

***We would like to
answer any questions
regarding this or other
hospice related issues.
Please feel free to
contact us at***

***“Addiction is defined as a
mental disorder and does
not have anything to do
with physical pain.”***



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***A Look at
Morphine
Use
and
Terminal
Illness***

Of the many responsibilities of your hospice team, symptom management may be one of the most important. The members of your hospice team continuously assess their patient's level of comfort and seek out new avenues of symptom management when needed.

One of the most common symptoms managed by hospice is pain.

Pain is not a problem for all patients. In fact, some patients never develop pain. For others, however, pain can range from mild to very severe. It is important that pain be continually assessed to be sure that the appropriate pain medication is being used. Many times, mild or moderate pain medications are appropriate and adequate, such as Vicodin, Percocet, or even plain Tylenol. Other times, however, as pain increases, the type of medication may need to change. It is during times of increased, uncontrolled pain that your hospice nurse may bring up the option of using morphine to control pain. Questions may come to mind about morphine, such as...

- ***Is it addictive?***
- ***Can I accidentally give too much?***
- ***Does it cause sedation?***
- ***My loved one isn't in pain, yet it is being recommended. What else is it used for?***

Let's address these questions together ...

When it is determined that the current pain medication is inadequate, your hospice nurse will evaluate alternative medication choices to determine which medication will bring about the most benefit with the fewest side effects.

Morphine has many benefits that make it a favorite among hospice nurses. First, morphine is easy to take. It comes in long acting and short acting forms. It comes in tablet and liquid forms. When the patient can no longer swallow, the concentrated liquid, often referred to as Roxanol, can still be given under the tongue. Second, its side effects are usually minimal. Although it can be constipating, this can be controlled easily with the proper doses of stool softeners and/or gentle laxatives. The sedation that is sometimes felt when morphine is started generally diminishes within 2-3 days as the body becomes accustomed to the medication. Many people have reservations about the use of morphine. However, with proper education from your hospice nurse, morphine can provide comfort on a level most other medications cannot. It has no maximum dose. As the body becomes tolerant to the current dose, the medication can be adjusted for increased comfort. When done slowly, these increases are safe and necessary for continued comfort. Don't let misconceptions about this medication prevent your loved one from benefitting from this wonderfully effective medicine.

- ***The beginning morphine dose will be based on the current dose of pain medication. An equivalent morphine dose will be calculated. If no pain medication is currently in use, a low dose will be started and the dose slowly increased if needed.***
- ***Your nurse will educate you about monitoring for adverse effects which would require a change to a different pain medication.***
- ***Your nurse will help you control normal side effects, which may include constipation or nausea.***
- ***Your nurse will give clear instructions about a safe dose and frequency of this medication, so you don't need to fear an overdose.***
- ***Morphine may also be prescribed for other symptom management challenges such as labored breathing, also known as air hunger. Morphine is the only medication that effectively treats air hunger.***
- ***The body may become tolerant of the current dose over time, and the dose may need to be increased. This is not addiction. Addiction is defined as a mental disorder and does not have to do with physical pain. Morphine and other narcotics are successfully used by many patients to manage breathlessness, severe pain, chest pain and other types of pain.***