**Key issues we teach them in Assessing & managing postoperative pain**

Classifying Analgesia- Psychology (explaining), Physical (eg fix the fracture) Local / regional / systemic (ladder)

Common analgesics: side effects, routes and doses

Spinals and Epidurals

‘RAT’: Recognise Assess Treat’

Paracetamol, NSAID + Opioid 'rules' doses and timings

**Easy wins I think- stuuf you know instinctively**

* Give them a piece of paper and ask them/show them how to prescribe paracetamol
* Ask them to tell you about the side-effects of ibuprofen.
* Ask them about the side-effects of morphine.
* What do we need to co-prescribe with opioids (N + Vomit, constipation, Naloxone and 02 if on PCA)
* Can we just prescribe IV morphine for the ward (no, only as a PCA)?
* Why do we use all 3 types of analgesia
* Ask them a scenario e.g. someone has had a hip replacement and they are in pain. ‘What are the options’ ?

1. ‘RAT’: Recognise Assess Treat’, go up the ladder, then what?
2. Why are they in pain (?catheter blocked? Having an MI?? etc)

* What are the side effects of a spinal?
* How will you deal with analgesia when someone gets better (ie stepping down)