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 regimen. 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

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