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F.A.O. IRENE DIX . F.A.

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. INCHANGE THE SOIL IS SOIL

PRESCRIPTION

Diamorphine may be written up as a yariable dose to allow doubling on up to two successive days, e.g. 20-22 mg, 60-22 mg or similar. The reason for prescribing should be recorded in the medical notes.

<u>ADMINISTRATION</u>

If pain has been adequately controlled within the previous 24 hours, the nurseshould 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 numeshould use his/her discretion as to whether the dose to be administered for the next 24 hours tan/should be reduced, within the prescribed dosage regime. If the minimum lose appears to have made the patient too drowsy, the on-call doctor should be contacted

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

When patients are unable to understand such information, by reason of either their physical or mental status, the docision 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-ofkin/family. A resume of the discussion should be recorded in the patient's notes.

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DIAMORPHINE INFUSION AND PAIN CONTROL

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