MMG029 GUIDELINES FOR THE USE OF TOPICAL MORPHINE FOR PAINFUL SKIN ULCERS IN SPECIALIST PALLIATIVE CARE
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Why we need this guideline
To provide guidance on the use of topical morphine for painful skin ulcers in Palliative Care

What the guideline is trying to do
This guidance has been developed to aid local healthcare professionals working in the specialist field of palliative care to;

- safely evaluate and use topical morphine for painful skin ulcers
- enable them to gain experience in its use
- gather efficacy data
- ensure that this is done in the safest and most standardised way

Which stakeholders have been involved in the creation of this guideline
Medical and nursing staff within Specialist Palliative Care Service
Medicines Management Committee

Any required definitions/explanations
CD – Controlled drug
TTO – To take out (discharge) form
NHFT – Northamptonshire Healthcare NHS Foundation Trust
WHO – World Health Organisation

Key duties

The Medicine Management Committee
Will approve and review these guidelines

Unit Managers
Are responsible for ensuring staff have read, understood and adhered to the guideline. It is also their responsibility to ensure all necessary equipment and medication related to the guideline is available and fit for purpose.

Doctors
Are responsible for assessing uncontrolled wound pain and prescribing any treatment required as appropriate.

Nursing staff
Are responsible for identifying patients who have uncontrolled wound pain and bringing them to the attention of the doctor.

Guideline detail

Inclusion Criteria
All patients MUST be reviewed by a member of the specialist palliative care team - see Appendix 1 for treatment algorithm;

- Patients under the care of Specialist Palliative Care Team only, with the aim of symptom management rather than wound healing, whose pain remains uncontrolled.
- Painful superficial chronic wounds <10cm diameter
• Non-neuropathic, localised pain
• Opioid naive 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

Exclusion Criteria
• Hypersensitivity (e.g. rash) to morphine or other opioid derivatives
• Hypersensitivity to Intrasite® gel
• Hypersensitivity to propylene glycol
• More than 2 wounds of <10cm diameter
• Any wound greater than 10cm diameter
• Age less than 18yrs old

Cautions
• Intolerance to the systemic side effects of morphine or other opioid derivatives
• Severe renal impairment or severe hepatic impairment – reduced doses may actually be used in preference to systemic treatments for this very reason. Monitor carefully for signs of opioid accumulation and toxicity over time
• Heavily bleeding or exuding wounds (due to reduced ability of the Intrasite® gel to stick to the wound surface)
• Concomitant use of MAO-inhibitors or within 14 days after discontinuation of MAO-inhibitors

Contraindications
• Do not use in or around the eyes because the product is not suitable for such application
• Severe impairment of the central nervous system (e.g. raised intracranial pressure, or head injury)
• Acute respiratory depression
• Topical management of infected wound (systemic treatment allowed)

Adverse Effects
Very few side effects have been reported in the literature regarding the use of transdermal morphine. However, the potential exists for systemic absorption, especially over large areas or with higher concentrations. Patients should be closely monitored for opioid side effects, especially if taking opioids orally/topically at the same time.

Some patients complain of pruritus with application of the morphine gel. Intrasite® gel contains propylene glycol, which has been reported to be a potential irritant and sensitizing agent in a small number of patients.

Guidelines for the Use of Topical Morphine
Please note this is an unlicensed indication.

All prescribing and administration of medications must comply with MMP001 - Control of Medicines Policy.

Appendix 2 details the treatment procedure.

Prescribing
For topical morphine the following needs to be prescribed;
“Morphine sulfate 10mg in Intrasite® gel 8g”

For inpatient areas this will be prescribed on the drug chart.

If to be continued on discharge a CD TTO form should be completed. In primary care, Controlled Drug requirements need to be met according to MMP001 Control of Medicines Policy.

Dose and frequency of application
Initially apply not more than 10mg of morphine in 8g Intrasite® gel (this gives a 0.125% preparation) to cover each painful wound two or three times, directly onto the wound bed. The amount of gel applied varies according to the size and the site of the wound but is typically 5 - 8grams (equivalent to 5 - 8ml) which should be assessed and monitored by the Specialist Palliative Care Team.

The Intrasite® gel should be washed off the wound with sodium chloride 0.9% before reapplying the next dose as detailed in Appendix 2.

Secondary dressing
Use foam adhesive dressing according to Northamptonshire Dressings Formulary over the wound and Intrasite® gel/morphine mixture. If a foam dressing is not appropriate, then appropriate formulary film dressing may be used.

Monitoring
Initially patients should be monitored twice daily, using pain scores to measure any improvement from baseline. If there has been no response after 3 - 7 days, treatment should be discontinued. Monitor for signs of opioid accumulation and toxicity, especially in patients with renal/hepatic impairment. Continue topical opioids unless contraindications arise or suitable long term arrangements can be made i.e. nerve block. During use consider frequency of application i.e. could be reduced to alternate days or increased to twice daily. Also consider reducing the systemic analgesia if topical treatment is effective and continue to review effectiveness regularly.

