

# SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

While troublesome side effects associated with chemotherapy or radiotherapy calls for prompt Specialist referral, pharmacists are well placed to reinforce pain relief options as well as effective oral hygiene strategies. This is a continuation of [Part I \(173kb pdf\)](#).

## Case Study

Wayne followed your advice to promptly contact his Specialist, following the occurrence of painful swallowing and altered taste to food. You learn on his return to the pharmacy that his Specialist has modified his pain management plan.

Wayne presents a prescription for an extra fentanyl patch, lidocaine oral liquid and morphine syrup which replaces his morphine tablets. His current medicines now include:

- > Fentanyl 100 microgram/hour and Fentanyl 12 microgram/hour patches every third day
- > Morphine 10mg/mL oral solution, 35 mg every 4 hours as required for pain
- > Lidocaine (lignocaine) hydrochloride 2% oral liquid, 15 mL every 3 hours prn
- > Venlafaxine 75 mg (CR) daily
- > Coloxyl and Senna 2 twice a day

Wayne asks what other approaches he can use to manage these symptoms

## Management Strategies

Mucositis can be extremely painful and the increase in systemic opioids is appropriate under these circumstances. The standard approach to opioid titration applies.

Many Oncology Units will supplement systemic opioids with a local anaesthetic such as lidocaine (lignocaine) hydrochloride 2% oral liquid. This should be limited to 120mL per day. Some centres may recommend a benzydamine containing product (e.g. Difflam®) in place of the lidocaine. Importantly, patients need to avoid products containing alcohol (such as some mouth washes) as these will worsen the pain.

Basic oral care is crucial in preventing progression and reducing the severity of this symptom. Reinforcement about effective oral hygiene is important, including:

- > Maintaining optimal nutrition;
- > Developing a daily oral hygiene routine, including brushing teeth and the gums four times a day with a soft brush and rinsing with water or salt water;
- > Increasing the frequency of mouth washes to every hour, if necessary;
- > Managing any oral dryness by using sugarless chewing gum or salivary substitutes;
- > Reducing and/ or removing additional sources of trauma (such as ill-fitting dentures); and
- > Avoiding painful stimuli (including hard and or spicy foods, hot drinks, smoking and alcohol)

In addition remind Wayne to contact his Specialist if new symptoms (such as fever) develop.

Part 3 of this case will discuss alteration of solid oral dosing forms, for people experiencing difficulty in swallowing.

## Useful Resources

- > [EviQ Clinical resources: Oral mucositis and stomatitis.](#)

## For more information

Contact the Lead Palliative Care Pharmacists:

- > **Josephine To, Northern**  
[Josephine.to@sa.gov.au](mailto:Josephine.to@sa.gov.au) (08) 8161 2499
- > **Michaela del Campo, Central**  
[Michaela.delcampo@sa.gov.au](mailto:Michaela.delcampo@sa.gov.au) (08) 8222 6825
- > **Paul Tait, Southern**  
[Paul.tait@sa.gov.au](mailto:Paul.tait@sa.gov.au) (08) 8404 2058

©Department of Health, Government of South Australia. All rights reserved.

This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

