

# Opioids in Palliative Care – A Patient Information Leaflet

## PAIN RATING FACE SCALE



Name: \_\_\_\_\_

Who to contact and how: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diana, Princess of Wales  
Hospital  
Scarcho Road  
Grimsby  
DN33 2BA  
03033 306999  
[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

Scunthorpe General  
Hospital  
Cliff Gardens  
Scunthorpe  
DN15 7BH  
03033 306999  
[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

Goole & District  
Hospital  
Woodland Avenue  
Goole  
DN14 6RX  
03033 306999  
[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

# Information for patients

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## Introduction

This leaflet explains what **opioids** are and what we think you may want to know about them. There is quite a lot of information here, most of it based on questions our team has been asked over the years. Our leaflet does not replace conversations with your doctor, nurse or pharmacist but reading this may help you decide what questions to ask when you next speak to someone from the team.

## Benefits

Usually the first step to deal with pain is to try simple pain medicine like paracetamol on a regular basis. Sometimes this is combined with a further medicine like ibuprofen. If this is not effective then the next step is generally a stronger pain relief like **co-codamol** or **tramadol**. If your pain is still not well controlled then you may be prescribed a **strong opioid**. This can sound worrying to some people. In this leaflet we explain how opioids are a very useful way of helping you feel more comfortable and with less pain so that you can go about your usual activities.

## Alternatives

Opioid is a word used to describe strong pain relief medication, for example Morphine, Oxycodone, Fentanyl, Buprenorphine. It is a medication used to treat moderate to severe pain. There are many different types and strengths of opioids available. A typically prescribed opioid, like morphine, is usually used in a combination of two forms:

- A long acting (or sustained release form)

and

- A fast acting (immediate release form)

Examples of long acting and fast acting forms of opioids are given in the boxes below. For this leaflet we mainly discuss Morphine, as it is usually the first strong opioid you will be offered.

These are examples of opioids that are **long acting** and **slowly** release into your system:

- MST Continus (Morphine Sulphate Tablets)
- Morphgesic SR
- Zomorph
- Oxycontin
- Fentanyl
- Buprenorphine

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And these are examples of opioids that are **fast acting**:

- Oramorph
- Sevredol
- Oxynorm

Note that some of the long and fast acting medicines sound similar

## What are you taking?

Here is a space to write down your long and fast acting opioid:

Long acting opioid:.....

Fast acting opioid:.....

## Risks

### What are the side effects?

Morphine does have side effects. The most common ones are listed below.

**Constipation:** Nearly everyone taking morphine will get constipated so it is important that anyone taking morphine takes laxatives as well. Constipation is the infrequent and difficult passage of bowel movements. For some people this means they open their bowels every 3 days or even less. The bowel movements can be hard, craggy and pellet like and it can be painful and difficult to pass them. A diet high in fibre is not usually sufficient to prevent morphine related constipation. Taking laxative regularly is very important. If you only take laxatives when you are already constipated, it is a lot more difficult to treat and may require suppositories or enemas. A lot of laxatives that are taken by mouth take a few days to take effect, so taking them regularly acts as 'an insurance' for not getting constipated in 2-3 days' time.

**Sickness (or nausea and vomiting):** Some people will feel sick when they start taking morphine, or even vomit. This is usually a side effect in the first week of treatment and often goes away by itself. However, if you do feel sick, you can be offered medicine to control this.

**Drowsiness:** Many people feel tired or they find they cannot concentrate as well when they first start taking morphine, and / or when the dose is increased. This often wears off after a week of taking the morphine regularly. Occasionally, people feel very drowsy and can rarely hallucinate (see or hear things that are not really there) when they take morphine. Try not to worry about this but it is important that you contact a healthcare professional if this is the case. Also be aware that if your concentration is impaired, you should avoid manual tasks that involve heavy machinery or sharp implements.

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## Frequently Asked Questions

### Can I still drive if I am taking opioids?

Your ability to drive depends on many different factors, including your illness, what other medicines you are taking and what your car insurance company accepts. Use your judgement. For example, do you think you can do an emergency stop and step heavily on the brakes of your car if suddenly required? To ensure that you are covered by your car insurance you will need to tell them of any serious illnesses, failure to do this will mean that you are not covered. If in any doubt it is best to discuss this with your insurer.

With regard to morphine, you may well be able to drive when you have been taking the same dose for five days or more. If you are sleepy or the side effects are bothering you, it is best not to drive until you have spoken to your medical team. Discuss this with your doctor, who can help you make a judgement. If your doctor expresses concern about your fitness to drive, you should contact the DVLA.

There is some more general advice from the DVLA available from the website:

<http://www.dft.gov.uk/dvla/medical/ataglance.aspx>

or via their helpline: Tel 0300 790 6801

### How and when do I take Morphine?

Your doctor, nurse or pharmacist will explain how to take your medication. You will usually be given one or two options. Both options are used to work out the correct dose of medication specifically for you. This process is sometimes called titration.

The first option is a fast acting (or immediate release) medicine which is often prescribed in a liquid form called **Oramorph** (the tablet form is called **Sevredol**). This **fast acting morphine** is taken by mouth (or if you have a tube leading to your stomach then the liquid form is given via that tube). It starts working quickly, after about 15-20 minutes. It wears off after about 4 hours. Your doctor may suggest you can take this regularly every one to two hours **ONLY IF NEEDED**. You will be told the dose to take. It is important to write down the time and the amount taken every time you need to take a dose to allow the team to calculate the amount of long acting morphine you will need.

