rowcroft hospice

NHS
Torbay and South Devon
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TOP TIPS for prescribing opioids at end of life

- Use the lowest dose needed to achieve symptom control. Be prepared to adjust the dose up or down according to symptom relief and side effects. Review the patient regularly.

- Opioids are good for relief of pain and breathlessness, but should not be used for sedation.

- Always check conversion doses, especially when using unfamiliar opioids. It is usually helpful to calculate the equivalent oral morphine dose and continue from there.

- In opioid naïve patients, start with a subcutaneous syringe pump (SCSP) dose of morphine 10-15mg/24hrs (use lower doses for elderly, frail patients).

- In opioid naïve patients, consider adding in an antiemetic to the SCSP regime. Nausea and vomiting is a common initial undesirable effect of opioids.

- For patients already using opioids calculate their equivalent SCSP opioid dose. Consider factoring in an increase if the patient's pain is not controlled.

- It is usual to continue with transdermal Fentanyl/Buprenorphine patches using the SCSP to add easily adjustable doses of opioids/medications.

- When adjusting the 24-hour dose of opioid, PRN use should be taken into account; dose increases should not exceed 1/3rd - 1/2 of total dose every 24hrs.

- Prescribe a PRN SC dose equivalent up to 1/6th of the 24hr dose. It may be helpful to prescribe a range:

  e.g. morphine 60mg/24hrs via SCSP,
  morphine 5-10mg SC PRN

Clarify permitted frequency (generally 2-4 hourly PRN but can be 1 hourly PRN when pain severe, or in the last few days of life).

- Do not forget to include the equivalent dose of transdermal patch PLUS the SCSP opioid dose when calculating PRN SC opioid dose:

E.g. fentanyl patch 25mcg/hour (approx. 60-90mg oral morphine/24hrs) + SCSP morphine 15mg/24hrs (approx. 30mg oral morphine/24hrs)
=
total oral morphine 90-120mg/24hrs = total SC morphine 45-60mg/24hrs.
Therefore, PRN SC morphine dose range = 5-10mg

- For patients in the community setting, it may be helpful to prescribe a dose range for the 24hr SCSP regime. Provide clear instructions on indication(s) for increasing the dose with suitable dose increments:

E.g. Morphine 60-100mg/24hrs. "Increase in increments of 10-20mg, depending on PRN use, if pain not controlled. Do not increase more frequently than every 24hrs".

- For patients with renal failure please see your local prescribing guidance and/or seek specialist advice

For more detailed guidance refer to Torbay and South Devon Care of the Dying Resources (includes information about symptom control, use of syringe pumps, prescribing in renal impairment and patient information):

https://www.rowcrofthospice.org.uk/how-we-can-help/referrals-access-services/clinical-resources/

Consultants in Palliative Medicine, Torbay and South Devon NHS Foundation Trust/Rowcroft Hospice
GP Facilitator in Palliative Care, South Devon and Torbay.
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