

Differentiate between dyspnoea, respiratory tract secretions and laboured breathing

DYSPNOEA

PRESENT

Is patient already taking oral morphine for breathlessness?

Yes

No

ABSENT

Anticipatory

Is patient already taking oral morphine?

Yes

No

2. Assess, if still dyspnoeic, consider adjusting morphine dose and/or administering via syringe driver

If dyspnoeic **and** anxious:

Consider adding Midazolam 2.5mg–5mg S/C PRN hourly.

Consider continuous infusion of Midazolam 5–15mg via Syringe Driver (lower dose for age and frailty).

Prescribe appropriate PRN Morphine dose for pain and dyspnoea.

Prescribe Morphine 2.5mg–5mg S/C PRN hourly for dyspnoea.

3. If dyspnoea persists contact your Specialist Palliative Care Service for further advice.

NB:

Nozinan
 (Levomepromazine)
 S/C (Subcutaneous)
 PRN (as required)

MORPHINE CALCULATIONS

- (a) To convert from oral morphine to S/C morphine halve the oral dose
- (b) To convert from oral morphine to morphine S/C via syringe driver, halve the total 24 hour dose of oral morphine. e.g. 60 mg oral morphine over 24 hours = 30 mg of S/C morphine over 24 hours.
- (c) PRN doses of morphine should be one-sixth of the 24 hour dose in the syringe driver e.g. morphine 30 mg S/C via a syringe driver will require 5mg morphine S/C PRN hourly.