Topical Morphine for Wounds in the Hospice Patient



Goals:

- 1. Increase Quality Of Life (QOL) by decreasing pain at the site of a wound.
- 2. Decrease pain from wounds and the dressing changes related to the wound(s) by utilizing topical Morphine.
- 3. Taper oral opioid dose to decrease systemic side effects of the oral opioid if wound pain decreased or controlled by topical Morphine.

Morphine can be mixed in a Silvadine (SSD) or Aloe gel base. If the patient described the pain as burning, tingling, prickly, a silvadine base is recommended. If the patient did not use those terms to describe their wound pain, the Aloe gel base is the recommended choice.

Morphine is in a SSD base:	Morphine is in an aloe gel
Open wound	Open wound
Wound cannot have any signs of infection	Wound cannot have any signs of infection
Inflammation is present at site of wound	Inflammation is present at site of wound
Pain at wound site	Pain at wound site
Without the presence of moderate to heavy exudates	Without the presence of moderate to heavy exudates
No allergy or contraindication to Morphine	No allergy or contraindication to Morphine
No allergy or contraindication to Sulfa products	No allergy or contraindication to aloe based products



Range of dosing is: MSO4 0.25% in SSD/Aloe base (with or without 1 - 2% Lidocaine). Amount to be ordered is 60 - 400 gm.

Orders should be written to change dressing twice a day and PRN: PRN determined by patient choice.

Pain is to be assessed before and after dressing change using the 0 -10 numerical rating scale. Nurses should document the new onset of nausea, confusion, constipation, rash, myoclonus, sedation or respiratory depression with use of topical morphine or decrease of the above symptoms as an oral opioid is decreased or discontinued.

* Note: These are wound care guidelines only. Consult with the primary physician and pharmacist for specific orders. Follow the wound care policies and procedures in your organization.

