




## Morphine sulfate solution: *Why we are reducing use?*

Acute (short term) Pain	Chronic (long term) pain	Palliative Care <i>Limited Role Only</i>
		
Patients may be discharged from hospital with this preparation for SHORT TERM use post operative analgesia	Prescribers asked not to initiate it. Where patients are already taking long term, take steps to change to a <b>long-acting formulation and taper down.</b> <sup>①</sup>	Could be prescribed for breakthrough pain in certain circumstances.
<i>GPs not to continue prescribing once the patient is home –<b>should not add to repeat</b></i>	<i>Not recommended for use in Chronic Pain</i> NICE NG 193	Consider Sevredol <sup>®</sup> tablets or Actimorph <sup>®</sup> oro-dispersible tablets if alcohol or sugar concerns.

### Morphine sulfate liquid

- ❖ is not suitable for repeat prescribing
- ❖ is a high-risk medication associated with increased risk of overdose and death.
- ❖ coroners have raised concerns about it's safety.
- ❖ has a very short duration of action, so pain is poorly controlled.



Oramorph<sup>®</sup> is the usual brand dispensed  
One 300ml bottle contains  
60 x 10mg doses of morphine

Plus

Alcohol (10% by volume)  
*equivalent to 600ml of beer*  
Sugar (90g)  
*equivalent to 18 teaspoonfuls*

① Medication should not be changed to codeine. Metabolism of codeine is very variable. A switch from morphine to codeine will be very dangerous for the small percentage of patients who are ultra-metabolisers whereas a switch from morphine to codeine for poor metabolisers of codeine will result in no analgesia, only side effects.