

Produced by:

The Foundation Programme Committee of the Academy of Medical Royal Colleges, in co-operation with Modernising Medical Careers in the Departments of Health.

ACADEMY
OF
MEDICAL
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SCOTTISH EXECUTIVE



Llywodraeth Cymru
Welsh Assembly Government

Department of
Health, Social Services
and Public Safety
Seirbhíse Sóisialta
agus Sábháilteschta Poiblí

DH Department
of Health



Curriculum for the foundation years in postgraduate education and training

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1 (ix) Pain control

1. Evaluating the patient in pain
2. Making patient comfort a priority
3. Prescribing opioid and non-opioid analgesic drugs safely
4. Re-evaluating the efficacy of analgesia in a timely manner
5. Monitoring patients for common side effects of analgesic drugs
6. Safely using anti-emetic drugs to treat or prevent nausea and vomiting

What responsibilities do you assume when you prescribe analgesia?

What features indicate that the patient is experiencing pain?

Which of the following suggest that the patient is describing neuropathic pain?

- | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|
| Well localised | <input type="checkbox"/> | Responds to paracetamol | <input type="checkbox"/> |
| Local tenderness | <input type="checkbox"/> | Gets worse with movement | <input type="checkbox"/> |
| Described as dull | <input type="checkbox"/> | Limb weakness | <input type="checkbox"/> |
| Described as tight | <input type="checkbox"/> | Local tenderness | <input type="checkbox"/> |
| Radiation | <input type="checkbox"/> | Reduced tendon reflexes | <input type="checkbox"/> |

What are the side effects of strong opioids?

Prescribe a suitable anti-emetic for a patient on morphine

Drug	Dose	Timing

Prescribe a suitable laxative for a patient on regular morphine

Drug	Dose	Timing

A patient has wound pain following hemicolectomy.

Prescribe an appropriate analgesic:

Drug	Dose	Timing

Who can you ask for advice? _____

A patient has newly diagnosed severe pelvic pain from inoperable bladder cancer

Prescribe an appropriate analgesic

Drug	Dose	Timing

Who can you ask for advice? _____

A patient has persistent neuropathic pain in the thigh, due to L3 root compression

Prescribe an appropriate analgesic:

Drug	Dose	Timing

Who can you ask for advice? _____

Prescribe a suitable opioid regime for a patient whose opioid-responsive cancer pain is inadequately controlled with dihydrocodeine 60mg qid

Drug	Dose	Timing

Drug	Dose	Timing

Which opioids are best when renal function is poor?

Prescribe a syringe driver for a patient taking MXL 160mg/day who becomes moribund

Drug	Dose	Timing

Prescribe suitable breakthrough analgesia for this patient

Drug	Dose and route	Timing

Prescribe a suitable sedative for this patient who becomes agitated

Drug	Timing

What causes of agitation would you look for?

What factors would make you cautious about prescribing a NSAID?

Morphine (and related drugs) are very effective for the control of pain and breathlessness in certain conditions.

However, most people starting on morphine are worried or even frightened about one or more of the following:

1. becoming addicted
2. becoming permanently sedated, like a zombie
3. becoming used to morphine so that it won't work later if symptoms get worse
4. the thought that being on morphine is the last resort and shortens life

1. The risk of true addiction when using morphine for treating pain or breathlessness is extremely low. That does not mean you will not be *dependent* on the drug, but dependence is not the same as addiction. For example, people with diabetes may be dependent on insulin, but we wouldn't call them 'insulin addicts'. Dependence means you need the drug to control the symptoms, and your body will react if the drug is stopped. That is OK.
2. When starting morphine, or when the dose is increased, this may cause drowsiness. However this normally wears off after a day or two, and your mind should function normally when on a stable dose. In a small proportion of people the drowsiness persists for longer, in which case we can change to a morphine derivative, equally good at controlling the symptoms but less likely to cause drowsiness. You won't end up like a zombie.
3. Your body does get used to morphine a little, but not enough to stop it working later on if symptoms get worse. The dose may need to be increased if that happens, but that is OK.
4. Taking morphine as directed by your doctor will not shorten life. Morphine may be one of several medicines you need to control symptoms, and it is *not* 'the last resort'.

These things will not happen

**Morphine is safe and effective,
as long as it is used properly
— just the same as for any
other medicine.**

Social pain

Loss of position
Loss of role in family
Insomnia & chronic
fatigue
Sense of helplessness
Disfigurement

Psychological pain

Delay in diagnosis
Poor communication
Failure of treatment

Total pain

Physical pain

Primary condition
Effects of treatment
Other symptoms

Spiritual pain

Fear of hospital
Fear of nursing home
Fear of pain or death
Financial & family worries
Uncertainty about the future
Spiritual hope and assurance