## EAST LANCASHIRE HEALTH ECONOMY **TOPICAL MORHINE GUIDELINES**



Algorithm for use in palliative care

Consider

Patient with palliative diagnosis with localised pain to wound or fungating tumour Systemic analgesics commenced & titrated (prolonged release and breakthrough) as per WHO analgesic ladder & local guidelines Pain remains uncontrolled Systemic analgesics causing dose-limiting side effects Focus of care is on symptom management rather than wound healing \* REFER TO SPECIALIST PALLIATIVE CARE TEAM \* Consider daily topical application of 10mg Morphine Sulphate in 8g Intrasite Gel directly to wound bed (see treatment procedure) Review after 7 days Pain reduced Pain not reduced Continue applications of topical morphine. Stop use of topical morphine and \*Could applications be reduced to consider alternative options alternate days? \*Should applications be increased to twice daily? \*Could systemic analgesics be reduced? Review as deemed necessary NOTE Continue topical morphine unless Patients undergoing radiotherapy \*Contra-indications arise (see protocol) should wash off any topical \*Patient does not wish to continue with treatment preparation within treatment

field prior to radiotherapy dose

\*Suitable long term alternatives are arranged (e.g. Nerve block)

\*Topical analgesia no longer required