Using subcutaneous Morphine
instead of diamorphine for adult palliative care
A regional switch for palliative and end of life care in adults

Morphine is to be used instead of diamorphine if prescribing parenteral opioids in palliative care



HOW TO SWITCH:

- **Subcutaneous diamorphine to subcutaneous morphine: Multiply by 1.5**

Example: Diamorphine subcutaneous 10mg = approximately 15mg subcutaneous morphine

- **Oral morphine to subcutaneous (SC) morphine: Divide the total daily dose by 2**

Example Oral morphine sulphate modified release tablets 20mg twice daily (total daily dose 40mg daily) is equivalent to 20mg subcutaneously over 24 hours via continuous subcutaneous injection (CSCI)

When is using subcutaneous diamorphine appropriate? If the subcutaneous morphine dose is > 300mg over 24 hours .

If the patient is already on diamorphine on the 6th January 2020 consider switching to the equivalent dose of morphine but only after assessing any risk of loss of symptom control due to a conversion. Please contact the Specialist Palliative Care Team (SPC) if you have any concerns.

PRESCRIBING NOTES:

- First line opioid remains oral morphine.
- First line SC opioid will be morphine instead of diamorphine, for both PRN use and continuous infusions.
- You may continue to convert patients to alternative opioids e.g. oxycodone if there is clinical indication for this.
- **Maximum volume in a syringe pump:** For guidance please see ***Guidelines for use of the CME T34 Syringe Pumps for Adults version 1.0***
  - 18 mL in a 20 mL B Braun Omifix syringe
  - 22 mL in a 30mL B Braun Omifix Syringe

Why is this change being made?

- There have been a number of national shortages of diamorphine
- The supplies of morphine injection is more reliable and therefore staff will be able to use the same medication more predictably.
- This change will be across community and hospitals in East Suffolk and aims to provide consistency and security of supply
- There is NO fundamental difference in efficacy between these two medications
- This will align the practice across Suffolk and North East Essex



Any questions?

If you have any concerns please contact as below:

- East Anglia Medicines Information line 01473 704431
- Community patients please discuss with St Elizabeth Hospice Onecall on 0800 567 0111





1. **Ensure that there is sufficient supply of the 'just in case medication' to provide for all urgent needs.**
   - If using a continuous infusion ensure there is enough to accommodate an increase.
   - Larger supplies may be needed if prescribing prior to a bank holiday weekend for example
2. **An authorisation chart will be needed for District Nurse. Include this with the "To Take Away" (TTA) medicines.**
   - These can be completed via SystmOne and DXS.
   - They must be sent to the patient/ district nursing team.

East Suffolk and North Essex Foundation Trust (ESNEFT)
NHS Ipswich and East Suffolk CCG

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