

Management of Opioid Overdose in Palliative Care

Strong opioids are commonly used to control pain for patients with advanced, life limiting disease (palliative care) and to manage chronic, severe pain. It is very rare to need to use Naloxone in the palliative care setting and when caring for patients nearing the end of their lives since morphine, and other opioids, are used in a balanced way to control pain. They are mostly used via oral and subcutaneous routes rarely intravenously.

Features of opioid overdose include drowsiness and respiratory depression (respiratory rate of less than 8 per minute). However, patients who are reaching the end of their life are often drowsy due to the advanced stage of their illness and the incidence of life threatening respiratory depression is extremely rare. Additionally the respiratory rate of patients nearing death becomes altered characterised by increasingly shallow breaths called cheyne-stoking.

The use of naloxone with such patients can precipitate a pain crisis resulting in poor symptom management for the patient and extreme distress to their family who witness their relative who was previously comfortable and pain free become agitated and distressed.

If following assessment staff are uncertain whether the patient is nearing the end of their life they should consider seeking advice from their local specialist palliative care team. If the patient is thought to be dying staff should consider using the Liverpool Care Pathway to support them in the delivery of palliative/end of life care.*

If the patient is **not** felt to be dying and opioid toxicity is suspected the following management plan should be employed.

A conservative approach to managing opioid toxicity is recommended.

- If respiratory rate 8/minute and the patient easily rousable and not cyanosed, adopt a policy of 'wait and see'; consider reducing or omitting the next regular dose of morphine.
- If respiratory rate <8/minute, patient barely rousable/unconscious and/or cyanosed:
 - Stop the opioid
 - Administer Oxygen by face mask
 - Dilute as standard ampoule containing naxolone 400microgram to 10ml with sodium chloride 0.9%
 - Administer 0.5ml (20 microgram) IV every 2 minutes until the patient's respiratory status is satisfactory

Naloxone is shorter-acting than morphine so observe the patient to ensure that the signs of overdose do not recur. Further boluses may be necessary.

Following treatment referral to the specialist palliative care team should be considered for advice on future symptom management.

* For further information regarding the Liverpool Care pathway please contact either your local specialist palliative care team or End of Life Care Programme managers Ian McQuarrie and Kirsty Macpherson Tel: 020 7377 7241.