

Hospice comfort medication

Would you like to feel more confident when giving medications to hospice patients?

Below is an overview of three commonly prescribed medications for hospice care. This guide can help you feel prepared when passing medications and speaking with Vivie's team or a resident's family about medication effects and side effects. If you have any questions or concerns, our Vivie hospice nurses are available day and night to help you manage symptoms before administering any of these medications for the first time.

Medication	Symptoms it treats	How fast does it work?	How long will it last?	Possible side effects
Lorazepam Lor-A-za-pam Also called: Ativan	- Anxiety - Restlessness - Nausea	Oral doses start to work in about 1 hour.	It usually lasts 6 to 8 hours.	- Dizziness - Sleepiness - Confusion - Unsteady gait
Morphine Sulfate IR (<i>immediate release</i>) MORE-feen SUL-fate	- Shortness of breath - Pain	Oral doses start to work in about 1 hour.	It usually lasts 4 hours.	Constipation, nausea, itching, vomiting, sleepiness <i>*Except for constipation, these side effects usually go away in a few days.</i>
Hyoscyamine Hye-oh-SYE-a-meen Also called: Levsin	Noisy, wet breathing from buildup of fluid in the back of the throat at end of life	It may start to work in 1 hour, but it typically takes a few doses to notice improvement.	It usually lasts 2 to 4 hours and becomes more effective with repeated doses.	- Constipation - Dry mouth, dry eyes - Headache - Dizziness, confusion - Urine retention

How to give these medications

- Whole: The resident may swallow these medications whole, if they are able to.
- Crushed: You can also crush the tablet, mix with 0.5 – 1ml of water and draw it up in a 1ml oral syringe. Then gently push the medication solution from the syringe into the resident's cheek/gum area or under the tongue. If more than one type of the above crushed medication is needed at the same time, the medications can be given together safely in the same syringe.

NOTE: Immediate-release (IR) morphine may be crushed, but extended-release morphine may not.

We're here for you—always.

If you ever have concerns about symptoms, side effects, or dosage, don't hesitate to reach out. The Vivie hospice team is available 24/7 to provide guidance and ensure every resident receives the care and comfort they deserve.

Do you have concerns about administering morphine?

When you are working with residents who are frail, ill and near death, it is normal for you to have concerns about administering their prescribed morphine and other similar medications. As you see the sedating effects of morphine, it may be helpful to remember that it is given to ease both pain and breathing troubles—to help meet a person's goals for comfort at the end of life.

Please take a few minutes to read this page for more details about how morphine is used with hospice patients.

Why is morphine given to hospice patients?

For hospice patients, opioids (such as morphine) are commonly used for managing moderate to severe pain and breathing troubles. They are used because they are effective and easy to give. They have a low risk of severe side effects when compared to their benefits.

Is it safe?

Morphine and similar medications are safe for hospice patients when used correctly.

All Vivie nurses and our medical director receive detailed training about how morphine works in the body, how to calculate and give safe doses and which patients would benefit from taking it. We follow dosing standards suggested by the World Health Organization, the Agency for Health Care Policy and Research, and the American and International Pain Societies.

Why is the dosage increasing? What about addiction?

It is **normal and expected** for people who take these comfort medicines regularly to have their medication or dose adjusted, just as people often need changes in blood pressure medicine over time.

There is no limit to a morphine dose. It can safely continue to increase as the illness advances and pain or breathing troubles become worse.

Some hospice patients don't want to ask for more medication—even when they really need it—because they're afraid they will become addicted, or they're worried about what other people might think of them. Actually, it's very rare for hospice patients who take medications for pain or breathing troubles to become addicted.

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