

Supporting Information

- To convert from alternative opioid contact Specialist Palliative Care services for advice.
- Review drug, dose, frequency for patients elderly, frail, have dementia or renal failure. Start with lower doses and increase slowly as required.
- Morphine is contraindicated if GFR is ≤30ml/min (see pain for those in renal impairment.

NB:

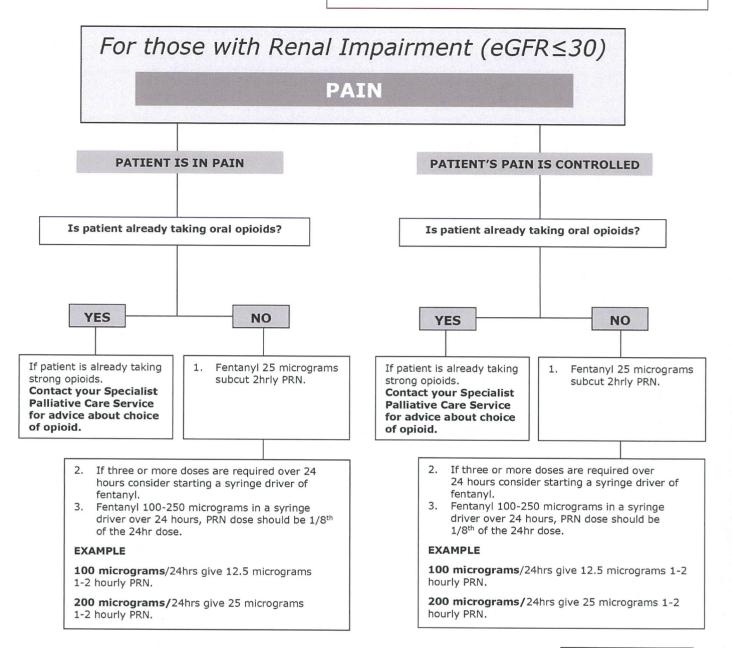
subcut (subcutaneous) PRN (as required)

MORPHINE CALCULATIONS

- * To convert from oral morphine to morphine subcut via syringe driver, halve the **total 24 hour** dose of oral morphine e.g. 20 mg oral morphine over 24 hours = 10 mg of subcut morphine over 24 hours.
- PRN doses of morphine should be one-sixth of the <u>24 hour dose</u> in the syringe driver e.g. morphine 30 mg subcut via a syringe driver will require 5 mg morphine subcut PRN 4 hrly.

Please note: If you require further advice at any time 24hrs a day please contact Arohanui Hospice – (06) 356 6606.

Palmerston North Hospital inpatients contact the hospital palliative care service Monday – Friday 8am – 5pm.



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- To convert from an alternative opioid contact Specialist Palliative Care services for advice.
- Many of the opioid analgesics and their metabolites may accumulate in Renal Failure causing toxicity with myoclonic jerks, profound narcosis and respiratory depression. Morphine and its metabolites are most likely to cause toxicity. Fentanyl is less likely to cause these problems, as the metabolites are not active.
- The duration of effect from morphine and oxycodone may last longer than in a patient with normal renal function.
- Oxycodone can be used only with caution if GFR ≤ 20ml/min.

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s/c (subcutaneous) PRN (as required)