

# The Management of Pain with MORPHINE in the Last Few Days of Life

Is the patient in pain?

No

Yes

Is the patient prescribed regular oral morphine?

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No

Yes

No

Yes

- **Prescribe in anticipation of the symptom developing:**
- Morphine 2.5-5mg by subcutaneous injection as required
- **If symptom develops, follow guidelines as for a patient who has pain**

- To convert a patient from oral morphine to a subcutaneous infusion of morphine, divide the total daily dose of oral morphine by 2 (50%)  
*[e.g. If a patient is taking 60mg oral morphine daily, (e.g. MST, Zomorph or Morphgesic 30mg 12hrly) start a subcutaneous infusion of 30mg morphine via syringe driver over 24 hours]*
- Prescribe prn morphine at one sixth of the 24 hour dose as required  
*[e.g. A patient prescribed a subcutaneous infusion of 30mg morphine via syringe driver over 24 hours requires 5mg morphine by subcutaneous injection]*
- If two or more breakthrough doses of morphine have been given in a 24 hour period, increase the total daily dose in the syringe driver by the equivalent amount and recalculate the new breakthrough dose of morphine as previously described

- Prescribe morphine 2.5-5mg by subcutaneous injection as required
- After 24 hours, review medication
- If two or more prn doses have been given, consider a syringe driver

- Assuming absorption is not impaired, the current morphine dose is insufficient to control symptoms
- To convert to a subcutaneous infusion of morphine divide the total daily dose of oral morphine by 2 (50%), and then increase this dose by 30%; this will result in an appropriate increase in analgesic  
*[e.g. 60mg oral morphine over 24 hours (MST, Zomorph or Morphgesic 30mg 12hrly) converts to a subcutaneous infusion of 40mg morphine via a syringe driver over 24 hours]*
- Prescribe prn morphine at one sixth of the 24 hour dose as required  
*[e.g. A patient prescribed a subcutaneous infusion of 30mg morphine via syringe driver over 24 hours requires 5mg morphine by subcutaneous injection]*
- Give a stat dose of morphine (one sixth of the total daily dose) whilst the syringe driver is being set up

Patients who have not taken an opiate before should be prescribed haloperidol 1.5mg prn s/cut as an anti-emetic

### Supportive Information

- Patients who are uncomfortable because of stiffness and those not previously on opioids consider rectal diclofenac (available in 50mg or 100mg)
- Although the appropriate dose of morphine is not weight related lower starting doses (i.e. 2.5mg stat) should be used in patients that are elderly, cachectic or have dementia. Those patients with renal impairment should also start at the lower dose in a range.
- Morphine is the sc medication of first choice. For patients on very high doses (>500mg/24hr sc) diamorphine might be required: seek specialist advice.
- To convert oral morphine to subcutaneous diamorphine, divide the oral morphine dose by 3.

If symptoms persist for more than 24 hours or for further advice, contact Cynthia Spencer Hospice (01604) 678031 or Cransley Hospice (01536) 494605