

Hospice Pain Management: How Pain Is Treated Beyond Opioids

A guide for families and hospice professionals explaining how pain is assessed and treated in hospice, and why meaningful relief depends on more than a single medication.

BetterRX

THE SHORT ANSWER

Hospice pain management is about more than prescribing opioids. Hospice teams assess what may be causing pain, use medication and non-medication therapies tailored to the patient, and adjust the plan as symptoms and goals change.

The goal is not simply a lower pain score. It is meaningful comfort, helping patients rest, communicate, spend time with loved ones, and remain as alert as they want to be.

Understanding the Type and Cause of Pain

Not every patient experiences pain in the same way, and not every patient's pain has the same cause. Tumors pressing on nerves, arthritis, fractures, pressure injuries, inflammation, surgical changes, muscle spasm, and chronic conditions that predate hospice can all contribute to discomfort.

The way pain feels can also provide clues about its underlying mechanism. Burning, shooting, or tingling pain may suggest a neuropathic component, while aching or tenderness may be associated with tissue or bone injury. Some patients experience more than one type of pain at the same time.

Before changing a medication, hospice teams may consider:

- What type and severity of pain is the patient experiencing?
- Is there a reversible or modifiable contributor to discomfort?
- How quickly is relief needed?
- Can the patient swallow medications, or is another formulation or route needed?
- What level of comfort and alertness matters most to the patient?

- Are previous opioid exposure, other medications, or patient-specific factors affecting treatment choices?

These questions help the hospice team identify the most appropriate approach rather than responding to a pain score alone.

Multimodal Pain Management: More Than Opioids

Opioids remain an important and appropriate treatment for many patients with moderate-to-severe pain in hospice. But pain in hospice and palliative care is often multifactorial, and opioids alone may not fully address every component of a patient's discomfort.

Multimodal pain management combines therapies that target different pain mechanisms and contributors. Depending on the patient's diagnosis, symptoms, and goals, a plan may include:

- Topical therapies for localized pain
- Acetaminophen or anti-inflammatory medications when clinically appropriate
- Positioning, pressure relief, massage, heat or cold therapy, and supportive equipment
- Opioids for moderate-to-severe pain, including medications used for ongoing pain and additional short-acting treatment for breakthrough pain when appropriate
- Adjuvant medications for neuropathic pain, muscle spasm, or other specific pain mechanisms
- Corticosteroids when tumor-related swelling, nerve compression, bone pain, or other steroid-responsive symptoms are contributing

The goal is not simply to add medications or reduce opioid use at all costs. Instead, hospice teams strategically select therapies based on the likely pain mechanisms, the patient's goals, and practical considerations such as route of administration, organ function, and potential side effects. The right combination can improve comfort while supporting function, rest, and connection and minimizing unnecessary treatment burden.

Pain Can Be Physical, Emotional, and Spiritual

Pain is not always only physical. Fear, anxiety, grief, isolation, family stress, and spiritual distress can intensify how pain is experienced.

Hospice teams consider these factors alongside medical causes of pain. Nurses, physicians, social workers, chaplains, aides, pharmacists, and volunteers may all contribute to the care plan. This whole-person approach is sometimes described as addressing “total pain,” the physical, emotional, social, and spiritual experiences that can affect comfort.

Look for Modifiable Contributors Before Increasing Medication

- Constipation

- Urinary retention
- Muscle spasm
- Pressure injuries
- Poorly fitting equipment
- Uncontrolled anxiety
- Medication-related side effects

Addressing these contributors can improve comfort and, in some cases, reduce the need for additional pain medication or help avoid unnecessary side effects.

This is an important part of clinical reassessment: worsening pain does not always mean the answer is simply more medication.

Pain Treatment Changes as Needs Change

Pain can change as illness progresses. Hospice clinicians regularly reassess how well medications are working, whether side effects are developing, and whether a new symptom or underlying contributor has appeared.

Some patients experience persistent pain that requires regularly scheduled medication, while others experience intermittent flares, often called breakthrough pain, despite otherwise adequate baseline control. Hospice teams may use additional medication for these episodes and reassess the underlying regimen if breakthrough pain becomes frequent.

