

Pain in the last days of life

Symptom assessment and management fact sheet

Good pain management is based on comprehensive assessment and diagnosis, careful titration of analgesics and frequent clinical review by the medical and nursing team. The experience of pain varies in the last days of life, some people develop pain, others will not experience pain at all. A person with pre-existing pain may find it increases, while others may experience a reduction in pain, particularly if pain is movement related. When a person is semi-responsive or unconscious they are unlikely to communicate clearly about their pain, so other forms of assessment should be used. Assess for non-verbal signs of pain, such as frown, restlessness, moaning and administer a trial of a PRN pain medication to gauge effect. A person taking regular analgesia (opioids and/or nonopioids) will require ongoing pain management in the last days of life, and when unable to swallow, this should be given subcutaneously using a continuous subcutaneous infusion (CSCI). As with all symptoms at end of life, anticipatory PRN breakthrough doses of analgesia should be available on the medication chart.

Possible causes of pain

- back pain due to immobility or being repositioned in bed
- malignant tumour pain
- pressure area pain
- abdominal pain secondary to ascites.
- tenderness over a distended bladder or rectum.

How to help

- Complete frequent comprehensive pain assessments using a pain assessment tool (for example Abbey pain scale, Wong Baker Faces pain rating scale or Edmonton symptom assessment scale (ESAS)) and document.
- Treat possible reversible causes such as urinary retention and consider regular repositioning for comfort.
- Use of a pressure relieving mattress, consider using their own pillows and soft bedding.

- Consider the use of hot or cold packs.
- Use PRN analgesia for breakthrough/incident pain (using PRN doses 6th to 10th proportional to background analgesia dose).
- Consider PRN analgesia prior to repositioning and hygiene care if they appear to be uncomfortable.
- Closely monitor and document the response to PRN breakthrough analgesia, prompt a medical review if inadequate.
- If a CSCI in use, consider prompting a medical review for dose titration if frequent (more than two per shift) PRN breakthrough doses are required.

Key message

For persons with difficult to control pain, contact treating medical team, consider specialist palliative care advice from your local service or PallConsult **1300 PALLDR (1300 725 537)**.

The palliMEDs app includes an opioid calculator to support prescribers to provide optimal pain management.

References

Therapeutic Guidelines. (2024). *Palliative care: Care in the last days of life*. https://app.tg.org.au/guidelines/Palliative_Care/Care_in_the_last_days_of_life

CareSearch. (2025). *Care of the dying person*. <https://www.caresearch.com.au/Evidence/Clinical-Evidence-Summaries/Care-of-the-Dying-Person>

palliAGED. (2025). Pain Management. <https://www.palliaged.com.au/Improving-Care/Care-Needs/Symptom-Management/Pain>

palliMEDS app: <https://www.caringathomeproject.com.au/for-health-professionals/mobile-apps>