

Other Document Form

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Title MAX COPY Arranged version Protocol for PRESCRIPTION AND ADMINISTRATION
 (Include source and any document number if relevant) OF DIAMORPHINE BY SUBCUTANEOUS INFUSION.

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F.A.O. IRENE DIX - PA

PROTOCOL FOR PRESCRIPTION AND ADMINISTRATION OF DIAMORPHINE BY SUBCUTANEOUS INFUSION

INTRODUCTION

In community hospitals, particularly at weekends and bank holidays, medical cover is provided on an emergency call out basis.

This can lead to a situation whereby patients who are experiencing increasing pain may not be able to have their pain control needs immediately met. To overcome this and also to give guidance to nurses who may be unsure as to how much analgesia (diamorphine) to administer within a variable dose prescription.

DOSAGE

Guidance from the palliative care service indicates that if pain has not been controlled in the previous 24 hours by 'Xmg' of diamorphine, then up to double the dose should be administered the following day, i.e. up to 2x 'Xmg' should be given.

PAIN CONTROL CHART

It is suggested that a pain control chart (see appendix) should be completed on a four hourly basis for all patients receiving a diamorphine infusion.

PRESCRIPTION

Diamorphine may be written up as a variable dose to allow doubling on up to two successive days, e.g. ~~10-40~~mg, 20-~~80~~mg, 60-~~240~~mg or similar. The reason for prescribing should be recorded in the medical notes.

INCREASE THE DOSE BY 50% EVERY 24 HOURS

ADMINISTRATION

If pain has been adequately controlled within the previous 24 hours, the nurse should administer a similar dose of diamorphine over the next 24 hours.

If the previous 24 hour dose has made the patient unduly drowsy etc., the nurse should use his/her discretion as to whether the dose to be administered for the next 24 hours can/should be reduced, within the prescribed dosage regime. If the minimum dose appears to have made the patient too drowsy, the on-call doctor should be contacted.

Clear instructions
could be
made more
specific

DIAMORPHINE INFUSION AND PAIN CONTROL CHART

DATE						
DOSE						
TIME INFUSION STARTED	0 hours					
PAIN CONTROLLED YES/NO	+4 hours					
	+8 hours					
	+12 hours					
	+16 hours					
	+20 hours					
	+24 hours					
	NO. OF TOP UP DOSES OF DIAMORPHINE					
TOTAL DOSE TOP UPS IN 24 HOURS						
COMMENTS						

DIAMORPHINE INFUSION AND PAIN CONTROL CHART

DATE		29/9	30/9	1/10	2/10	3/10
DOSE		10 mg	20 mg	40 mg	80 mg	80 mg
TIME INFUSION STARTED	0 hours	1400	1400	1400	1400	1400
PAIN CONTROLLED YES/NO	+4 hours (1800)	Y	Y	N	Y	
	+8 hours (2200)	Y	Y	N	Y	
	+12 hours (0200)	N	Y	Y	Y	
	+16 hours (0600)	N	N	Y	Y	
	+20 hours (1000)	N	Y	N	Y	
	+24 hours (1400)	N	Y	Y	Y	
NO. OF TOP UP DOSES OF DIAMORPHINE		3	1	3	0	
TOTAL DOSE 'TOP UPS' IN 24 HOURS		10 mg	5 mg	20 mg	0 mg	
COMMENTS						

If the patient's pain has not been controlled, the nurse should use his/her discretion as to the dose to be given within the next 24 hours, i.e. he or she may administer up to double the previous 24 hours dose.

INFORMATION TO PATIENTS and RELATIVES

Where patients are mentally capable of receiving such information, they must be told that an infusion of a painkiller (diamorphine) is being started and that the dose will be adjusted if necessary to allow them to be as comfortable as possible without being unduly sedated.

When patients are unable to understand such information, by reason of either their physical or mental status, the decision that diamorphine is being, or about to be, administered, should be communicated to their next-of-kin/relatives, again indicating that the aim is to make the patient as comfortable as possible and that the dose will be adjusted to keep the patient as comfortable as possible without being unduly sedated. If relatives express concern about the administration of diamorphine, despite the above discussion, the medical staff should be informed and the medical staff should make every effort to discuss the administration of diamorphine with the patient's next-of-kin/family. A resume of the discussion should be recorded in the patient's notes.