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SUWASIRIPAYA

செய்தியின்  
செய்தி எண்  
My No. / WCCP/PAL/01/2015  
செய்தியின்  
ஆண்டு எண்  
Year No.  
தேதி  
Date  
04 / 05 / 2015

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கடத்தாரம் மற்றும் கடுதரச வைத்திய அமைச்சு  
Ministry of Health & Indigenous Medicine

General Circular No. : 01-14 / 2015

- Director / NHSL
- All PDHS / RDHS
- Director / NCI Maharagama
- Directors of All Teaching / Provincial General Hospitals
- Medical Supintendants of District General / Base Hospitals

**Prescribing and Issuing of Morphine for Cancer Pain Management**

Pain is a significant symptom among cancer patients. Causation of cancer pain is multifactorial including physical, mental, social & spiritual dimensions. According to scientific evidence, pain prevalence ranges from 33% in cancer patients after curative treatment to 59% in patients on anticancer treatment and to 64% in patients with metastatic, advanced or terminal phase. Moreover, another systematic review of the literature showed that nearly half of cancer patients were under-treated for pain. Recent studies conducted showed that pain was not adequately treated in a significant percentage of patients, ranging from 56% to 82.3%. (Ref: *Annals of Oncology*, 2012; Vol. 23: 139-154)

Morphine is an essential drug used for advanced cancer pain management. The Consultant Oncologists raised existing limitations on prescribing & issuing of morphine for advanced cancer pain management at hospitals on several occasions. This issue was discussed at the meeting of National Advisory Committee on Prevention & Control of Cancers held on 15.09.2014 and National Steering Committee on Palliative Care for Cancer Patients held on 10.12.2014.

Following decisions were made at the 'National Steering Committee on Palliative Care for Cancer Patients' meeting for prescribing and issuing of morphine for cancer pain management.

By virtue of the powers vested in me under section 66(1) of the Poison, Opium & Dangerous Drugs Ordinance as amended this circular is issued.

The schedule mentioned below should be adhered to when prescribing and issuing morphine at government hospitals giving due consideration for potential misuse. The patient and the caregiver have to be educated on the importance of morphine for cancer pain management, adverse effects and the precautions to be adopted for prevention of misuse.

Clinic setting	Officers in charge of prescribing	Duration
Cancer Clinics, Palliative Care & Pain Clinics	Consultant Oncologists, Consultant Physicians, Consultant Anaesthetists	Upto one month
Other clinics conducted by consultants	Consultant in Charge	Upto two weeks
Non specialist clinics	Grade medical officers (Under the guidance of a shared care plan of a consultant)	Upto one week

The following measures have to be adopted to prevent misuse of morphine.

1. Routine monitoring of morphine usage at the hospital level through a special prescription form filled by the prescribing consultant or medical officer (Draft of the prescription form is herewith attached, Annex:1)
2. Educate the caregiver to maintain the 'Home Based Monitoring of Management of Cancer Pain Management Chart' from the first instance of prescribing morphine (Annex:2)
3. Compliance of morphine use has to be documented by referring to the above chart when prescribing morphine at every subsequent clinic visit.

(It is a good practice to follow the patients who are on morphine by the same medical team in subsequent clinic visits.)

4. Advise the care giver to inform the hospital and return the remaining stock of morphine in the event of death of the patient.



**Dr. Palitha Mahipala**

Director General of Health Services

Dr. P. G. Mahipala  
Director General of Health Services  
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**Copy**

- Secretary / Health & Indigenous Medicine
- Secretary / Ministry of Public Peace
- Secretary / Ministry of Defence
- Additional Secretary / Medical Services
- Chairman, National Dangerous Drugs Control Board
- All DDGs of Ministry of Health & Indigenous Medicine
- Senior Legal Officer / Ministry of Health
- Director / National Cancer Control Programme
- Director / Medical Technology & Supplies
- Director / Medical Supplies Division
- Presidents of College of Oncologists, Physicians, Paediatricians, Anaesthetists, General Practitioners

**Reference.**

Ripamonti C I, Santin D, Maranzano E, Berti M, Rolia F 'Management of cancer pain: ESMO Clinical Practice Guidelines'. *Annals of Oncology*, 2012; Vol. 23: 139-154

**Special Prescription Form for Opioid Drugs**  
Clinics / Out Patient Department

the Hospital:

/ OPD:

date:

Registration No.:

Name:

Gender: Male / Female      Age:

Diagnosis:

Pain Score: \*  With/ Without Drugs

*\*Maximum pain experienced during last week, according to numerical / visual analogue scale from 0 - (No pain) to 10 (Maximum pain possible)*

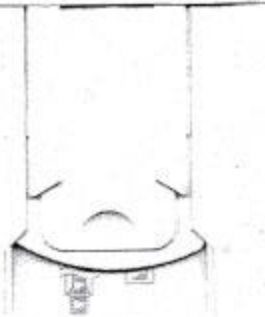
**Treatment:**

Name of the drug	Route of Administration	Dosage	Frequency	Duration

Signature of the prescriber:       SLMC Reg. No:

Name of the prescriber:      

*(This form has to be filled for patients on opioid drugs only. For all other drugs, existing drug charts has to be continued.)*



**Home Based Monitoring of Management of Cancer Pain**

Year: \_\_\_\_\_ Area: \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Medicine Dose (mg): \_\_\_\_\_

**Pain Scale**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Medicine Dose (mg)															
Pain Scale															
<b>Activities Scale</b>															
Spontaneous															
Stimulus to which need to sleep															
Drowsy to awake need to sleep															
Fully awake, eating & drinking															
Crying, Shouting, Restless															
<b>Other adverse Effects</b>															
Constipation															
Nausea															
Other															
Care giver's signature															
PHC worker's signature															
Family doctor's signature															

### Home Based Monitoring of Management of Cancer Pain

Year: \_\_\_\_\_ Month: \_\_\_\_\_

	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	
Date																															
Time																															
Morphine (mg)																															
<b>Pain Scale</b> 	10																														
	9																														
	8																														
	7																														
	6																														
	5																														
	4																														
	3																														
	2																														
	1																														
0																															
<b>Sedation Scale</b>																															
Somnolent	4																														
Waking, is alert, need to arouse	3																														
Awake, is awake, need to rouse	2																														
Fully awake, clear & alert	1																														
Awake, alert, lucid	0																														
<b>Other Adverse Effects</b>																															
Constipation																															
Nausea																															
Other																															
Care giver's signature																															
PHC worker's signature																															
Family doctor's signature																															

**Morphine**

Date issued	
Dose used	
Refills	
Remarks	

**Hospital Use Only**

Name of the Hospital: \_\_\_\_\_

Consultant's Name: \_\_\_\_\_

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_