

An audit of morphine prescribing in a hospice.

Neo SH, Loh EC, Koo WH. Singapore Med J 2001; 42(9):417-9.

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Abstract:

Aim of study: This audit was designed to investigate the morphine prescribing pattern in a hospice.

Method: A review of 358 medical charts of all existing patients was conducted with a set of questionnaire. The prevailing practice was compared with an established standard guideline.

Result: One third (35%) of patients were receiving morphine. Several deficiencies in morphine prescribing were identified. These include omission of breakthrough morphine dosing, use of morphine as p.r.n. (when necessary) alone for chronic pain, absence of review after prescribing treatment, and lack of double dosing at night. Prophylactic laxatives and anti-emetics were often not co-prescribed.

Conclusions: Despite much of what is known about the pharmacology and therapeutic use of morphine, there is much variation and even inappropriate prescription in a palliative care institution.

Implementation of recommended European guidelines and education may improve morphine prescribing habits. However, such guidelines may have to be validated in future studies to see if they need to be revised to suit our local population.

Comments:

Strengths

1. Simplicity and clarity
2. Good sample size

Weaknesses:

1. No mention of the validity and reliability of data collection method
2. No comparison made between home-based and hospice-based patients. Patients followed by physicians were not compared to patients followed by nurses.

Relevance to palliative care:

Morphine is one of the most commonly prescribed medications in palliative care and, therefore, audits are needed on this topic for quality improvement purposes.