

# Warning

## Higher strength morphine ampoules for palliative care use only

- Check the dose carefully
- Check the drug strength in the ampoule carefully
- Check the route of administration
- If in doubt **STOP** and get advice (palliative care books are in the CHOC base)
- palliative care drugs are available in the CHOC car boot (non controlled palliative care drugs, prescribing guidance and syringe driver)
- Further information is available 24 hours a day on <http://www.gp-palliativecare.co.uk/>

### PRESCRIBING STRONG OPIOIDS FOR A SYRINGE DRIVER:

**Step ONE:** calculate the 24 hour oral morphine dose in mg.

**Step TWO:** divide by **TWO** to get **24 h morphine dose SC**

**OR:** divide by **THREE** to get **24h diamorphine dose SC**

**Step THREE:** prescribe **ONE SIXTH** of the 24 h SC dose to give SC prn for pain.

## PRESCRIBING AT THE END OF LIFE: THE CORE FOUR DRUGS

CORE FOUR Indications in the last days of life	CORE FOUR drugs for the last days of life
<b>Pain or emergency</b>	Rx Morphine sulphate injection 5-10mg or one sixth of the current 24 hour SC morphine requirement
<b>Nausea/vomiting</b>	Rx Cyclizine injection 50mg SC ( <i>or</i> haloperidol 2.5 mg if heart failure)
<b>Excess secretions</b>	Rx Hyoscine hydrobromide injection 0.4mg SC
<b>Agitation/ restlessness</b>	Rx Midazolam injection 2.5-5mg SC

**If a patient is in pain, a 30-50% increment in the morphine (or diamorphine) dose is safe and defensible.**

**If the patient has a fentanyl patch LEAVE THE PATCH ON. The dose is written on the patch. Give any ADDITIONAL analgesia as per the table:**

Fentanyl patch strength mcg/hr	<b>Morphine</b> mg/24 hrs S/C	<b>Morphine</b> mg/4 hrs S/C for breakthrough pain
25	10 - 20	5 - 10
50	30- 40	10-15
75	40-60	10-20
100	60-90	15-30
200	90-180	30-60

For additional advice [click here](#).