

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

Ref: T24/33927

NAME OF DOCUMENT	Pain Management Guidelines - Caesarean Section
TYPE OF DOCUMENT	Clinical Guideline
DOCUMENT NUMBER	RHW GUID007
DATE OF PUBLICATION	July 2026
RISK RATING	High
REVIEW DATE	July 2028
FORMER REFERENCE(S)	Post operative Pain Management Guidelines Caesarean section (2023)
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SUMMARY	These guidelines are for pain management of patients undergoing caesarean section - not to be used as a protocol, but for reference only.

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Pain Management Guidelines- Caesarean section

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PAIN MANAGEMENT GUIDELINES (CAESAREAN SECTION) (2026)			
<i>These guidelines are for reference only and should not be used as protocol. While consistency in prescribing minimises medication risks, the anaesthetist should use their own discretion when managing the patient's individual needs.</i>			
Timing	Medication	Dose	Notes
INTRAOPERATIVE			
	Neuraxial morphine (intrathecal)	100microg	Place sticker on anaesthetic chart
	Neuraxial morphine (epidural)	2mg	
OR	Neuraxial fentanyl		
OR	General anaesthesia (GA)		
RECOVERY			
	Post anaesthetic care unit (PACU) PAIN PROTOCOL	As per protocol	Remove epidural catheter
	+/- tramadol	100mg intravenous (IV) or oral (PO)	Not if on selective serotonin reuptake inhibitor (SSRI) or serotonin and norepinephrine reuptake inhibitor (SNRI)
	+/- oxycodone immediate release (IR)	5-10mg PO	
	Patient controlled analgesia (PCA) (morphine, fentanyl, oxycodone)	As per protocol	For (GA) only
POST NATAL WARD			
Regular	Paracetamol	1g every 6hours	
	Non-steroidal anti-inflammatory drug (NSAID) (e.g. ibuprofen, diclofenac or naproxen or Cox2)	As recommended	> 24 hours and up to 5 days (Unless contraindicated)
	+/- tramadol slow release (SR)	100mg every 12 hours	For 3 Days (Not if on SSRI/SNRI)
	Stool Softener e.g. macrogol, docusate	As recommended	No senna-containing stool softener
DO NOT PRESCRIBE/ADMINISTER SR OXYCODONE (Oxycontin®)			
PRN	oxycodone (IR) or/and	5-10mg every 2-4hours	
	tramadol (IR) or	50-100mg every 4 hours	Maximum daily dose 400mg including regular SR dose (Not if on SSRI/SNRI)
	tapentadol (IR) (when tramadol and oxycodone are not tolerated) or	50-100mg	Maximum daily dose 400mg
	PCA (morphine, fentanyl, oxycodone)	As per protocol	For GA only
	Naloxone	As per protocol	
	Antiemetic - e.g. ondansetron, metoclopramide	As recommended	

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DISCHARGE			
	Paracetamol	1g every 6 hours	
	NSAID (e.g. diclofenac or naproxen)	As recommended	
	+/- tramadol (IR)	100mg every 6 hours	<i>Prescribe up to 10 Caps only if required on discharge (NOT if on SSRI/SNRI)</i>
	+/- oxycodone	5mg	<i>Prescribe up to 10 Tabs only if required on discharge (ONLY if on SSRI/SNRI)</i>
	+/- tapentadol (when tramadol and oxycodone are not tolerated)	50-100mg	<i>Maximum daily dose 400mg</i>
	Stool softener e.g. macragol, docusate	As recommended	<i>No senna-containing stool softener</i>
DO NOT PRESCRIBE IR OXYCODONE (Endone) FOR DISCHARGE			
DO NOT prescribe tramadol if woman is taking other serotonergic medications e.g. SSRI/SNRI			
Do not prescribe Targin® for obstetric patients			
Please ensure discharge advice is provided verbally by either Midwife, Senior Resident Medical officer (SRMO), Acute Pain Service (APS) or Pharmacy.			
Advise woman about "Pain Management after Childbirth" leaflet in Blue Book			
Advise woman about "Epidural Discharge Advice" leaflet in Blue Book			
If a review and change has been made by APS yet adequate relief has not been obtained after one hour, please contact APS on 44937 or Anaesthetist on 45253/4.			

REVISION AND APPROVAL HISTORY

Date	Revision	Approval history
18/10/2023	1	Last reviewed by Acute Pain Services
02/11/2023	1	Approved by District Drug and Therapeutic Committee
29/02/2024	1	Approved by Maternity Quality Committee
20.5.24		BRGC
06/07/2026	1	RHW BRGC