Treatment guidelines for cancer pain

North Yorkshire and York NHS
Primary Care Trust

York Hospitals NHS
NHS Foundation Trust

Is pain due to cancer?

STEP I
eg Paracetamol up to 1g / 4hr
Maxm 4g in 24 hrs

+/- NSAIDS
+/- Adjuvant therapy

Pain not controlled

Try ONE Preparation only

STEP 2
Weak opioids
or
Weak opioid/paracetamol combination
Eg Co-codamol 30/500 up to 2 qds

+/- NSAIDS
+/- Adjuvant therapy

Pain not controlled

STEP 3
STRONG OPIOIDS
Initiate short acting morphine
5 - 10mg / 4hour
+ prn breakthrough doses
up to maxm 4hour

+/- NSAIDS
+/- Adjuvant therapy
+/- Laxatives Codanthramer
+/- Haloperidol
1.5 - 3mg nocte

If pain opioid sensitive
Increase morphine dose by adding previous breakthrough doses to regular 24 hr dose, then divide by 2 for 12hr dose
Or increase by 30% until pain controlled
Or patient has intolerable side effects

Pain not controlled
Or Morphine not tolerated

Review diagnosis & consider
- Adjuvant therapy
- Specialist advice for
  - alternative opioids
  - nerve blocks

Pain controlled

Convert to equiv dose of:
- Slow release morphine e.g. Zomorph / MST
Second line choice
- Fentanyl or Oxycodone

Continue
- Antiemetics p.r.n.
- Laxatives
- Short acting morphine for breakthrough pain

a) ADJUVANT THERAPY for neuropathic pain
- TENs Machine
- Amitriptyline
- Gabapentin, Pregabalin, Clonazepam, Sodium Valproate, Carbamazepine,, Steroids
- Ketamine, Methadone

b) BREAKTHOUGH PAIN
Prescribe short acting morphine
(one sixth of total daily morphine dose up to maximum 4 hourly)

c) CONSTIPATION
Prescribe appropriate laxatives (Stimulant & softener)
Codanthramer/Codanthrusate/ Movicol

Ref WHO Guidelines [1]
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