

Learning Portal Lite: Palliative care

This is a one-page summary; see the [full version online](#)

As a pharmacist you may be asked to advise on the use of medicines for patients receiving palliative care such as those living with cancer, organ failure or a neurological diagnosis. Clinical problems may range from managing side effects to resolving administration issues.

The WHO pain ladder

The WHO pain ladder divides analgesics into three groups:

- **Non-opioids** are essentially NSAIDs and paracetamol
- **Opioids** range from *weak* ones (e.g. codeine, dihydrocodeine) to *strong* (e.g. morphine)
- **Adjuvants** help to relieve pain in certain specific circumstances (e.g. dexamethasone)

Patients should start on the step of the ladder most appropriate to their level of pain. If a drug fails to relieve the pain, patients should move up one step rather than across the ladder. Consider the additional use of adjuvants at all steps, and continue with regular paracetamol and NSAIDs at each step if effective and safe.

Opioids for pain

Often patients are initially managed on a regular dose of an immediate-release morphine product every four hours. When pain control is stable, they are then switched to a modified-release (MR) formulation that is usually given twice daily. The initial dose of MR morphine can be calculated by adding up the total amount of oral morphine over 24 hours. This includes regular four hourly doses plus any 'when required' doses for breakthrough pain.

Syringe drivers

A syringe driver is a small pump that administers drugs subcutaneously by continuous infusion, usually over 24 hours. They are indicated when other routes become inappropriate or difficult. Morphine, midazolam and cyclizine are common examples of drugs given in this way, but not all medicines are suitable to be administered via a syringe driver.

Questions to ask

The questions you need to ask will depend on the type of clinical problem:

- If you are asked about **symptom control** then the indication may be obvious, but ask about the likely cause, and establish what the patient has tried already. You will also need to ask about drug and medical history, and what routes are available.
- If you are asked about **mixing medicines in a syringe driver** then you'll need to find out the dose of each medicine, the diluent used and the infusion volume (if known).

Information sources

These include the [Palliative Care Formulary](#), The Syringe Driver (book), [PallCare Matters](#).

