Avoiding pitfalls in pain management

1. Always talk to patients about strong opiates and explore their concerns before prescribing them. Patients are much more likely to take their medication if they are not frightened of it.

2. Anticipate and prescribe for common side effects of strong opioids, such as transient nausea and on-going constipation.

3. Do not co-prescribe weak opioids (e.g. codeine) with strong opioids.

4. When the background dose of opiate is increased, remember to increase the breakthrough dose so that it remains at 1/6 of the daily background dose.

5. Always check your conversions when changing opiates – preferably with another person and/or using a standard conversion chart. It is easy to get a decimal point in the wrong place.

6. Fentanyl patches deliver a strong opioid and 25 microgram patches deliver the equivalent of 90mg oral morphine over 24 hours – this can be a dangerous dose in an opioid-naive patient.

7. Do not alternate between matrix and reservoir patches for Fentanyl as absorption can vary significantly depending on preparation leading to over/under dosing. Branded prescribing is therefore recommended.

8. Only prescribe Fentanyl patches once pain is stable and remember to consider reducing laxatives when converting from Morphine as Fentanyl is less constipating.

9. Oxycodone is approximately twice as potent as Morphine and no more effective in neuropathic pain.

10. A Diamorphine injection is more soluble and more potent than a Morphine injection in a ratio of 3:2.