

Community palliative care prescribing table: symptom control in last days of life for adults

Anticipatory Prescribing (AP): Last weeks of life authorise at least 1 PRN drug for symptoms 1-4
 If **approaching last days** consider authorising syringe pump to 'start when needed' with appropriate ranges, but note **cautions on syringe pump page** & remember diluent: **usually water for injection**.

AP: supply the following number of doses: PRN drugs only:10. Complex symptoms or authorising syringe pump in advance: >10 e.g. 3 days supply. Non complex/no symptoms: 5				Starting dose range over 24 hours via subcutaneous syringe pump	Usual total maximum dose/24 hours
Symptom	Injectable Drug	Subcutaneous (SC) as required (PRN) dose and minimum interval:	Ampoule Strengths		
SYMPTOM 1: PAIN/DYSPNOEA					
If on oral opioids see table for conversion [‡] If eGFR <30 seek guidance ^{**}	Morphine 1 st Line	2.5-5mg 1 hourly if opioid naïve OR 1/6 th 24 hour SC dose 1 hourly	10, 15, 20 or 30mg/ml in 1ml or 2ml amps	if opioid naïve: 10-15mg 5-15mg ^{FL}	No upper limit but prescriber may indicate a max dose
	Oxycodone	1-2mg 1 hourly if opioid naïve ^{RF} OR 1/6 th 24 hour SC dose 1 hourly <i>Seek advice for use in renal failure^{**}</i>	10mg/1ml, 20mg/2ml, 50mg/ml	If opioid naïve 2.5-7.5mg ^{RF}	
SYMPTOM 2: NAUSEA AND VOMITING					
Opioid or chemical	Haloperidol	1-1.5mg 6 hourly 0.5-1mg 6 hourly ^{RLF}	5mg/ml	1.5-5mg 1-3mg ^{RLF}	5mg 3mg ^{RLF}
Prokinetic	Metoclopramide	10mg 6 hourly 5-10mg 6 hourly ^{RL}	10mg/2ml	30-60mg 20-30mg ^{RL}	80mg ⁺ 30mg ^{RL}
Centrally induced	Cyclizine* Not 1 st line for AP	50mg 6 hourly: if not on regular <i>Avoid in severe liver impairment^L</i>	50mg/ml	150mg	150mg
Broad Spectrum	Levomepromazine	5mg 6 hourly	25mg/ml	5-25mg	25mg
Parkinson's or 3 rd line	Ondansetron	4mg 6 hourly 4mg 8 hourly ^L	4mg/2ml	8-16mg 4-8mg ^L	24mg 8mg ^L
SYMPTOM 3: AGITATION IN LAST DAYS OF LIFE					
1 st line	Midazolam	2.5-5mg 1 hourly	10mg/2ml	10-20mg 5-15mg ^{RLF}	60mg
+ hallucinations or confusion	Haloperidol	1-1.5mg 6 hourly 0.5-1mg 6 hourly ^{RLF}	5mg/ml	1.5-5mg 1-3mg ^{RLF}	10mg 5mg ^{RLF}
2 nd line	Levomepromazine	12.5-25mg 4 hourly	25mg/ml	12.5-25mg	100mg
SYMPTOM 4: RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE					
Chest/gastro-intestinal secretions or colic	Hyoscine Butylbromide *	20mg 2 hourly -1 st line If prescribing cyclizine use glycopyrronium	20mg/ml	60-140mg	240mg
	Glycopyrronium	200 micrograms 2 hourly-2 nd line <i>Avoid if possible if eGFR<30ml/min^R</i>	200 microgram/ml	600-1200 micrograms	1.2mg

^{RLF} Consider dose adjustments if clinically relevant: R: eGFR <30 ml/min/1.73m²; L: Severe liver impairment: Child-Pugh C;

F: Severe frailty: clinical judgement or very low BMI/weight

‡Conversion of oral to subcutaneous opioids via syringe pump/24hrs (Do not change patient's opioid drug unless indicated)		
Oral morphine	→	s/c morphine
Oral oxycodone	→	s/c oxycodone
Oral morphine	→	SC diamorphine (use if volume too high: seek advice)

[‡]Specialist advice suggested for metoclopramide doses >60mg

*Cyclizine is incompatible with hyoscine butylbromide and has dose related incompatibility with oxycodone in a syringe pump

**See guidance /seek advice for:

- Patients on opioid patches: do not discontinue, prescribe SC PRN opioid and syringe pump if needed
- Opioids if eGFR <30ml/min/1.73m²: consider SC fentanyl or alfentanil if appropriate: seek advice or see specific guidance^{**}
- Parkinson's Disease antiemetics: 1st ondansetron, 2nd cyclizine, 3rd levomepromazine. Avoid haloperidol & metoclopramide.

**For AP guidance notes, specific guidelines e.g fentanyl or alfentanil if eGFR<30, full SOP plus link to pharmacies stocking AP/palliative care medication see <https://www.stpetershospice.org/for-professionals/resources/clinical-guidelines/>

Hospice 24 hour telephone advice: St Peter's Hospice: 0117 9159430; Weston Hospice: 01934 423900

Community Nurse 24 hour contact Sirona Single Point of Access: 03001256789