The second option is a long acting form of morphine (so called sustained release). An example is Morphine Sulphate Tablets (MST), often abbreviated to 'MST'. They are also taken by mouth. They contain a substance that ensures the Morphine is released slowly and it is steadily absorbed over 12 hours and therefore helps to prevent ongoing pain. Long acting medication is usually taken twice a day, for example at 10am in the morning and 10pm at night. In addition to this long acting morphine, you should be given a fast acting version like **Oramorph** or **Sevredol** (for when the pain is bad despite the MST) as a rescue or breakthrough medication. Doctors and nurses use the term 'breakthrough pain' to describe occasional, unpredictable pain that occurs despite being on regular pain relief. Medication taken to manage this pain is called 'rescue' medication.

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### Can I use 'long acting' and 'fast acting' Morphine preparations together?

Yes. The MST aims to prevent your pain and is long acting, the oramorph (or sevredol) is taken when needed, when the pain is bad, even if you are already on MST. Long acting medicine makes sure the medication is released slowly and gradually into your body over a certain period of time. MST lasts for about 12 hours.

**To help the team work out the correct dose of long and short acting medication for you, you will be asked to keep a diary. There is a sample of a diary for you to use at the end of this leaflet. Take a moment to look at this example:**

DATE	TIME	DRUG AND DOSE
12 <sup>th</sup> Jan	10am	MST 30mg
12 <sup>th</sup> Jan	2.30pm	Oramorph 5mg
12 <sup>th</sup> Jan	4pm	Oramorph 5mg
12 <sup>th</sup> Jan	10pm	MST 30mg
13 <sup>th</sup> Jan	3.15am	Oramorph 5mg

### Why does the doctor keep increasing my dose of morphine?

Different people need different doses of pain relief medication. It is therefore not possible to say what dose you may need from the outset. This means that the doctors and nurses will work with you to work out the right dose of opioid for you. Keeping a diary will help you and your doctor. Being on a higher dose does not mean you are more ill. There is a lot of difference between people and the way they absorb and process this medication. It is also important to note that the dose of morphine can also be reduced if your pain levels fall.

How many doses of 'rescue' (also called 'breakthrough' or 'as needed' medication) fast acting morphine can I take?

Often people need one or two doses of the fast acting 'rescue doses' of morphine over a 24 hour period in addition to their regular morphine. If you need to take three or more extra doses, please to take them but you should also let the team know. This is because your regular morphine dose may not be sufficient and may need to be reviewed. Keeping a diary of the extra doses needed, will be very useful for the doctor or nurse looking after you.

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### **Can I take opioids with other medication?**

Yes, morphine does not usually cause problems with your other, regular medication. In fact, it is often prescribed in addition to other pain medicines such as regular paracetamol or ibuprofen. They work in different ways to help reduce your pain. If you are on codeine your doctor or nurse may decide to switch you to morphine and stop the codeine. This is because codeine and morphine are very similar and taking both may not be beneficial to your pain.

### **Does morphine always work for pain?**

Although it is a strong pain relieving medicine, it does not work for all types of pain. Other treatments may be needed and if you have tried morphine and it has not worked, your doctor can discuss other options with you. The local palliative care team, who are specialists in the control of pain, will be able to guide your treatment.

### **What if morphine works for pain, but has a lot of side effects?**

There are a number of other medications, similar to morphine, available. Your doctor or nurse may suggest stopping morphine and trying other medications like oxycodone, buprenorphine or fentanyl.

### **Who will keep a check on the morphine?**

The doctor or palliative care team that has first prescribed the morphine should give you information about follow up. Usually, in the initial phases of taking morphine, you will be reviewed frequently by your GP, oncologist or specialist palliative care team to establish the right dose for you. Ask your doctor or nurse about follow up if you are unsure. It is helpful to keep a record of your key professionals and your GP should always be informed about medication changes.

### **What if something goes wrong outside normal working hours, when my usual team is not around?**

If you are in hospital, call the nurse and explain what you are experiencing. If you are at home, contact the Out of Hours GP service by dialing 111.

If you or your family or carer(s) is worried there is something seriously wrong, you must call 999 straight away.

It is worth writing all these local contact numbers down and keeping them close at hand, either by the land line or in your mobile phone.

# Information for patients

Your GP:  
.....

Your Community District Nursing Service:  
Day:.....  
Night:.....

GP Out of Hours:  
.....111.....

Community Palliative Care Team:  
03033306937 0830 – 1630 daily

Hospice:  
01724 270835.....

Other:  
.....  
.....  
.....  
.....

## Can I drink alcohol?

Yes, you can drink small amounts (1-2) units per day but you may find it makes you more sleepy and some people find it has a stronger effect on them.

## How do I store morphine?

You should store morphine safely, in a cool, dark place. Make sure it is well out of reach of children, vulnerable adults and pets.

## Other opioid medicines

Most people find morphine suits them well. However, other strong pain medicines may suit a few people better. It is difficult to predict from the outset who will get side effects from morphine. Here are some alternatives that doctors may offer you:

**Oxycodone:** This comes in similar long acting and short acting medicines to morphine. They are used in the same way. They are usually taken as tablets or liquids.

**Fentanyl and buprenorphine:** These come in the form of a patch (or plaster) that sticks to your skin, which is useful for people who cannot swallow normally. These patches, depending on their type, are changed every few days. There are also short acting preparations of fentanyl for breakthrough pain. These include tablets that dissolve under the tongue or on the inside of your cheeks, a mouth lozenge and a nose spray.



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## References

This leaflet has been written with the guidelines on strong opioids from the UK's National Institute of Clinical Excellence (NICE) in mind. You can find more information on their website:

[www.nice.org.uk/cg140](http://www.nice.org.uk/cg140)

## Contact Details for Further Information

Macmillan Palliative Care Team

## Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at [nlg-tr.interpreters@nhs.net](mailto:nlg-tr.interpreters@nhs.net)

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