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Last days of Life Care

Guidance for professionals symptom management

Contents

Barnsley Hospital Quality in Care

BARNSLEY Hospice

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With **all of us** in mind.

Notes to guide prescribing of anticipatory medicines

It is important to ensure suitable medicines and routes are prescribed as early as possible and are reviewed as the dying person's needs change.

When deciding which anticipatory medicines to offer take into account:

- the likelihood of specific symptoms occurring
- the benefits and harms of prescribing or administering medications
- the place of care and the time it would take to obtain medication

Drugs pre-emptively prescribed will vary according to the patient's existing medication and individual need but the following may help to provide a general guidance for potential symptom control in the last days of life.

The amounts advised in the following examples are the **minimum** and a greater number may need to be prescribed according to the patient's requirements.

Always prescribe **WATER FOR INJECTION 10mL x 10 ampoules** and **3 Vapour-permeable adhesive film dressings (e.g. Tegaderm) minimum size 6cm x 7cm**

FOR PAIN
If already taking morphine/equivalent convert in line with guidance in this document and the Palliative Care Formulary.

If not currently prescribed morphine or equivalent, the following would be an example prescription:

Morphine Sulfate 10mg/mL for injection
To have 2.5mg – 5mg by subcutaneous injection every 2 hours as required,
Supply 5 (five) ampoules

FOR AGITATION

First line:
Midazolam 10mg/2ml for injection
To have 2.5mg – 5mg by subcutaneous injection every 1 hour as required for agitation/restlessness
Supply 5 (five) ampoules

Second line:
Haloperidol 5mg/ml for injection
To have 500micrograms – 1.5mg by subcutaneous injection every 4 hours as required for agitation/delirium
Supply 5 ampoules

FOR SICKNESS
Haloperidol 5mg/ml for injection
To have 500micrograms – 1.5mg by subcutaneous injection every 4 hours as required for nausea and vomiting
Supply 5 ampoules

FOR RESPIRATORY TRACT SECRETIONS
Hyoscine Butylbromide 20mg/ml for injection
To have 20mg by subcutaneous injection every 2 hours as required
Supply 5 ampoules

Medication guidance

Points to consider regarding medication for symptom management.

- Before anticipatory medicines are administered review the dying person's individual symptoms and adjust the individualised care plan and prescriptions as necessary.

- If anticipatory medicines are administered:
  - monitor for benefits and any side effects at least daily and give feedback to the lead professional
  - adjust the individual plan and prescription as necessary

- If two or more doses of breakthrough (PRN) medication are required in a 24 hour period, review background medication and consider increasing or commencing continuous subcutaneous infusion.

- Breakthrough (PRN) medications should be prescribed as per guidelines.

- If regular background analgesia is increased, the breakthrough (PRN) dose should also be increased to approximately 1/6th of the 24 hourly dose.

- All medication information is provided as a guide. Individual clinician's discretion should always be used when prescribing.

- Please refer to Barnsley Palliative Care Formulary (2014 - 2017) for local guidance and syringe driver policy. Barnsley Palliative Care Formulary can also be found via the link: http://www.barnsleyccg.nhs.uk/CCG%20Downloads/Members/Medicines%20management/Prescribing%20Guidelines/Palliative%20Care%20Formulary%202014.pdf

Formula to calculate volume of medication to be given according to prescribed dose:

volume to be given = $\frac{\text{amount prescribed (what you want) x unit volume}}{\text{amount per unit volume (what you have got)}}$

e.g. to give 500micrograms (0.5mg) of haloperidol **volume to be given = $\frac{0.5 \times 1}{5}$ = 0.1ml**

A patient requires 2.5mg morphine sulfate **volume to be given = $\frac{2.5 \times 1}{10}$ = 0.25ml**

If additional advice and support is required please contact the relevant Specialist Palliative Care Team.

Barnsley Hospital NHS Foundation Trust:
Monday to Friday 9am -5pm telephone 01226 (43)4921

Barnsley Community (South West Yorkshire Partnership NHS Foundation Trust):
Monday to Friday 9am – 5pm telephone 01226 645280
Saturday & Sunday 9am – 5pm telephone 01226 644575

