

## **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  $1/3^{\text{rd}}$  -  $1/2$  of total dose every 24hrs.
- Prescribe a PRN SC dose equivalent up to  $1/6^{\text{th}}$  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)

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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

## Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

<b>Policy Title</b> (and number)	<b>Community authorization form for syringe pumps (including guidance from South and West Devon formulary)</b>	<b>Version and Date</b>	Version 4, 02.03.2020
<b>Policy Author</b>	Dr Sarah Human, Consultant in Palliative Medicine		
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
<b>Could the policy treat people from protected groups less favourably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
<b>Who was consulted when drafting this policy?</b>			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input checked="" type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
<b>What were the recommendations/suggestions?</b>			
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			

<b>Name of person completing the form</b>	<b>Signature</b>
<b>Validated by (line manager)</b>	<b>Signature</b>

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdhct@nhs.net](mailto:pfd.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

## **Clinical and Non-Clinical Policies – Data Protection**

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☒

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.