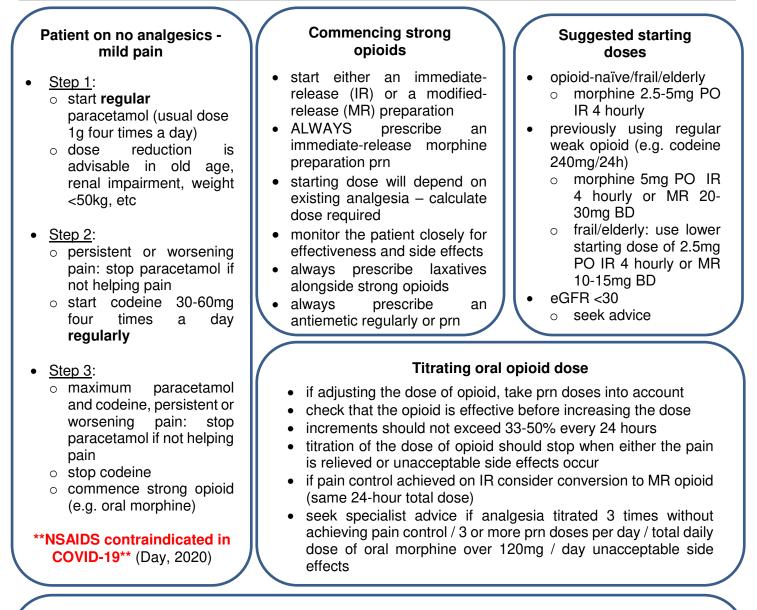


## Management of pain COVID-19 Outbreak



Association for Palliative Medicine Of Great Britain and Ireland

Patients may experience pain due to existing co-morbidities, but may also develop pain as a result of excessive coughing or immobility. Such symptoms should be addressed using existing approaches to pain management.



## When the oral route is not available

- if analgesic requirements are stable consider transdermal patches (e.g. buprenorphine, fentanyl)
- if analgesic requirements are unstable consider initiating subcutaneous opioids
- seek specialist advice if necessary
- morphine is recommended as the first line strong opioid for subcutaneous use for patients, except for patients who have been taking oral oxycodone or those with severe renal impairment
- if constant pain, prescribe morphine 4 hourly SC injections or as 24-hour continuous infusion via a syringe driver (McKinley T34)
- conversion from oral to SC morphine: oral morphine 5mg ≈ SC morphine 2.5mg
- wide inter-individual variation exists and each patient should be assessed on an individual basis
- prn doses of 1/10 to 1/6 of regular 24-hour opioid dose should be prescribed 2-4 hourly SC prn