



Morphine:

Start low and go slow

Morphine may be used to manage pain or trouble breathing throughout an illness or at the end of life.

By managing symptoms, morphine plays an important role in maintaining comfort and decreasing fear and anxiety.

The hospice team will work with you to find a pain management plan that meets your comfort goals.

Our goal is to start low and go slow—this means starting at the lowest dose necessary to be comfortable and increase dosages slowly as needed.

QUESTIONS AND CONCERNS

Will I become addicted if I start taking morphine?

There is a difference between physical dependence, tolerance, and addiction. Let's explain each, very different, condition:

Physical dependence is a physical condition caused by long term use of a medication, in which abrupt or gradual withdrawal causes

unpleasant physical symptoms. Think about coffee. If you are a daily coffee drinker, you may get a headache if you don't have coffee by 1:00 in the afternoon. That is physical dependence. When the effects of the medication wear off, one may experience symptoms like anxiety or jumpiness, shakiness or trembling, sweatiness, nausea, irritability or headaches.

Tolerance is the weakened effect of a medication following its repeated use at a given dose. So, in the case of morphine, as your body becomes used to a certain dose, you may need a higher dose to get to the same level of comfort. You may think, "If I take it now, it won't work when I really need it." If you're in pain now, we need to treat your pain.

Addiction is a condition that results when a person repeatedly takes a drug that is pleasurable and the continuation of which becomes compulsive and interferes

with ordinary responsibilities and concerns, such as work, relationships, or health. People who have developed an addiction may not be aware that their behavior is out of control and causing problems for themselves and others.

Using morphine at the end of life

Morphine is considered the gold standard of care and the first choice to treat moderate to severe pain. Morphine is available in various forms including pill, liquid or intravenous. **It is not the stage of a terminal illness, but the degree of pain that dictates when to use morphine.** Some people never need morphine, while others may require it for a longer period of time. When morphine is given at the very end of life, its effects should not be confused with the normal state of sleep or coma that many patients fall into. At the very end of life, when a patient may become unresponsive, but still exhibit non-verbal symptoms of pain—like

Questions or concerns?

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wincing or moaning when turned, wrinkling of the brow or face, it's considered compassionate to medicate with morphine to ensure comfort when the patient is unable to communicate verbally.

Morphine may be used for trouble breathing

Morphine has been used to treat dyspnea, or trouble breathing, for centuries, although the exact mechanism of action remains unclear. It can also ease anxiety and the feeling of air hunger by relaxing respirations, making it easier to breathe.

Will the use of morphine make me die sooner?

There is no evidence that opioids such as morphine speed up the dying process when a person receives the right dose to control the symptoms they are experiencing. In fact, research suggests that using opioids to treat pain or trouble breathing near the end of life may help a person live a bit longer. Experiencing pain and trouble breathing can be exhausting, and people nearing the end of life have limited strength and energy.

What side effects are associated with morphine?

- **Constipation:** Constipation is common and persistent and may get worse with increased doses. This side effect is addressed before it starts. Nerves that supply the muscles in the bowel are slowed down by morphine which can cause severe constipation. It is very important to begin a stimulant laxative and stool softener

(Senokot-S) when you start morphine. If you have not had a bowel movement in 2-3 days, please notify your visit nurse.

- **Drowsiness:** When patients start to take medications like morphine, they often feel drowsy at the start. This is fairly common during the first few days of treatment. Our bodies usually will, very quickly, build up a tolerance to the sedating effects and sleepiness goes away in a few days. Most patients, whose pain is well controlled on morphine, are not bothered by unusual sleepiness. If you feel too sleepy or groggy, contact us so we can adjust the dosage or try another medication better suited for your pain and your personal goals.

- **Dizziness or lightheadedness:** Be sure to get up slowly from sitting or lying down.

- **Itching skin or nose:** Occurs in about 1% of patients taking opioids. This is a side effect, but not a true allergic reaction and may be controlled with another medication if needed. Please let your nurse know if this becomes a problem.

- **Nausea, vomiting, mild stomach pain:** May be common at the start. Usually lessens in 1-2 days. Talk to your nurse if persists more than one week.

- **Dry mouth:** This side effect is very common and may be persistent. Make sure good oral hygiene is done and offer saliva stimulants or artificial saliva replacement. Popsicles, hard candy, and mints are often helpful.

- **Confusion or memory changes, visual problems or “seeing things”**

How fast does morphine work?

The speed at which morphine provides symptom relief depends on the dose and how it's taken— intravenous, liquid or pill form. For example, morphine given through a shot or an IV line may have a nearly immediate effect. Liquid morphine is absorbed quickly and relief begins in 15-30 minutes. The pill form of morphine can take from 30 to 60 minutes to take effect.

Does morphine stop a person's breathing?

When morphine is used slowly and carefully monitored, respiratory centers of the brain should not be affected. The risk of respiratory depression is minimized by starting with low doses of morphine and dose increases based on the patient condition. You will be closely monitored by our care team as they can recognize these symptoms and adjust the dosage as needed.

Last dose

When a patient is receiving regular pain medication such as morphine in the final hours or days of life, there is always a “last dose”. To family at the bedside, it may seem like the morphine caused or contributed to the death, especially if death occurs within a few minutes. However, this dose does not actually cause the person's dying. It is simply the last medication given in the minutes or hours before the death naturally occurs.

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