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Change to morphine injection as first line opioid analgesic in palliative care across primary and secondary care

Dear Colleagues

A multidisciplinary, multiagency group across Mid Yorkshire, Calderdale and Huddersfield has made the decision that morphine injection will become the first-line injectable opioid analgesic in palliative care (for those with a GFR >40), replacing diamorphine for both syringe drivers and anticipatory medication. For patients with GFR <40, the advice remains to use Oxycodone as first line opioid.

This is in response to an ongoing national shortage of diamorphine 5mg ampoules, will bring us in line with other local areas and is also cost saving. It has not been possible to delay this change due to the COVID-19 situation but it is recognised that ongoing supply issues mean that many people have already been prescribed morphine.

The date for the switch has been set as **Monday 6th April 2020**. From this date onwards, patients requiring new prescriptions of opioids should be given morphine. Patients on existing diamorphine syringe drivers or who already have anticipatory medications in situ, should continue until their supplies are finished.

In preparation for the switch, local guidelines and prescription charts have been updated and therefore we would ask that old document stock is disposed of. Please refer to the 'Medicine of the Month' and the MYHT Opioid conversion chart as needed. Community pharmacies have all been informed of the change.

There is no difference in efficacy between morphine and diamorphine but the dose and volume to give will be different.

**Diamorphine 10mg injection sc = Morphine sulphate 15mg injection sc
= 30mg oral Morphine sulphate**

For patients who require very high opioid doses, please contact your local specialist palliative care team for

Chairman – **Keith Ramsay**

Chief Executive – **Martin Barkley**

further discussion as some of these patients may continue on diamorphine (as diamorphine is highly soluble and therefore, high doses of diamorphine can be dissolved in small volumes of diluent).

Many thanks

Dr Emma Lowe (Consultant in Palliative medicine)