NHS Harrow Clinical Commissioning Group

NHS Brent Clinical Commissioning Group

St Luke's Hospice

Central London Community Healthcare NHS Trust

HARROW AND BRENT CCGs
PALLIATIVE CARE 'JUST IN CASE' GUIDELINES

Pembridge Palliative Care Centre

KEY MESSAGES

ANTICIPATE symptoms that might develop over the next few days.

BE PREPARED to prescribe drugs for minimum 3 days to cover out of hours. This includes the FP10 and also the drug authorisation chart for District Nurses.

COMMUNICATE with others involved in the patient's care including OOH

SUGGESTED ANTICIPATORY MEDICATION

- Morphine sulphate injection	10mg/1ml x 5 amps
- Haloperidol	5mg/1ml x 5 amps
- Midazolam	10mg/2mls x 5 amps
- Glycopyrronium	0.6mg/3ml x 5 amps
- Water for injection	10ml x 10 amps

GENERAL ADVICE

Prescribe in anticipation of symptoms; always consider:

1. PAIN
2. NAUSEA AND VOMITING
3. ANXIETY, TERMINAL AGITATION, RESPIRATORY DISTRESS
4. RESPIRATORY SECRETIONS

- Syringe drivers are used where the oral route is unavailable or inappropriate as a means of continuous symptomatic control.
- Use water for injections unless otherwise indicated.
- Seek specialist advice if in any doubt (numbers below).
- For patients already on an opioid patch (Fentanyl or buprenorphine) for analgesia, this should be continued and the syringe driver used for other medication and/or additional analgesia.

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SYMPTOM	DRUG	Syringe Driver dose (continuous subcutaneous infusion) over 24hrs	PRN dose for breakthrough (subcutaneous)	Think box	Ampoule sizes available
Pain	Morphine	For opiate naïve patients 10-15mg For pts already taking oral morphine divide total 24h dose by 2.	Divide 24h dose by 6 , give 2-4 hourly. Increase PRN doses in line with the syringe driver.	Contact specialists for use of alternative opioids. Increase syringe driver by total PRN needed in 24h.	10mg, 15mg, 20mg, 30mg 1ml or 2 ml vials
Nausea and Vomiting Cause of nausea determines the anti-emetic choice.	Cyclizine	100-150mg	50mg every 8h Max 150mg in 24h	Useful in bowel obstruction/ raised ICP.	50mg/1ml
	Metoclopramide	30-60mg	10-20mg every 6h	Do not use if bowel colic; prokinetic in upper GI tract.	10mg/2mls
	Haloperidol	1-5mg	0.5-1.5mg every 4 hours	Metabolic causes Anxiolytic/sedative.	5mg/1ml
	Levomepromazine	6.25-25mg	6.25-12.5mg every 4 hours	2nd or 3rd line. Also anxiolytic.	25mg/ml
Anxiety, terminal agitation	Midazolam	10-30mg	2.5-5mg every 2-4 hours	Consider lorazepam 0.5-1mg sublingual Think of cause e.g. pain/ constipation/retention.	10mg/2ml
	Levomepromazine	12.5-50mg	6.25-12.5mg every 4 hours	2nd line.	25mg/1ml
Respiratory secretions	Glycopyrronium	0.6-1.2mg 2-4 hourly	0.2-0.4mg every 4-8 hours	Reposition patient Reassure relatives	0.2mg/1ml 0.6mg/3mls
Seizures	Midazolam Buccal midazolam	20-60mg/24 hours (to prevent seizures)	10mg buccal stat 10-20mg stat s/c	If on anticonvulsants and now unable to take orally.	10mg/2mls injection Buccolam 10mg/ 2mls