

1. TOPICAL MORPHINE FOR PAINFUL WOUNDS

1.1. Scope

Nursing staff caring for palliative adult patients with painful wounds in the community and on the wards.

1.2. Procedure / Guideline

Indication	<p>For use on any broken skin surface which is causing moderate to severe pain e.g. pressure ulcer, fungating wound. It will not work on deeper wounds where opioid receptors are absent. Contact the Palliative Care Team for advice if required on 01423 553464</p> <p>Inclusion</p> <ul style="list-style-type: none"> • Palliative patients only with the aim of symptom management rather than wound healing • Painful superficial chronic wounds <10cm diameter • Non-neuropathic, localised pain • Opioid naïve patients – only where the introduction of systemic opioids would be inappropriate, or is refused by the patient. • Opioid tolerant patients – only where side effects prevent adequate dose escalation of the systemic opioid dose. <p>Exclusion</p> <ul style="list-style-type: none"> • Hypersensitivity (e.g. rash) to morphine or other opioid derivatives. • Hypersensitivity to Intrasisite gel. • More than 2 wounds of <10cm diameter. • Any wound greater than 10cm diameter. • Age <18yrs old.
Prescribing	<p>This treatment can only be initiated by a member of the Palliative Care Team. Once started, the treatment can be continued by doctors, GP's and relevant Clinical Nurse Specialists.</p> <p>In-patient: prescribe on EPMA Discharge / Community: on TTO and on community prescription chart.</p>
Dose	<p>Systemic absorption varies with the amount and concentration used ; bioavailability varies from negligible (with 0.06 – 0.125% gel) to almost the same as sub-cutaneous (0.125 – 0.5%)³</p> <p>10mg morphine (1ml of morphine sulphate injection 10mg/ml) in 8g Intrasisite or other amorphous hydrogel</p> <p>In fungating wounds consider Metronidazole 0.75% gel as carrier</p>
Frequency	<p>Initially once a day Can increase up to three times a day (increase frequency not dose)</p>

Preparation	<ul style="list-style-type: none"> Record pain score Prepare clean dressing field using sterile dressing pack Remove old dressing; irrigate wound with sodium chloride 0.9% Add 1ml of morphine sulphate 10mg/ml injection to carrier gel (Intrasite or Metronidazole 0.75%) in sterile gallipot tray and mix well Apply 5 – 10 ml morphine gel to wound bed immediately after preparation Cover with appropriate dressing Dispose of gallipot and remaining mixture in a purple sharps bin Record pain score two hours after dressing change for inpatients At HDFT preparation and application must be witnessed by two nurses
Monitoring	<p>Review regularly every 3 to 7 days</p> <p>If pain reduced consider reducing frequency</p> <p>If pain continues consider alternatives and contact Palliative Care Team</p>
Side effects	<p>Very few side effects have been reported in the literature regarding the use of topical morphine. However, the potential exists for systemic absorption, so patients should be closely monitored for opioid side effects and toxicity, especially if taking opioids by another route. Some patients complain of local irritation.</p>
Cautions	<ul style="list-style-type: none"> Allergy to morphine or carrier gel Intolerance to the systemic side effects of morphine or other opioid derivatives. Severe renal impairment or severe hepatic impairment – however, may also be used in preference to systemic treatments for this reason. Care in bleeding or exuding wounds due to reduced ability of the carrier gel to stick to the wound surface.
Unlicensed Medication	<p>This is an unlicensed medication. Check that the ward team, district nursing team and GP are happy to initiate or continue this treatment. Patients must be given the leaflet 'Use of medicines outside of their UK marketing authorisation in pain management and palliative medicine – information for patients' published by the British Pain Society and available on the HDFT intranet.</p> <p>https://www.britishpainsociety.org/british-pain-society-publications/patient-publications/</p> <p>It must be documented in the patient record, on SystemOne or in hospital notes for inpatients, that a conversation has been had about the use of an unlicensed medicine.</p>

2. CONSULTATION, APPROVAL AND RATIFICATION PROCESS

Those listed in Appendix 1 will be consulted and the document ratified by the APC.

3. DOCUMENT CONTROL

Version	Date	Reason	Review
1	October 2018	New SOP	October 2020

4. DISSEMINATION AND IMPLEMENTATION

This document will be published in the Trust intranet.

MONITORING COMPLIANCE AND EFFECTIVENESS

Effectiveness must be monitored with a numerical rating scale to assess the level of pain prior to commencement of the treatment and then regularly throughout the duration of treatment.

Compliance can be assessed by checking that the patient is happy to continue treatment.

5. REFERENCE AND ASSOCIATED DOCUMENTS

1. Topical Morphine in Palliative Care (Information Sheet) June 2016 Bradford, Airedale, Wharfedale and Craven Palliative Care Managed Clinical Network
2. Use of Topical Diamorphine for Painful Wounds Guidelines 2012 St Michaels Hospice
3. <https://www.palliativedrugs.com/formulary/en/morphine.html> October 2018

6. APPENDICES

Appendix 1: Consultation Summary

Appendix 2: Monitoring, audit and feedback summary

6.1. Consultation Summary

<p>Those listed opposite have been consulted and any comments/actions incorporated as appropriate.</p> <p>The author must ensure that relevant individuals/groups have been involved in consultation as required prior to this document being submitted for approval.</p>	List Groups and/or Individuals Consulted
	Area Prescribing Committee
	HDFT Palliative Care Team
	HDFT Tissue Viability Nurses

6.2. Monitoring, Audit and Feedback Summary

KPIs	Audit / Monitoring required	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reported to	Concerns with results escalated to