

## Oxycodone for Acute Pain Management

### Dosing Considerations:

- Dosing should be titrated to appropriate effect.
- When rounding to the nearest tablet size, always round down.
- Always use the immediate release dosage forms for acute pain management
- Limit number of doses/days supply dispensed on discharge depending on the severity and duration of anticipated pain.

### Pediatric Initial Dosing for Acute Pain: Moderate to Severe (immediate release)

- Infants ≤ 6 months: Oral: 0.025 to 0.05 mg/kg/dose every 4 to 6 hours as needed (Berde 2002)
- Infants >6 months, Children, and Adolescents: Oral:
  - Weight < 50 kg: 0.1 to 0.2 mg/kg/dose every 4 to 6 hours as needed (American Pain Society 2008, APA 2012, Berde 2002)
    - Max initial dose 5 mg
  - Weight ≥ 50 kg: 5 to 10 mg every 4 to 6 hours as needed (American Pain Society 2008, Berde 2002)
    - Max initial dose 10 mg

### Dosage Forms: Oral (Immediate Release)

- Capsule: 5 mg
- Tablet (**preferred**): 5 mg, 10 mg, 15 mg, 20 mg, 30 mg
  - This dosage form may be split or crushed
- Liquid: 1 mg/ml (difficult to obtain)
  - A concentrated solution is available (20 mg/ml). Care should be taken to avoid confusion between the two products by indicating the 1 mg/ml concentration on the prescription and specifying the dose in mg (not ml). The concentrated solution should only be used in opioid tolerant patients taking ≥ 30mg/day of oxycodone or equivalent for ≥ 1 week.

### References:

Association of Paediatric Anaesthetists of Great Britain and Ireland (APA). Good practice in postoperative and procedural pain management, 2<sup>nd</sup> edition. *Paediatr Anaesth*. 2012;22(Suppl 1):1-79.

Berde CB, Sethna NF. Analgesics for the treatment of pain in children. *N Engl J Med*. 2002;347 (14):1094-1103.

“Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain,” 6<sup>th</sup> ed, Glennview, IL: American Pain Society, 2008.

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