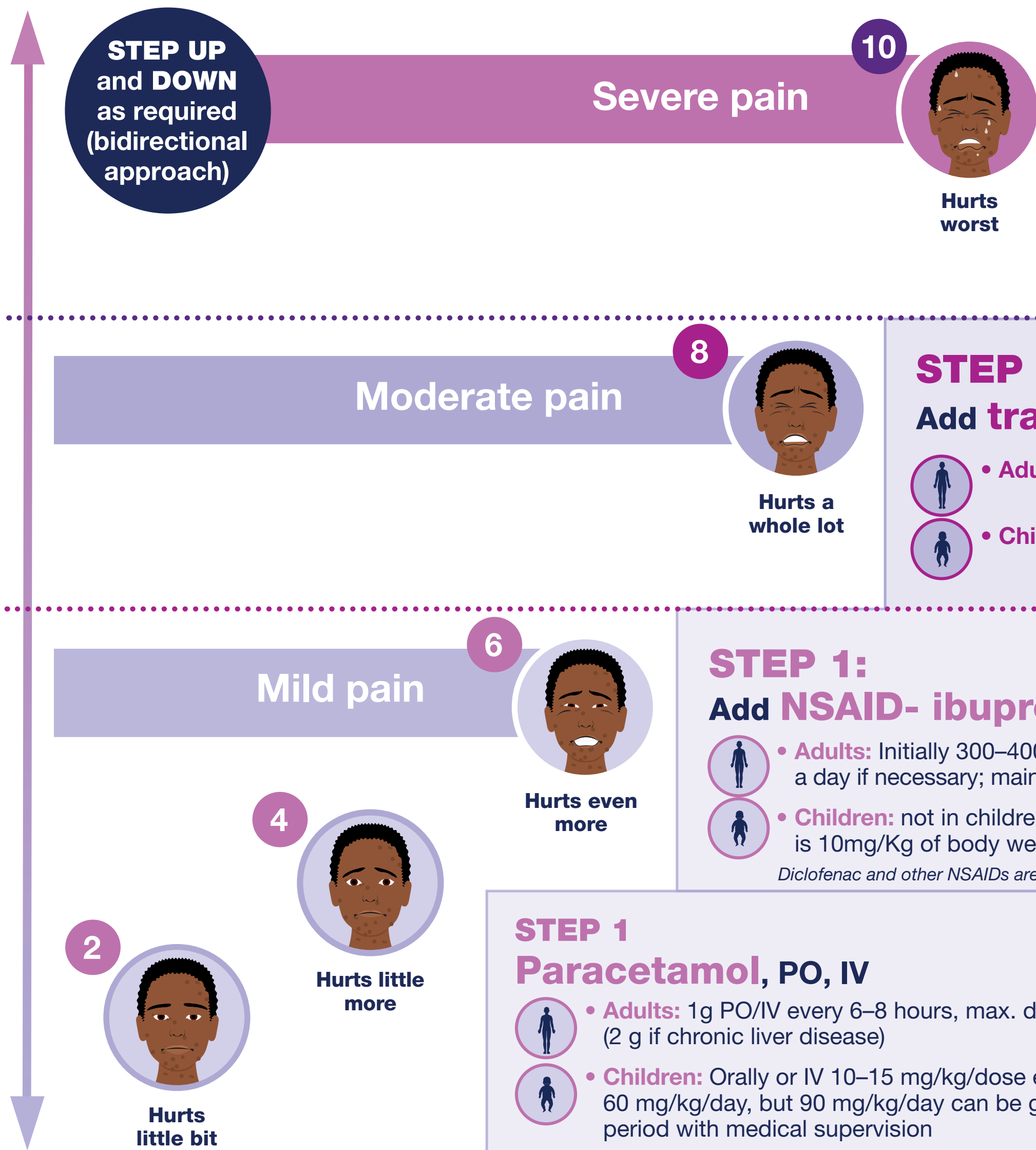


Pain management in patients with mpox

If available and under specialist advice as appropriate, consider invasive and minimally invasive treatments

