

# PAIN

## PATIENT IS IN PAIN

Assess and review cause of pain

**Is patient already taking oral morphine?**  
 (If already taking alternative opioid, contact your Specialist Palliative Care Service for advice)

**YES**

**NO**

1. Consider dose increase of 30% of total previous 24hr doses.
2. Prescribe PRN doses of morphine; refer to calculation box (a).
3. To convert from oral morphine to S/C, via syringe driver; refer to calculation box (b).
4. Assess and review. If pain persists contact your Specialist Palliative Care Service for further advice.

1. If no contraindications, prescribe & administer Morphine 2.5mg–5mg hourly S/C PRN.
2. Review medication after 24hrs. If three or more PRN doses required, then consider morphine via syringe driver.
3. If pain persists refer to "Yes" box.

## PATIENT'S PAIN IS CONTROLLED

**Is patient already taking oral morphine?**  
 (If already taking alternative opioid, contact your Specialist Palliative Care Service for advice)

**YES**

**NO**

1. Prescribe PRN doses of morphine; refer to calculation box (a).
2. To convert from oral morphine to S/C morphine, via syringe driver refer to calculation box (b).
3. If pain not controlled refer to 'patient is in pain'.

1. If no contraindications, prescribe Morphine 2.5mg–5mg hourly S/C PRN.
2. If pain occurs refer to 'patient is in pain'

**NB:**  
 S/C (Subcutaneous)  
 PRN (as required)

## MORPHINE CALCULATIONS

- (a) PRN doses of morphine should be one-sixth of the 24 hour dose e.g. morphine 30 mg/24hrs via a syringe driver will require 5 mg morphine S/C PRN hrly
- (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).

**Please note: If you require further advice at any time 24hrs a day, 7 days a week please contact your Specialist Palliative Care Service**