PATIENT ID LABEL

BARCODE AREA

PAIN

PATIENT IS IN PAIN

Assess and review cause of pain

Is patient already taking oral morphine?
(If already taking alternative opioid, contact your Specialist Palliative Care Service for advice about conversion.)

YES

1. Consider dose increase of 30% in view of pain.
2. Prescribe PRN doses of morphine, *refer to calculation box •*
3. To convert from oral morphine to subcut, via syringe driver *refer to calculation box **
4. Assess and review. If pain persists contact your Specialist Palliative Care Service for further advice.

NO

1. If no Contraindications, prescribe & administer morphine 2.5mg – 5mg 4hrly subcut PRN.
2. Review medication. If three or more PRN doses required, then consider continuous infusion or morphine via syringe driver.
3. If pain persists refer to "Yes" box.

PATIENT'S PAIN IS CONTROLLED

Is patient already taking oral morphine?
(If already taking alternative opioid, contact your Specialist Palliative Care Service for advice about conversion.)

YES

1. Prescribe PRN doses of morphine, refer to calculation box •
2. To convert from oral morphine to subcut morphine, via syringe driver refer to calculation box *
3. If pain not controlled refer to 'patient is in pain'.

NO

1. If no contraindications, prescribe morphine 2.5mg – 5mg 4hrly subcut PRN.
2. If pain occurs refer to 'patient is in pain' box.

BINDING MARGIN – NO WRITING

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 **24 hour dose** 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.

PATIENT ID LABEL

For those with Renal Impairment (eGFR≤30)

PAIN

PATIENT IS IN PAIN

Is patient already taking oral opioids?

YES

If patient is already taking strong opioids.
Contact your Specialist Palliative Care Service for advice about choice of opioid.

NO

1. Fentanyl 25 micrograms subcut 2hrly PRN.
2. If three or more doses are required over 24 hours consider starting a syringe driver of fentanyl.
3. Fentanyl 100-250 micrograms in a syringe driver over 24 hours, PRN dose should be 1/8th of the 24hr dose.

EXAMPLE

100 micrograms/24hrs give 12.5 micrograms 1-2 hourly PRN.

200 micrograms/24hrs give 25 micrograms 1-2 hourly PRN.

PATIENT'S PAIN IS CONTROLLED

Is patient already taking oral opioids?

YES

If patient is already taking strong opioids.
Contact your Specialist Palliative Care Service for advice about choice of opioid.

NO

1. Fentanyl 25 micrograms subcut 2hrly PRN.
2. If three or more doses are required over 24 hours consider starting a syringe driver of fentanyl.
3. Fentanyl 100-250 micrograms in a syringe driver over 24 hours, PRN dose should be 1/8th of the 24hr dose.

EXAMPLE

100 micrograms/24hrs give 12.5 micrograms 1-2 hourly PRN.

200 micrograms/24hrs give 25 micrograms 1-2 hourly PRN.

BINDING MARGIN - NO WRITING

NB:
s/c (subcutaneous)
PRN (as required)

Supporting Information

- 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.

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.