

# Tips for Nurses: Opioid Analgesics



**What it is:** Analgesics are medications used to relieve the symptom of pain. Opioids are analgesics. They are often used for pain and dyspnoea in terminal illness.

Morphine is an opioid analgesic that offers safe and effective relief of moderate to severe pain. There are others. Opioid induced constipation requiring use of laxatives is a common side effect.

**Why it matters:** Opioids can be administered to reduce or minimise pain via various routes including: oral, transdermal, injection, and subcutaneous infusion. The route chosen will depend on the individual. Nurses have an important role because they often administer medications. Nurse Practitioners may also prescribe medications.

**What I need to know:** Response to opioids including the dose required or tolerated depends on the individual. Older people and their family may need to be reassured as there are many myths about opioids. Nursing staff can provide older people and their families with information to reassure them.

Wrong information may affect:

- willingness to accept morphine for pain
- understanding of why morphine is needed
- a nurse's readiness to administer morphine.

Appropriateness of opioids needs to be taken into consideration in the case of:

- liver or kidney disease
- an allergy to opioids
- pain that is difficult to control.

'Opioid switching' is the practice of switching to another opioid if pain persists or the person experiences adverse effects. This requires frequent review and assessment for pain and adverse effects.

Breakthrough pain should be treated with a relevant immediate-release opioid. Individual opioids may interact with other medications and this should always be assessed.

Be aware that 'spiritual pain' is different to physical pain.

## Actions

**Registered Nurses (RNs)** can:

- provide information to the person and their family regarding medications
- discuss with the person and their family the way that the medications need to be taken
- provide feedback to the prescriber
- complete an assessment before pain medication is changed and refer to the Advance Care Directive (ACD) to make sure actions align with their goals of care.

**Monitor** the person frequently for the:

- effectiveness of the pain relief, ask about any pain and discomfort affecting their ability to function
- presence of adverse effects e.g., falls, nausea, vomiting, constipation, sedation, respiratory depression, dry mouth, cognitive impairment, delirium, hallucinations, or seizures.

**Family carers** providing palliative care at home can be involved in medication management.

This includes:

- monitoring and assessing symptoms and side effects
- administering medication
- making various decisions on medication administration.

## Tools

Tools that may be useful include:

**Asking** if a person has pain is considered the most reliable indicator of pain.

**Abbey Pain Scale** – useful if a client is unable to communicate their pain

**Pain Assessment in Advanced Dementia Scale (PAINAD)**

**Bristol Stool Chart** – a visual aid based on seven stool types.

**Name:**

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## My reflections:

Before changes are made to pain medication for an older person receiving palliative care, what document should be referred to?

What adverse effects of opioid pain management might careworkers observe and report to nursing/supervisory staff? In my organisation how is this communicated?

## My notes:

See related palliAGED Practice  
Tip Sheets:  
Myths about Morphine  
Pain Management

For references and the latest version of all the Tip Sheets visit  
[www.palliaged.com.au/PracticeTipSheets](http://www.palliaged.com.au/PracticeTipSheets)