Guideline for Parenteral Opioid Use in End-of-life Care

- Assess patient for indicators of pain / dyspnea. (See Assessment)
- Evaluate administered medications to determine previous opioid exposure (previous 24 hours)

**Opioid Naive:**
Patient who has NOT received at least 60 mg of oral morphine (or an equivalent dose of other opioid) per 24 hours for the previous 7 or more days.

**Opioid Tolerant:**
Patients receiving the equivalent of ≥ 60 mg of oral morphine (or an equivalent dose of another opioid) per 24 hours for the previous 7 or more days.

- Continue any chronic, scheduled opioid therapy
- Order appropriate dose of PO/SL opioid (equivalent to 10-20% of total daily opioid use) q4-6 PRN for breakthrough pain/dyspnea.
- Enteral opioid therapy not covered in this guideline. Please call Palliative Medicine with further questions regarding the care of your patient

**Pain / dyspnea adequately controlled?**

- Yes
- No

**Initiate order for morphine 2-6 mg IVP/SC (or hydromorphone 0.25-0.5 mg) q15 mins PRN pain or dyspnea in anticipation of symptoms during the dying process OR Continue previously established safe/ effective dose of morphine or hydromorphone IVP/SC q15 mins PRN pain/dyspnea

**If no current opioids, administer morphine 2-6 mg (or hydromorphone 0.25-0.5 mg) IVP OR Increase current IVP/SC opioid to effective dose

**Monitor for increased sedation or respiratory depression secondary to opioids
- Decrease continuous infusion by 25-50% if patient is oversedated or has respiratory depression out of proportion to physiologic decline

**Palliative Care consult recommended

- Yes
- No

**Patient currently receiving a continuous opioid infusion?**

- Yes
- No

**Order appropriate dose of opioid (equivalent to 100-200% of hourly infusion rate) IVP q15 mins PRN for breakthrough pain/dyspnea.

**Replace any chronic, scheduled (non-PRN) opioid therapy with an equianalgesic dose of IV or SC opioids (see infusion rate calculator)

**Can the patient swallow?**

- Yes
- No

**At least 1 breakthrough dose needed every hour for 4 consecutive hours?**

- Yes
- No

**Evaluate previous 8 hrs of breakthrough opioid usage for potential rate increases (previous 4 hrs for fentanyl)

### Recommendations

- Opioid dose increases are based on severity of pain / dyspnea
- Mild-moderate pain / dyspnea: increase dose of current opioid 25 – 50%
- Moderate- severe pain / dyspnea: increase dose of current opioid 50-100%
- Reassess 15 mins after admin of IVP dose
- Increase IVP/dose every 15 mins if dose not effective

- If the patient continues to have signs of discomfort after 2-4 doses of IVP (breakthrough) opioids explore other causes (delirium). Consider a Palliative Care consult.

- If considering increasing infusion rate by greater than 100%, recommend consulting Palliative Care.

### Choosing an Opioid:

- Avoid morphine if the patient has renal insufficiency, previous adverse reactions to morphine, or an allergy to structurally similar opioids. Consult Palliative Medicine.

### Steady State Levels

- Steady state levels of morphine or hydromorphone will not be achieved for 8-12 hrs following an IV infusion rate increase (steady state will not be achieved for 4-6 hrs with fentanyl)

- If the patient has been on a morphine or hydromorphone CIV at the same dose for >8 hrs (>4 hrs for fentanyl) AND has required at least 1 breakthrough dose every hour for 4 consecutive hours, consider increasing the infusion rate based on recent opioid use (see infusion rate calculator)

- DO NOT increase the IV infusion rate more frequently than every 8 hrs for morphine or hydromorphone and every 4 hrs for fentanyl!