SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

In Part 3, Frank's concerns about the management of his pain is addressed.

Improving Pain Management

Frank's Concerns

The leg pain is the main issue for Frank at the moment. The pain is particularly problematic overnight because he is less distracted and finds that he gets more agitated. He feels that the Jurnista® doesn't really work until the early hours of the morning making it difficult to sleep and breakthrough Dilaudid® does not feel as effective.

During the day, he is less aware of the pain as he is distracted by other activities, but it is better controlled in the morning and becomes more of an issue in the afternoon.

The pain overnight and poor sleep is causing daytime sedation which is further exacerbated by the use of breakthrough Dilaudid® during the day. Having his leg dressings is painful and Frank gets quite agitated by this and takes Dilaudid® afterwards.

Overall, Frank feels quite fatigued and lethargic which is limiting his daytime activities and he is unable to attend things such as church because of this.

Possible Interventions

- Trial of earlier dosing of Jurnista® to maximise analgesia when trying to get to sleep
- Trial a dose before dressing changes. As there is no set time for this, use of Dilaudid® liquid at the time of RDNS arrival will have a faster onset than the tablet.

Converting Opioids

Frank is later admitted to hospital due to decreased mobility, bilateral leg pain with ulcers and pus, poor sleep and lethargy, and decreased appetite

On day three, Frank is not responsive and an acute intracranial bleed is suspected. In accordance with Frank's documented wishes for treatment of reversible causes only, his family agrees to cease all interventions except for analgesia via a continuous subcutaneous infusion.

Converting oral hydromorphone

Frank's pain had been well managed with Jurnista® 32 mg daily and Dilaudid® 4 mg PRN (two doses in the past 24 hours).

- Oral : Subcutaneous equivalence = 3:1
- Background (32 mg PO)
  - 32 mg/3 = 10-11mg
  - Started on 10 mg/24 hours CSCI
- Breakthrough (4mg PO)
  - 4 mg/3 = 1-2 mg
  - 1-2 mg SC breakthrough

Frank died peacefully in the presence of nursing staff that evening as a result of the intracranial bleed.

Useful resources

- Opioid conversion tables available in the Australian Medicines Handbook and Therapeutic Guidelines

For more information

Contact the Advanced Practice Pharmacists:

- **Josephine To, Northern**
  Josephine.to@health.sa.gov.au 8161 2499
- **Michaela del Campo, Central**
  Michaela.delcampo@health.sa.gov.au 8222 6825
- **Paul Tait, Southern**
  paul.tait@health.sa.gov.au 8275 1732

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