Background Many patients with life-limiting illnesses will require analgesia. Patients with complex pain symptoms are commonly prescribed regular strong opioids. A number of factors, both intrinsic and extrinsic, can lead to opioid toxicity whilst this can often be managed conservatively; naloxone is sometimes required. Clinical staff who are not familiar with managing patients with palliative care needs may not be aware of the potential adverse effects if naloxone is used inappropriately. Here, we describe two cases where naloxone was used. Both of these patients had metastatic malignancies and were in-patients at an acute trust.

Aim To review and reflect on two cases where naloxone was used in patients with terminal malignancies who were receiving regular strong opioids and exhibiting signs of opioid toxicity. To compare the practice seen in the two cases against the available guidance on naloxone use in palliative care patients.

Methods Two palliative care patients were identified as receiving naloxone for opioid toxicity. Local and national guidance on the use of naloxone in palliative care was used to review the case management.

Results One case exhibits the appropriate use of naloxone, which led to a satisfactory outcome. In contrast the other case illustrates inappropriate use of naloxone, leading to severe rebound pain. This review demonstrates the importance of being able to identify when naloxone is necessary in palliative care patients without risking unnecessary reversal of analgesia.

Conclusions These cases illustrate the importance of appropriate use of naloxone in palliative care patients receiving regular strong opioids. Inappropriate use of naloxone can result in severe rebound pain and opioid withdrawal. Raising awareness of local and national guidelines alongside continued education to clinical staff is vital to ensure the appropriate and safe use of naloxone in palliative care patients.

These cases suggest that treating hypomagnesaemia may improve patients’ pain control.