

CHECKLIST FOR THE PRESCRIPTION OF MORPHINE FOR CHRONIC PAIN

1. **Have I prescribed the right dose?**

There is no 'standard' dose of oral morphine. The dose ranges from 2.5mg 4-hourly to 50mg 4-hourly (sometimes more). Most patients need less than 30mg 4-hourly. The oral route should be used wherever possible.

Start with 5-10mg morphine 4-hourly and increase every 24 hours until the pain is **AT LEAST** 90% controlled. (Or limited by morphine related side effects such as excessive sedation, hallucinations, myoclonic jerks)

Typical dose increments :-

10>15>20>30>40>60>80>100>120>160>200mg

2. **Have I prescribed a regular 4-hourly dose?**

3. **Have I remembered A-B-C?**

Anti-emetic
Breakthrough pain, and
Constipation

Have I prescribed 50-100% of the regular 4-hourly dose to be used prn for breakthrough pain?

Have I prescribed a laxative?
(Co-danthramer or Co-danthrusate are suitable)

Typical doses	Co-danthramer	Co-danthrusate caps
10mg morphine 4-hourly	5mls	2
30mg morphine 4-hourly	10mls	4
90mg morphine 4-hourly	15mls	6

(Start low and titrate up)

4. **Have I prescribed a double dose at 10.00pm to avoid waking this patient at 2.00am?**

Safe for morphine doses up to 40mg 4-hourly.

5. **Have I prescribed an antiemetic prn?**
Haloperidol 1.5 – 3mg daily is suitable.

6. Review this patient every 24 hours (at least) to adjust the dose.
7. Once this patient is stable, convert to MST 12-hourly.
8. If oral medication is contraindicated for this patient, use subcutaneous diamorphine (one third oral morphine dose).

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