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சுவசிரிபாய

SUWASIRIPAYA

මගේ අංකය )  
எனது இல ) NCCP/PAL/01/2013  
My No. )

ඔබේ අංකය )  
உமது இல )  
Your No. : )

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திகதி ) 06./05./ 2015  
Date )

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**சுகாதாரம் மற்றும் சுதேச 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 16.12.2014.

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.

<b>Clinic setting</b>	<b>Officers in charge of prescribing</b>	<b>Duration</b>
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

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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.**

*Ripamonth 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

Name of the Hospital

Clinic / 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

Annex:2.

Year.....Month.....

	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	Day 16	Day 17	Day 18	Day 19
<b>Date</b>																			
<b>Time</b>																			
<b>Morphine Dosage ( mg )</b>																			
<b>Pain Scale</b>																			
	10																		
	9																		
	8																		
	7																		
	6																		
	5																		
	4																		
	3																		
	2																		
	1																		
	0																		
<b>Sedation Scale</b>																			
Somnolence	4																		
Sleeping, to awake need to shout	3																		
Drowsy, to awake need to touch	2																		
Fully awake, Eating & drinking	1																		
Crying, Shouting, Restless	0																		
<b>Other Adverse Effects</b>																			
Constipation																			
Vomiting																			
Other																			
<b>Care giver's signature</b>																			
<b>PHC worker's signature</b>																			
<b>Family doctor's signature</b>																			



# Home Based Monitoring of Management of Cancer Pain

Year.....Month.....

		Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31	
														<b>Morphine</b>
Date														Dose issued
Time														Dose used
Morphine Dosage ( mg )														Balance
														<b>Remarks</b>
<b>Pain Scale</b>	10													
	9													
	8													
	7													
	6													
	5													
	4													
	3													
	2													
	1													
	0													
<b>Sedation Scale</b>														<b>Hospital Use Only</b>
Somnolence	4													Name of the Hospital
Sleeping, to awake need to shout	3													
Drowsy, to awake need to touch	2													Consultant's Name
Fully awake, Eating & drinking	1													
Crying, Shouting, Restless	0													Issued by
<b>Other Adverse Effects</b>														
Constipation														Date
Vomiting														
Other														
Care giver's signature														
PHC worker's signature														
Family doctor's signature														