

## Facts and Myths about Morphine

### What is morphine?

- Morphine is a narcotic (opioid) used to treat moderate to severe pain.
- Morphine can treat all kinds of pain and is safe to use with any age group, even with infants and small children.
- Advantages over other opioids
  - It is inexpensive, effective, and readily available.
  - It comes in liquid and pill form as well as a long acting tablet preventing pain from interfering with sleep.
  - Morphine can be given in other ways that the nurse can explain to you.

### Why is morphine used in Hospice?

- As mentioned above, morphine is used for all types of moderate to severe pain at any stage of life.
- Morphine is safe and extremely effective in treating two common symptoms at end of life, **pain** and **trouble breathing**, no matter what the disease process is.
- One of our main objectives is to **control the patient's pain**.
  - If pain is not controlled, the patient may experience:
    - Sleeplessness \* Weakness \* Depression \* Poor appetite \* Fatigue
- Morphine helps with the feeling of having **trouble breathing**.
  - It is **extremely uncommon** that morphine stops the patient from breathing when the correct dosage is given.
  - Like many medications, morphine must be monitored closely and that is why it is started out in a very small dose.
  - Our nursing staff will **train** you on how and when to give the medication.
- Studies have shown that when patients receive adequate pain control, they live longer.

### What if the morphine stops working and the pain gets worse?

- The dosage can be increased or a different opioid can be prescribed.
- The nurse will do a thorough assessment and consult with the provider for the best pain management plan.

### Morphine Allergy vs. Side Effect

- True morphine allergies are very **uncommon**.
- Undesirable reactions such as nausea, sedation, rash, or itching are not true allergic reactions. These are reactions that are undesirable but would not put the patient in danger if taken again.
- If there is concern that there is a true allergy to morphine, our staff can administer in very small doses and monitor closely or get an order for a different opioid.

**(MORE ON THE OTHER SIDE)**

### **What about addiction?**

- Developing **true addiction** is quite uncommon, and interventions to reduce risk for addiction are part of the prescribing of all controlled substances.

### **The fear of the morphine making the patient too sleepy and not able to interact.**

- This is a valid concern and one that we, as the Hospice team, take seriously and want to support to achieve the patient's and family's goals. We work with the provider to increase dosages gradually so the patient is less likely to have a sedating or sleepy feeling if possible.

### **What if I give the last dose of Morphine?**

- It is important to understand that there will always be a last dose of every medication.
- When morphine is given correctly, the patient's end stage disease process is what the patient died from, not the last dose of morphine.

### **Myth: Morphine is used to kill people**

- Rest assured, that is **never** our intention nor our goal to use morphine or any other medication to end or shorten someone's life!
- Our goal is to help patients have the best quality of life for the time they have left on this earth and using morphine along with other medications and interventions when used properly at the correct dosages, we are able to accomplish this successfully.

**A nurse can be reached any time of the day or night for any questions you may have.**