- Nerve block
- Epidural
- Patient controlled analgesia (PCA)
- Neurolytic block therapy
- Spinal simulators

1. Assess the level of pain



2. Level of analgesia required

STEP 3: Strong opioids*

Replace tramadol with **morphine**, PO, IV, SC

- **Adults:** Oral dose is 10 mg every 4 hours as needed, max. dose is 60 mg/day
IV dose is 1–4 mg SC/IV every 4 hours as needed: monitor SBP and RR prior to administration of morphine (hold for low SBP or RR)
- **Children:** Oral dose is 0.2–0.4 mg/kg/dose every 4 hours, titrate dose to pain
IV dose is 0.05–0.1 mg/kg/dose every 4–6 hours as required

STEP 2: Weak opioids*

Add **tramadol**, PO, IV

- **Adults:** 50–100 mg PO/IV every 4–6 hours as needed, daily max. 400 mg/day
- **Children > 6 months:** 1–2 mg/kg every 4–6 hours, max. 400 mg/day

STEP 1:

Add **NSAID- ibuprofen**, PO

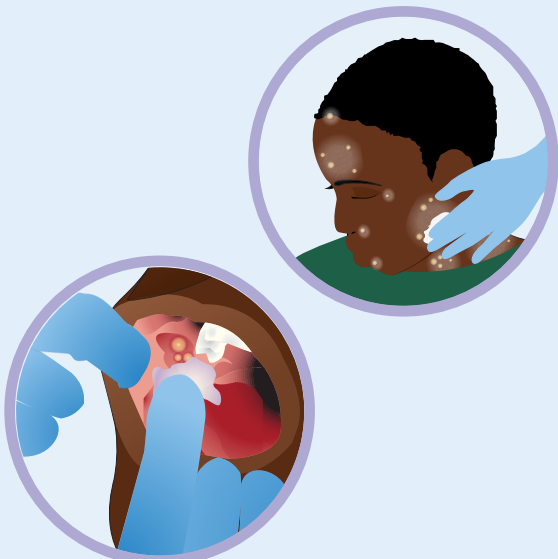
- **Adults:** Initially 300–400 mg 3–4 times a day; increase up to 600 mg four times a day if necessary; maintenance 200–400 mg three times a day
- **Children:** not in children less than 3 months. 10mg/Kg. Maximum single dose is 10mg/Kg of body weight an can be administered every 6-8h

Diclofenac and other NSAIDs are alternatives depending on availability

STEP 1

Paracetamol, PO, IV

- **Adults:** 1g PO/IV every 6–8 hours, max. dose 4 g every 24 hours or (2 g if chronic liver disease)
- **Children:** Orally or IV 10–15 mg/kg/dose every 4–6 hours as required, max. dose 60 mg/kg/day, but 90 mg/kg/day can be given for short period with medical supervision



Skin care

Ensure the lesions are clean and dry. Prevent bacterial superinfection and treat according to protocols if signs present: redness, tenderness, pus or extensive disseminated mpox lesions.

See poster skin care for more recommendations:

www.who.int/multi-media/details/care-of-skin-lesions-in-mpox-infection-poster

* Use of opioids for pain control should be balanced against the risk of side effects such as constipation and the potential development of an opioid use disorder, and overdose



Supplementary information for *Mpox clinical management poster series: pain management*

Methods

This product has been developed as part of the *Clinical management and infection prevention and control for mpox: living guideline*, and finalised during the *Mpox global meeting on optimizing standards of care (OSoC)*, held in Nairobi, Kenya, 10–12th June 2025. The contents were underpinned by evidence reviews presented in the guideline, and expert review of the contents to ensure clinical relevance and accessibility. Full details of the deliberations are available in the main guideline

<https://app.magicapp.org/#/guideline/10286/section/232778>.

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Conflicts of interest

Full conflict of interest details are available at

<https://app.magicapp.org/#/guideline/10286/section/236716>. All participants to the guidance development meeting completed conflict of interest declarations. The WHO technical team reviewed these, and determined no significant conflicts for this work.

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