

# SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Being accessible, community pharmacists will often be the first to hear of swallowing or medication administration concerns and are well placed to provide advice.

## Marge

Marge is a 63yo female who lives at home with her supportive husband Steve. Marge was diagnosed with Hypopharyngeal small cell carcinoma which has progressed, she can no longer swallow and requires medications and nutrition to be administered through her PEG, see [June 2021 CPU](#).

Current medications:

- Lansoprazole 30mg mane
- Levothyroxine 100microg mane
- Paracetamol 1g Q4H PRN
- Oxycodone SR 30mg twice daily
- Oxycodone IR 5-10 mg Q2H PRN

Steve enters your community pharmacy requesting to speak to the pharmacist, he is uncertain how to give the medications. After a discussion with Steve, you check your references (e.g. [CPU April 2016](#) and [Don't Rush to Crush](#)).

You provide written instructions regarding the changes in formulation to liquid paracetamol and dispersing of lansoprazole ODT along with crushing and dispersing of levothyroxine.

You realise that a change in opioid will need to be flagged with the GP. Steve reports her pain is well managed at present, he doesn't think the oxycodone SR tab 60mg administered rectally would be acceptable to Marge and reports fentanyl patch has not been tolerated previously.

You consider a change to morphine slow release; MS Contin® sachets would be most useful but they have been discontinued. Morphine SR capsules, Kapanol® contain pellets with a slow release coating and can be removed from the capsule for administration. The pellets are small enough to move through a 16 French PEG tube (French size is the lumen opening width of the tube).

## Kapanol® pellets administration instructions

- > Flush the gastrostomy tube with water to ensure that it is wet
- > Sprinkle the Kapanol® pellets into a cup and add at least 10 mL of water (never crush pellets)
- > Using a swirling motion, pour the pellets and water into the PEG tube through a funnel
- > Rinse the cup with a further 10 mL of water and pour this into the funnel
- > Repeat rinsing until no pellets remain in the cup

## Dose conversion

Marge's daily dose of oral SR oxycodone is 60mg in 24 hour. The calculated equianalgesic dose is oral morphine 90mg in 24hr. But a dose reduction is needed to account for incomplete cross-tolerance (usually 25%-50% reduction), any loss in analgesic effect can be made up with 'prn' dosing in the short term.

You suggest to the GP commencing

- > Morphine SR capsules (Kapanol®) 30mg bd and titrate to response
- > 5-10mg oxycodone syrup prn Q2H

Monitoring of pain and comfort will inform if a dose increase or decrease is necessary.

## Resources

- > [Switching Opioids \(CareSearch CPU\)](#)
- > Kapanol® Product Information

## For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