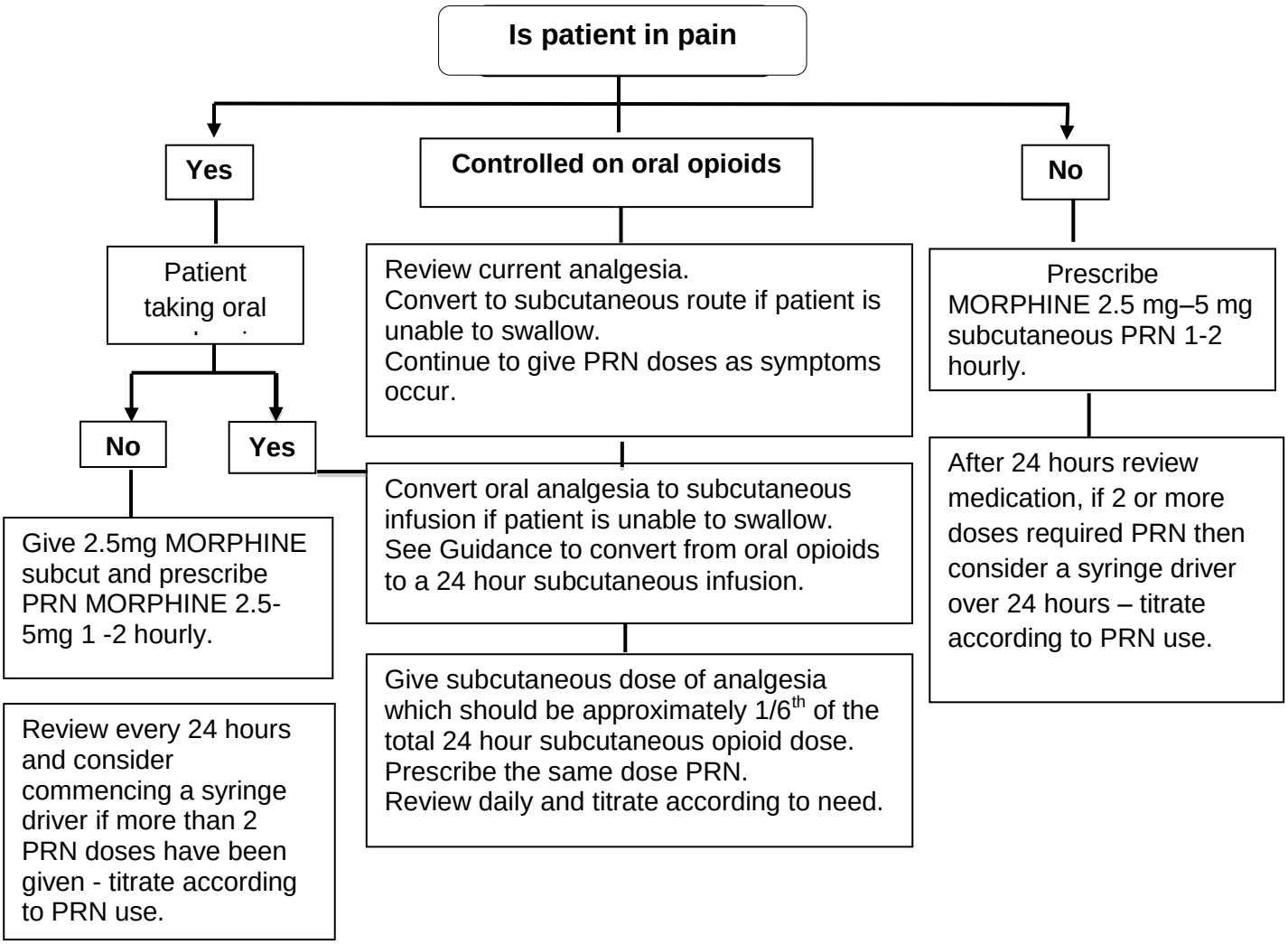
Barnsley Hospice: telephone 01226 244244
Pall Call Out of hours telephone 01226 244244

- **If symptoms persist contact Specialist Palliative Care Team**
- It is common practice to give subcutaneous drugs in the last days of life although most of these drugs are not licensed to be given by this route.

Prescribing anticipatory subcutaneous medications for the last days of life
If any further advice is needed or alternative medication please contact specialist palliative care team

