NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Opioid induced pruritis management, Queen Elizabeth University Hospital

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	1
Does this version include changes to clinical advice:	N/A
Date Approved:	26th November 2024
Date of Next Review:	30th September 2026
Lead Author:	Vishal Gupta
Approval Group:	South Sector Clinical Governance Forum

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Management of opioid induced pruritus

.
A small percentage of patients who receive opioid analgesia by any route will experience the adverse effect of itch.

The administration of antihistamines such as chlorpheniramine (piriton) tends to be ineffective and may lead to the patient becoming drowsy.

Treatment of opioid induced itch.

- **Ondansetron** 4mg IV or oral

If ineffective then consider

- **Naloxone**

• Naloxone 200mcg (micrograms) added to the patients 500ml bag of maintenance IV fluids

• Reassess patient following administration usually after 4 hours.

• Add a further 200mcg of Naloxone to each consecutive bag if required.

• If Itch is very severe administer 40mcg (micrograms) of Naloxone as an IV bolus in addition to that added to IV fluids as above.

If the patient is not currently receiving IV fluids or is fluid restricted, then it would be appropriate to trial 40mcg IV bolus of naloxone and assess response.

Contact the acute pain service / duty anaesthetist if above is ineffective