## NORTH CUMBRIA PALLIATIVE CARE SERVICE TREATMENT GUIDELINE FOR CANCER PAIN **ASSESS** PAIN - MILD +/- NSAIDS STEP I e.g. Paracetamol up to 1g/4hr +/- Other adjuvant therapy PAIN NOT CONTROLLED STEP II +/- NSAIDS **WEAK OPIOIDS** -/- Other adjuvant therapy WEAK OPIOID/PARACETAMOL COMBINATION PAIN NOT CONTROLLED STEP III STRONG OPIOIDS Haloperidol 1.5 – 5mg Initiate treatment Short acting morphine nocte or p.r.n. 5 – 10mg/4hr Increase morphine dose by 30 - 50% each day until pain is controlled PAIN NOT CONTROLLED PAIN CONTROLLED Review diagnosis Convert to equivalent dose of: Consider adjuvant therapy Consider other treatments Slow release morphine Get help / seek advice Continue Antiemetics p.r.n. ALWAYS REMEMBER: Laxatives Antiemetic (haloperidol 1.5mg – 5mg Short acting morphine for breakthrough pain. Nocte or p.r.n.) Breakthrough pain (prescribe short acting Вmorphine p.r.n.) Constipation (prescribe appropriate Claxatives)

Palliative care pain pack 1 Dr Eileen Palmer 2004