Indication	Drug	Dosing	Frequency	Strength	Quantity	Notes regarding syringe driver use
Pain / breathlessness, - 1st line (Doses may be different for patients already on background opioids and existing need should be considered) In renal failure ask specialist palliative care advice	**Morphine Sulfate**	**2.5mg -5mg** (if no existing opiate medication) If already taking oral morphine to calculate the sub cutaneous PRN dose calculate the 24 hour dose and divide by 6	**1 - 2 hourly PRN**	**10mg/ml**	10 x 1ml amps	If no existing opiates the syringe driver should only be used if PRNs have been required If converting from oral Morphine, use ½ of the 24hr oral Morphine dose in a syringe driver over 24 hours
Pain / breathlessness alternative to morphine	Oxycodone (alternative to morphine)	1mg - 2.5mg (if no existing opiate medication) If already taking oral morphine to calculate the sub cutaneous PRN dose calculate the 24 hour dose and divide by 6	1 - 2 hourly PRN	10mg/ml	5 x 1ml amps	If converting from oral Oxycodone to subcut use ½ of the 24 hour oral oxycodone in a syringe driver over 24 hours If converting from oral morphine to subcutaneous oxycodone, use half of the morphine dose.
Nausea, vomiting – 1st line **Haloperidol is also used for delerium**	**Haloperidol** **(extra pyramidal side effects and sedation in high doses)**	**500 microgram–1.5mg** **(max 5mg/24hr)**	**4 hourly PRN**	**5mg/ml**	**5 x 1ml amps**	Syringe driver dose should be according to PRN need. Tendancy to precipitate.
Nausea, vomiting (in Parkinson's disease or extrapyramidal side-effects)	Cyclizine (alternative to haloperidol for N+V)	50mg (max 150mg/24hr)	4-6 hourly PRN	50mg/ml	10 x 1ml amps	50-150mg in 24 hrs according to PRN need (maximum 150 mg)
Nausea, vomiting (Alternative if haloperidol not available or appropriate or haloperidol not effective)	Levomepromazine	6.25 mg	4-6 hourly PRN	25mg/1ml	5 x 1ml	Dose for syringe driver should be according to PRN use
Anxiety, restlessness, panic, breathlessness	**Midazolam**	**2.5mg-5mg (starting dose – if not effective speak to specialist palliative care)**	**1 hourly PRN**	**10mg/2mls**	**10 x 2ml amps**	Syringe driver use will be according to PRNs used
Respiratory tract secretions	**Hyoscine butylbromide (Buscopan)**	**20mg**	**2 hourly PRN**	**20mg/ml**	**10 x 1ml amps**	If symptoms start syringe driver 60-120mg/24hours Seek specialist palliative care if higher doses needed

Pain



Supporting information

- If further information is needed contact the Specialist Palliative Care Team
- If on a fentanyl patch maintain the patch, do not remove it and prescribe breakthrough opioid doses as attached guidance
- Please note a syringe driver may take up to 4 hours to become effective
- **If patients have known renal failure, please contact the Specialist Palliative Care team for advice.**

Guidelines for Converting Oral Analgesia to Subcutaneous

Converting from	To	Factor
Oral Morphine	Subcutaneous Morphine	Divide by 2
Oral Morphine	Subcutaneous Oxycodone	Divide by 3
Oral Oxycodone	Subcutaneous Oxycodone	Divide by 2

Conversion of Step 2. Analgesia (weak opioids) to sub cut Morphine in 24 hours

Weak Opioids	Usual Max 24 hour Dose	Dose of Morphine for continuous subcutaneous infusion via syringe driver over 24 hours	Dose of subcutaneous Morphine for breakthrough
Tramadol	400mg	10mg - 20mg	2.5mg – 5mg
Codeine Phosphate	240mg	10mg	2.5mg – 5mg

For alternative step 2 conversions, e.g. BuTrans, Transtec
Please seek Specialist Palliative Care advice

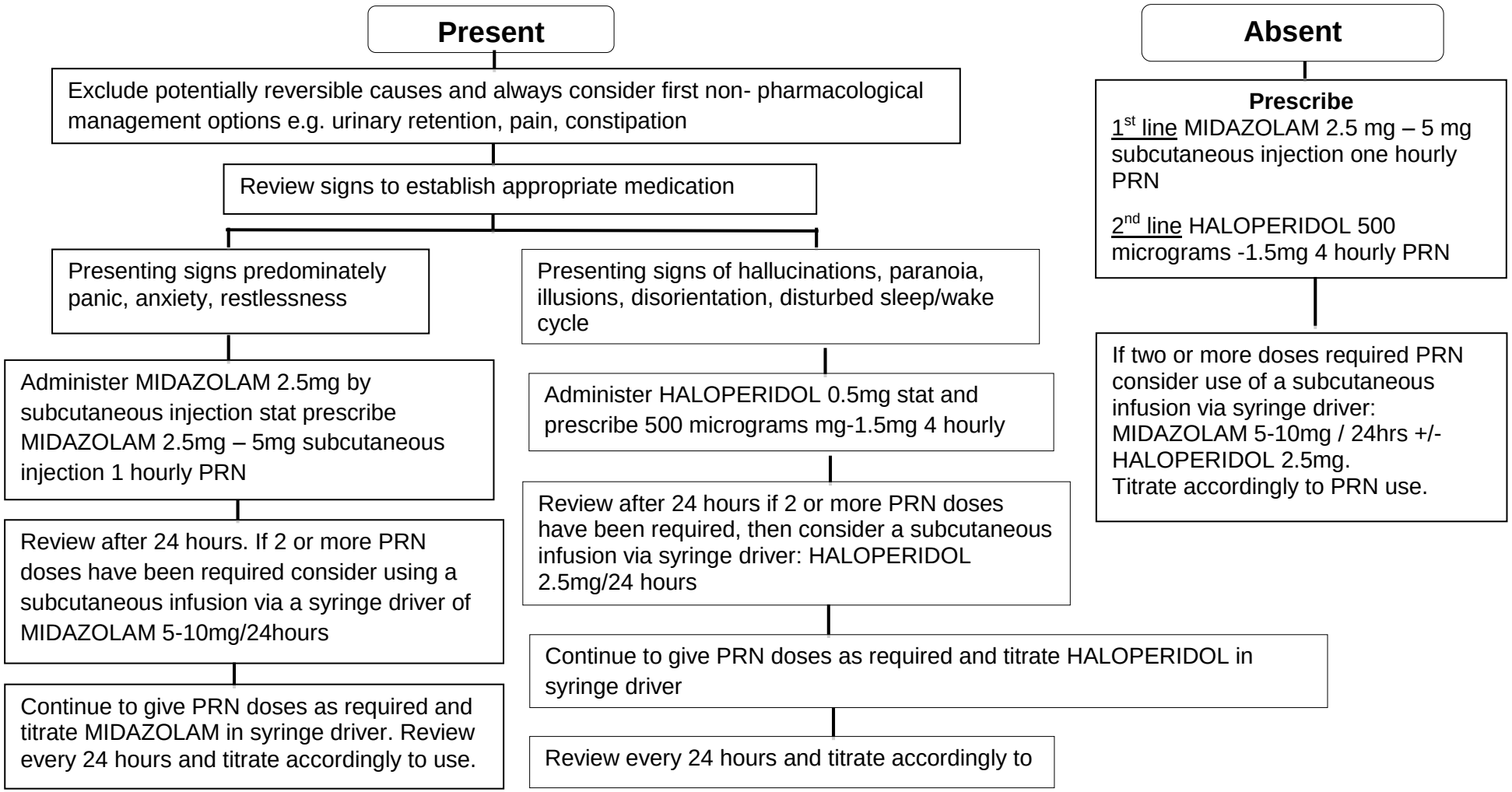
Fentanyl patch in situ
Do not remove the patch as this will complicate management

