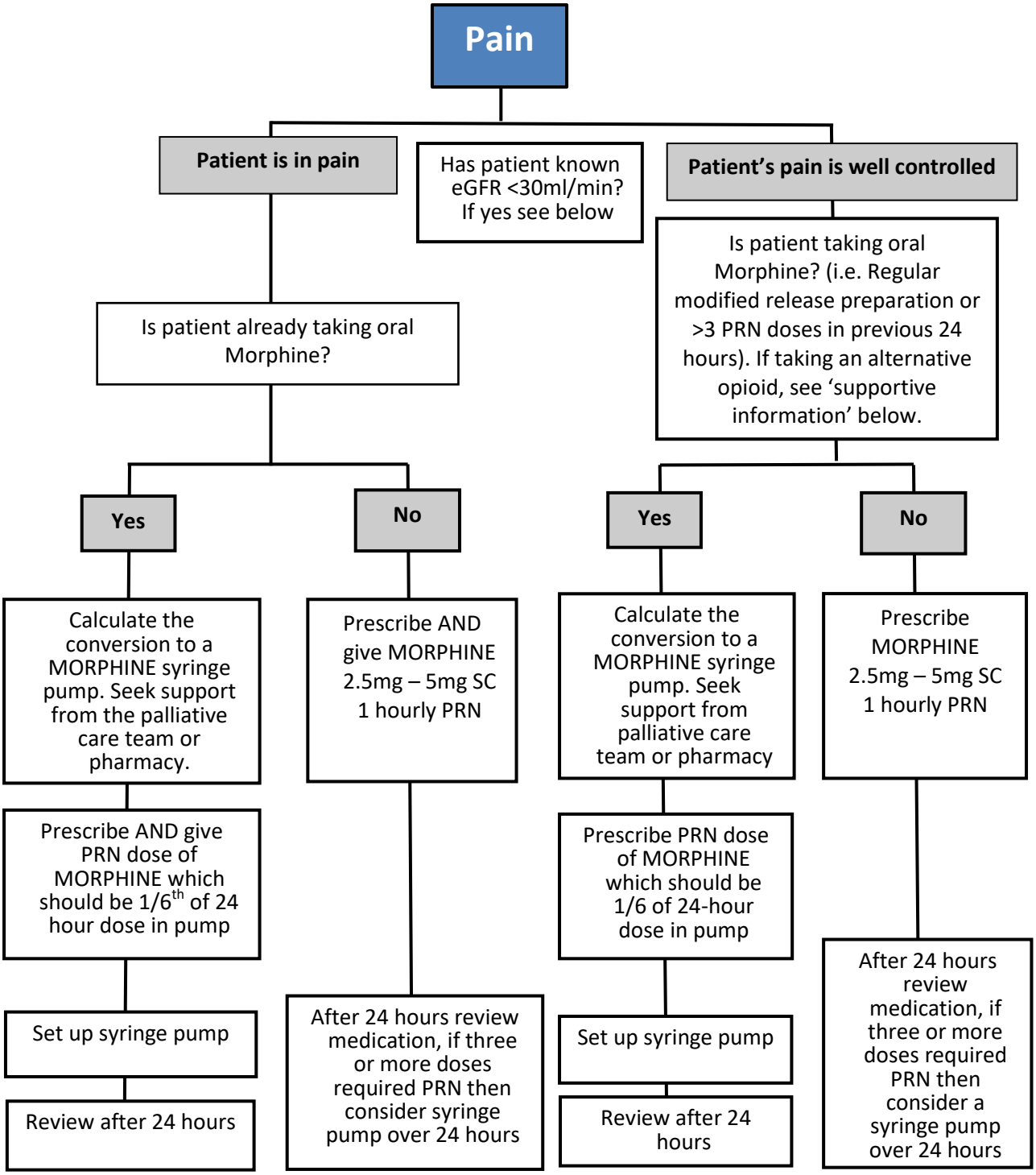
Managing pain

General considerations for managing pain

- Consider non pharmacological management of pain in a person in the last days of life.
- Be aware that not all people in the last days of life experience pain.
    - If pain is identified, manage it promptly and effectively, and treat any reversible causes of pain, such as urinary retention.
- Assess the dying person's level of pain and assess for all possible causes when making prescribing decisions for managing pain.
- Follow the principles of pain management used at other times when caring for people in the last days of life, for example, matching the medicine to the severity of pain and, when possible, using the dying person's preferences for how it is given.
- Discuss the benefits, harms/risks and burdens of any medications offered.
- For a person who is unable to effectively explain that they are in pain, for example someone with dementia or learning disabilities, use the Abbey Pain Scale.
- Review frequency of 'when required' medication and utilise the 'Symptom Observation Chart for the Dying Person' as part of the assessment of medication benefit.



Developed by: Fiona Rees
Reviewed by Dr T Constandinou, Dr A Hiersche
Approved by: Palliative care Team

Date Developed: Nov 2018
Review date: July 2019
Next review: July 2021

Supportive information

Issue	Suggestions
If the patient is already **on a fentanyl or buprenorphine patch**	• Leave the patch in place and manage any additional pain using PRN doses and/or a syringe pump • Make sure an appropriate breakthrough dose of s/c morphine is prescribed, taking the patch into consideration
If the patient is **already on an alternative strong opioid** e.g. oxycodone	• Convert the total 24hr dose to the subcutaneous route (equivalent doses of opioids can be found in BNF> Prescribing in palliative care section or in PANG) • Contact the Specialist Palliative Care Team, Ward Pharmacist OR Pharmacy for further advice & support if needed
Patients with known **end stage renal failure (eGFR <15mL/min)** should not have a syringe pump with morphine	• Seek specialist advice regarding appropriate management plan. • General guidance if opioid naïve: o 1st line = oxycodone 1.25 – 2.5mg SC 4 - 6 hourly PRN. o 2nd line = Contact palliative care team • After 24hrs review medication, if three or more doses required PRN then consider switch to a syringe pump wit the appropriate dose of alfentanil over 24hours.
If **morphine dose in syringe pump is over 60 mg**	• Consider switching to diamorphine if stock available.

References:

Care of dying adults in the last days of life NICE guidelines (NG31) Published date: December 2015
PANG 4th edition