Treatment decisions may also change when a patient can no longer swallow safely. Hospice teams may need to consider an alternative formulation or route based on the medication, urgency of symptom relief, patient condition, caregiver capabilities, and goals of care.

A medication that is clinically appropriate but difficult for a patient to take is not an effective pain-management plan. Route and formulation are therefore part of treatment, not simply logistical considerations.

Treatment decisions may consider factors such as:

- The cause, severity, and timing of pain
- Other medications and potential interactions
- Ability to swallow or use another route
- Patient goals, preferences, and desired level of alertness

Managing Side Effects Is Part of Pain Management

Effective pain treatment means paying attention to more than pain relief. Hospice teams routinely monitor for medication-related concerns such as:

- Constipation
- Nausea
- Drowsiness
- Confusion
- Dry mouth

Many side effects can be anticipated and managed before they become major problems. A plan may include preventive measures such as a bowel regimen, dose or timing adjustments, a medication change, or another formulation or route when clinically appropriate.

Kidney and liver function can also affect how the body processes certain medications. When organ function declines, some treatments may last longer or cause more side effects, including sedation or confusion.

Preventing Pain Crises When Possible

Hospice teams aim to respond quickly when pain worsens, but they also work to prevent avoidable pain crises. That can mean anticipating breakthrough pain, ensuring medications and supplies are available before a change in condition occurs, clarifying when families should call, and reassessing the plan after a significant symptom change.

Families should contact the hospice team promptly for new, severe, rapidly worsening, or increasingly difficult-to-relieve pain. They should not wait for a scheduled visit if pain cannot be adequately relieved.

Families should also call when pain is associated with new agitation, grimacing, guarding, trouble sleeping, or a sudden decline in function. Early communication gives the team more opportunities to identify contributing factors and adjust treatment before discomfort becomes more difficult to control.

Families should not independently change a medication dose, skip scheduled medication, or use an unfamiliar route of administration without guidance from the hospice team.

Clinical Pharmacy Support for Complex Pain Management

As a patient's condition changes, pain management may require more complex medication decisions. A medication that worked well earlier in the illness may no longer provide enough relief, may cause unacceptable side effects, or may no longer be practical if swallowing becomes difficult.

Hospice pharmacists can help teams evaluate the clinical and practical factors that influence medication decisions, including:

- Opioid selection and safe opioid conversions
- Clinically relevant medication interactions
- Formulation and route of administration
- Medication-related adverse effects

■ Medication availability and access

Pharmacist collaboration can be especially valuable when symptoms escalate quickly, a medication is unavailable, or a patient's route of administration changes.

SUPPORT FOR SAFER, MORE RESPONSIVE HOSPICE PAIN MANAGEMENT

BetterRX helps hospice organizations support individualized pain management through hospice-focused pharmacist expertise, clinical decision support, and coordinated medication access. When symptoms change, hospice teams need more than a prescription, they need a reliable path to the right medication at the right time.

Frequently Asked Questions

Will my loved one be overmedicated and sleep all the time?

Hospice teams do not aim to sedate patients simply to treat pain. The goal is to relieve pain while preserving alertness to the extent the patient wants and can achieve. If a patient is too sleepy or experiencing other unwanted side effects, the team can reassess the dose, timing, medication, formulation, or other contributors to the change.

Additional FAQ topics covered on the source page (answers not published at time of writing): Are opioids like morphine always required in hospice? Can my loved one become addicted to pain medicine at the end of life? What happens when hospice pain medication is not working? How does hospice know when someone is in pain if they cannot communicate? How can families help with pain management?

Compassionate, Individualized Relief

Pain management in hospice is both a clinical discipline and a deeply personal part of care. Effective treatment may involve medications, non-medication approaches, attention to modifiable contributors, management of side effects, and timely adjustments as needs change.

Comfort-focused care is still active care. The goal is to relieve suffering while supporting what matters most to the patient, whether that means resting comfortably, participating in conversations, spending time with loved ones, or maintaining as much alertness as possible.