher doses and/or longer duration of treatment are required.

For more information, please contact KEMH Obstetric Medicines Information Service.

Related Policies, Procedures & Guidelines

Department of Health

Recommendations for prescribing analgesia on discharge following surgery or acute injury

CCC Report on the Supply and Management of Schedule 8 Controlled Drugs at Certain Public Hospitals in Western Australia

WNHS Clinical Practice Guidelines:

Palliative Care

Acute Pain Service

Patient Information Leaflet:

Medicines used to manage pain
Post-operative pain control

WNHS Pharmaceutical and Medicines Management Guidelines:

Anaesthetic technician competency framework for handling of controlled substances

Reporting of S8 or S4R medicine discrepancies

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	Std 2: Partnering with Consumers				Std 6: Communicating for Safety			
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	Std 4: Medication Safety				Std 8: Recognising and Responding to Acute Deterioration			
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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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