

# Tips for Careworkers: Opioid Analgesics



**What it is:** Analgesics are medications used to relieve the symptom of pain. Opioids are analgesics. They are often used to treat pain from terminal illnesses.

Morphine is an opioid. It is often used in palliative care to manage moderate to severe pain. There are other opioids.

**Why it matters:** Opioids provide effective pain relief. The dose can be adjusted to reduce pain. Like all medications there can be side effects. Careworkers are likely to notice if there are side effects or pain persists.

**What I need to know:** Opioids can be given by:

- mouth (orally)
- a transdermal patch (skin patch)
- injection
- subcutaneous infusion (syringe driver).

Morphine, properly used, does not cause death; the person's illness does. Like all medications there can be side effects. Constipation is common.

Tolerance (lack of response) develops slowly, but rapid disease progression may cause increasing pain and increased need for pain medication.

Older people and their families may be concerned about opioid use. Ask nursing/supervisory staff to answer any questions.

**Note** Be aware that a person may be given opioids or other analgesics.

**Do** Watch whether the person still has pain after being given analgesia. Careful repositioning and gentle massage may also help with pain relief.

**Do** When a person is taking morphine, it is important to note certain possible changes. Report to nursing/supervisory staff if the person shows signs of adverse effects such as:

- nausea or vomiting
- constipation
- sedation
- respiratory depression (slower breathing)
- dry mouth
- cognitive impairment
- delirium (confusion)
- hallucinations
- seizures.

**Name:**

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## My reflections:

Why are opioids used in palliative care?

What side effects of morphine should I look for and report to nursing/supervisory staff?

## My notes:

See related palliAGED Practice  
Tip Sheets:  
Myths about Morphine  
Pain Management

For references and the latest version of all Tip Sheets visit  
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