

Alternative opioids for s/c use

Choice of opioid must always be tailored to the individual needs of the patient, but the recommendations below give a general guide as to the appropriate option

Patients not appropriate for diamorphine (or morphine)

Drowsiness/ Hallucination despite dose reduction (if appropriate), or use of appropriate adjuvants

Renal impairment (GFR <30mL/min)

1st line

Oxycodone s/c

- ❑ See separate guidelines for oxycodone s/c
- ❑ 2mg oxycodone po = 1mg oxycodone s/c
- ❑ Prescribing rules apply as for diamorphine
Prescribe 1/6th of the total dose in the syringe driver as a subcutaneous prn dose, up to every 4 hours.
- ❑ Increase dose in syringe driver by 30-50% increments if pain is uncontrolled.
- ❑ Care when mixing with cyclizine.
- ❑ Use water for injection as diluent
- ❑ Oxynorm injection – 10mg/mL (1mL and 2mL amps)

Alfentanil s/c

- ❑ See separate guidelines for alfentanil s/c
- Alfentanil is 10 x as potent as s/c diamorphine
20mg diamorphine s/c = 2mg alfentanil s/c
- ❑ When opioid naïve a suitable starting dose is 0.5-1mg subcutaneously over 24 hours.
- ❑ Prescribe 1/6th of the total dose in the syringe driver as a subcutaneous prn dose up to every 4 hours.
- ❑ Increase dose in syringe driver by 30-50% increments if pain is uncontrolled.
- ❑ Dose reduction may be needed in hepatic impairment.
- ❑ Avoid mixing with cyclizine.
- ❑ Use water for injection as diluent
- ❑ Alfentanil 500 micrograms in 1mL
- ❑ 2mL and 10mL amps Routinely stocked at YH Pharmacy
- ❑ (Alfentanil intensive care 5mg /mL - ordered on special request)

2nd line

Hydromorphone

- ❑ Seek specialist palliative care advice
- ❑ Available as an unlicensed formulation from Martindale.
- ❑ May have a role when large doses of morphine or oxycodone are involved

Pain unresponsive to diamorphine despite appropriate adjuvants (i.e amitriptyline, gabapentin e.t.c)

1st line

Methadone

- ❑ Needs initiating under specialist supervision usually as an in-patient
- ❑ See separate guidelines for methadone
- ❑ Unique effect on NMDA receptors (property not shared by other opioids)
- ❑ It is recommended that patients are always stabilised first on oral methadone.
- ❑ Subcutaneous dose is approx **half** the oral dose
- ❑ May be irritant
- ❑ Dilute with sodium chloride 0.9%

2nd line

Ketamine

- ❑ Needs initiating under specialist supervision usually as an in-patient
- ❑ See separate guidelines for ketamine
- ❑ Non opioid
- ❑ Can be used with morphine (has additive/synergistic effect)
- ❑ Not currently licensed for pain relief
- ❑ Subcutaneous dose is approx **double** oral dose
- ❑ Dilute with sodium chloride 0.9%.
- ❑ May be incompatible with cyclizine and some doses of dexamethasone

Contact Specialist Palliative Care Team or pharmacy for more advice