

# Palliative Care Morphine Initiation and Dose Titration Guide



## Start with SHORT-acting morphine....

What to use	RA Morph® liquid or Sevredol® (Prescribe by brand name)
Suggested dose	2.5 - 5mg every four hours <sup>1</sup>

## Titrate up short-acting morphine dose as needed....

Suggested dose	↑ dose by 30 - 50% every four hours until effective dose is reached <sup>2</sup>
Example	5mg → 7.5mg → 10mg → 15mg



Once patient has been on stable regimen of short-acting morphine for 2- 3 days



## Change to LONG-acting morphine....

What to use	LA Morph® or M-Eslon® (Prescribe by brand name)
Dose conversion	Add up the total daily dose of short-acting morphine. Divide by two and give as 12 hourly long-acting dose.
Example	20mg (short-acting) every four hours = 120mg/day Give as 60mg (long acting) every 12 hours

ALSO - add PRN dose of SHORT-acting morphine for any breakthrough pain

Breakthrough dose calculation	Use one sixth of the total daily morphine dose.
Example	If patient is on regular 60mg every 12 hours = 120mg/day morphine Give 20mg short-acting morphine for breakthrough pain <sup>3</sup> <b>Do not use long-acting morphine for breakthrough pain</b>



## INCREASE LONG-acting dose if patient requires several 'breakthrough pain' doses

Dose calculation	Add up total breakthrough doses needed in 24 hours, divide by two and add to each twelve hourly regular morphine long-acting dose
Example	Patient currently on 60mg (long-acting) every 12 hours Patient also needed three 20mg (= 60mg) short-acting doses per 24 hours Add 30mg to each long-acting dose → 90mg (long-acting) every 12 hours <b>Remember to increase next breakthrough dose too</b>



## If patient needs to be changed to a morphine subcutaneous syringe driver....

Dose calculation	Use half of total daily morphine oral dose (refer to BPAC Guidelines for more information about syringe drivers and dose adjustments)
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### Notes

- 1) Dose for opioid naive patients. Elderly, renally impaired, very cachectic patients usually start with 2.5mg every four hours.
- 2) As the dose increases the incremental dose increase should be closer to 30% than 50%.
- 3) If there is no response to the breakthrough dose after one hour then it can be repeated. The next regular (long-acting) dose can be taken at the normal time without waiting for the breakthrough dose to wear off.

**Other ►** All patients on regular morphine should be prescribed a **combination** laxative (stool softener and stimulant).

**Important:** The information contained herein is intended solely to assist clinicians with the management of palliative care patients. It is not intended to replace the consultation process of clinicians with their patients. Clinicians must consider current best practice when making clinical decisions with each individual patient at all times.