Preparation
Refer to Appendix 2 for instructions on how to prepare.

No commercially manufactured product for morphine 0.125% in Intrasite® gel is available in the UK. In some areas pharmacy manufacturing units can compound the gel as 1 mg preservative-free morphine sulfate per gram of Intrasite® gel on a 'named patient basis' but this is not available locally. Obtaining supplies through this route, especially from manufacturers other than NHS hospitals is very expensive.

Stability
The morphine component has been shown to be stable for up to 28 days when mixed with a neutral water-based hydrogel with no detectable breakdown products. However, when manufactured in any other place than a pharmacy compounding unit, once mixed the gel should be used immediately and not stored. This is due to concerns of microbiological contamination following mixing in a non-sterile environment, rather than the physical instability of the mixed gel.

Disposal
The MMP001 Control of Medicines Policy covers the disposal of controlled drugs in detail, and the advice below reflects this guidance. The information below was correct at the time of writing, but This document is uncontrolled once printed. Please refer to the Trust intranet for the current version.
staff must ensure they are continually familiar with the most up to date version of MMP001 Control of Medicines Policy, which is hosted on the Staff Room.

Used dressings should be placed in a small sharps bin which is to be kept in an appropriate designated area. Please contact pharmacy for advice. The bin needs to be labelled ‘contains mixed pharmaceutical waste and sharps.’ Prior to disposal, waste CD dressings that have been used on a patient should be folded in half. The clinician must wear gloves.

**Training requirements associated with this Guideline**

**Mandatory Training**

There is no mandatory training associated with this policy.

**Specific Training not covered by Mandatory Training**

Ad hoc training sessions based on an individual’s training needs as defined within their annual appraisal or job description.

**How this Guideline will be monitored for compliance and effectiveness**

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<td>Palliative Care Pharmacist</td>
<td>Annually in July</td>
<td>Medicines Management Committee</td>
<td>Medicines Management Committee</td>
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**Equality considerations**

Refer to MMP001 Control of Medicines Policy.

**Reference Guide**


MMG035 Symptom Management Guidelines for a Person thought to be in the Last Few Days and Hours of Life
# Document control details

| Author:                      | Melanie Harvey – Staff Nurse Cransley Hospice  
Natalie Fasham, Palliative Care Pharmacist |
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Consider prescribing daily topical application of 10mg Morphine Sulfate in 8g Intrasite® Gel directly to wound bed (see treatment procedure)

Review after 7 days

Pain reduced

Continue applications of topical morphine.
Consider
* Could applications be reduced to alternate days?
* Should applications be increased to twice daily?
* Could systemic analgesics be reduced?

Pain not reduced

Stop use of topical morphine and consider alternative options

NOTE:
Patients undergoing radiotherapy should wash off any topical preparation within treatment field prior to radiotherapy dose

PATIENT WITH PALLIATIVE DIAGNOSIS

Systemic analgesics commenced & titrated (prolonged release and breakthrough) as per WHO analgesic ladder & local guidelines

Pain remains uncontrolled
Systemic analgesics causing dose-limiting side effects
Focus of care is on symptom management rather than wound healing
* REFER TO SPECIALIST PALLIATIVE CARE TEAM *

APPENDIX 1 – TREATMENT ALGORITHM

APPENDIX 2 – TREATMENT PROCEDURE
EQUIPMENT REQUIRED

- Sterile dressing pack – containing; plastic tray, apron, gloves, gauze swabs, sterile field, disposable bag
- 0.9% w/v sodium chloride (sterile) for irrigating/cleaning wound
- Appropriate foam dressing from wound care formulary
- Intrasite gel 8g
- Morphine Sulfate injection 10mg
- 2ml syringe & filter needle
- Plastic probe for mixing gel and morphine
- Sterile spatula
- Sharps bin

PROCEDURE

1. Check authorisation and appropriate documentation
2. Record pain score as reported by patient
3. Explain and discuss the procedure with the patient and obtain consent to proceed
4. Prepare clean dressing field area as per Trust guidelines.
5. Draw up morphine sulfate 10mg and mix with Intrasite Gel 8g in sterile plastic tray, following relevant CD procedures at all times.
6. Remove old dressing and irrigate/cleanse the wound with 0.9% w/v sodium chloride (sterile)
7. Note size, appearance, odour and exudate from wound to document in notes
8. Apply Intrasite® gel and morphine solution directly to wound bed or onto dressing
9. Apply secondary dressing to wound
10. Dispose of any remaining mixture and any items which have been in contact with morphine in sharps bin. Refer to section ‘Disposal’ section of the guidance.
11. Check that patient is comfortable and dressing is secure
12. Complete documentation
13. Record pain score 2 hours after dressing change