



A program of Choices Healthcare

## Opioids for Symptom Management

The focus of hospice care is quality of life and the relief of symptoms for the patient. Hospice prescribes different types of medications and opioids depending on the disease process, kidney function, age, and type or severity of pain. Morphine is most prescribed for pain or shortness of breath.

Morphine and opioids have been in the news a lot. The word morphine scares many people. They fear the hospice patient will get addicted to morphine or that it makes them stop breathing and hastens their death. These myths can get in the way of good symptom management. If you share these fears, you are not alone, this is a common experience. It is important to remember that any opioid when used for the intended purpose such as pain or shortness of breath, and when the dose is adjusted appropriately, will not cause death or lead to addiction.

When first starting morphine or another opioid, one of the side effects is increased sleepiness. This increased sleepiness is usually temporary, lasting about 2-3 days. The patient will nap more. Often, pain has been disrupting sleep for a while. Once the patient catches up on their sleep and adjusts to the new medication, they will return to a more normal sleep pattern for them.

Another common side effect is constipation. The nurse will work with you to help manage this, following orders and starting a scheduled laxative at the same time the opioid is initiated.

Concentrated liquid morphine is frequently prescribed for hospice patients for alleviating pain and shortness of breath because it is effective and easy to administer, it's easy to adjust the dose, and the doses are so small the patient can take it without having to really swallow it. Unless there is a pain or breathing crisis we always start with the lowest dose of morphine and increase slowly. You may hear the nurse say, "We start low and go slow." The typical starting dose is three to five milligrams which is just drops. This is a very small dose. For a frame of reference, five milligrams of morphine + one Tylenol tablet equals one Norco or Percocet tablet. You likely know someone who has taken Norco or Percocet after an outpatient surgical procedure and tolerated it well.

Pain that is present constantly or frequently throughout the day is best managed by around-the-clock dosing. Medication is usually prescribed to be taken on a specific 24-hour schedule to achieve adequate pain control. With this type of pain, it is better to continue the medication, even if the pain "appears to be gone" because when medication is taken only at the time of actual pain, it is harder to manage and stay ahead of it. It is important to take the medication as prescribed and not to skip doses to avoid the pain starting up again.

Even with around-the-clock dosing of pain medication, sometimes pain breaks through the "blockade" the scheduled medication provides. The patient will also have pain medication prescribed "as needed" for these occasions. This can be given in addition to the scheduled medication.

If pain is severe, you may need to give more than one dose of the "as needed" medication. Reassess pain one hour after you have given an "as-needed dose." You may need to give a second dose in the

timeframe prescribed. Call your Hospice team if the medication is not effective and you are not seeing any improvement ½ hour after giving the second dose. You may need to reassess and give a third dose. Keep the Hospice team updated. If the pain is still not well managed, a short stay in the Inpatient Center may be recommended.

It is very important to keep a record of when pain medication was given and how many “as needed” doses are required, in addition to the scheduled doses, for the patient to be comfortable. The nurse will review your records when they visit and will use this information to determine when the medication dose needs to be adjusted.

Remember, the goal of pain management is to stay ahead of the pain rather than wait for it to happen before treating it. Pain should be treated early, do not wait until it is severe. If medication is not taken as scheduled, and the patient waits until the pain returns or becomes worse, it may take longer to manage the pain.

### *Opioid safety*

- Your nurse will review your medications and keep the paper medication list up to date with the current medications and doses. They will also count your medications and get refills.
- When receiving a refill or new prescription check the label on the bottle, even if it is a medication the patient has been on for a while to make sure nothing has changed. The clinical support team will always call and notify the caregiver if a new strength of medication will be delivered to the home.
- Keep medications in a secure place where children, pets, and visitors can't get to them. Out of reach and out of sight. Alert Hospice staff with any concerns and additional safety measures, like a lockbox, may be put in place.
- Store medications in the original, labeled containers. Most medication can be stored in a cool, dry place away from high heat and humidity. Check the label for any special storage instructions.
- Close the medicine caps tightly and put the medicine away after every use. You will know exactly where they are when you need to give the patient a dose urgently.
- After giving meds, check the floor, under the bed, or furniture for dropped medication.
- Read and follow instructions for each medication.
- Do not change the dose unless instructed to do so.
- Because medications are prescribed based on specific symptoms and medical history, never let the patient take medications ordered for someone else.

Our goal is to get the patient's pain or shortness of breath managed and for you to feel confident in your role of administering medication. When a patient's symptoms are well managed, their quality of life significantly improves. They sleep better, move more easily, interact with their loved ones, and breathe easier. We all want their symptoms well managed so they can enjoy their last days, weeks, or months of life.

Remember, you are not alone. If you are unsure or have questions, give us a call at our 24-hour number (877) 506-0149. A hospice team member is available by phone 24 hours a day.