- Ensure that patch is adherent to patient's skin.
- Reassess patient to identify any other causes for increased pain.
- Continue to change patch every 72 hours.
- If pain is uncontrolled commence subcutaneous infusion of opioid **in addition to Fentanyl patch** according to the PRN doses that have been required
- Administer breakthrough analgesia as required according to dose regime below.

Transdermal Fentanyl Patch currently in use	Breakthrough doses of subcutaneous Morphine when Fentanyl Patch in use only
12mcg	2.5-5mg
25mcg	5-10mg
50mcg	10-15mg
75mcg	15-20mg
100mcg	20-30mg

Adapted from: PCF4 Palliative Care Formulary (2011)
Contact Specialist Palliative Care Team for additional advice if required

Agitation, delirium and anxiety



Supportive information

- HALOPERIDOL is not recommended for patients with Parkinsons Disease, in this case use MIDAZOLAM or seek Specialist Care advice.
- Please be aware that MIDAZOLAM can cause a paradoxical increase in agitation, in this instance use HALOPERIDOL
- **If symptoms persist or any further advice is needed contact the appropriate Specialist Palliative Care team.**
- Sometimes both MIDAZOLAM and HALOPERIDOL may be required. If symptoms persist please contact Specialist Palliative Care team

Nausea and vomiting

Present

Consider cause and consider appropriate antiemetic PRN as per palliative care formulary.
If cause unknown give stat/PRN HALOPERIDOL 500 micrograms -1.5mg 4 hourly.

Consider use of a syringe driver with continuous subcutaneous infusion of anti-emetics as per cause.
If cause unknown use HALOPERIDOL 2.5mg/24hrs via syringe driver.

Review daily; if symptoms persists contact Specialist Palliative Care.

Absent

On oral anti-emtics

Consider converting to syringe driver as appropriate.

Not on oral anti-emetics

Prescribe HALOPERIDOL 500 micrograms -1.5mg PRN 4 hourly.

Review after 24 hours. Consider syringe driver if PRN doses needed.

Supportive information

- **If symptoms persist or further advice is needed contact the Specialist Palliative Care Team**
- HALOPERIDOL is not recommended for patients with Parkinson's Disease, first line Cyclizine would be suggested. For alternative anti-emetics see Palliative Care Formulary or contact the Specialist Palliative Care team.

Respiratory tract secretions

Present

Try turning the patient first and explain to family that as they are semi-conscious/unconscious the patient may not be distressed by secretions.

Also consider administering HYOSCINE BUTYLBROMIDE
20 mg subcutaneous bolus injection and prescribe HYOSCINE BUTYLBROMIDE PRN 2 hourly.
Consider commencing a syringe driver of HYOSCINE BUTYLBROMIDE 60 mg over 24 hours.

Continue to give PRN dosage accordingly and titrate doses in the syringe driver as necessary to a maximum dose of 120mg over 24 hours.

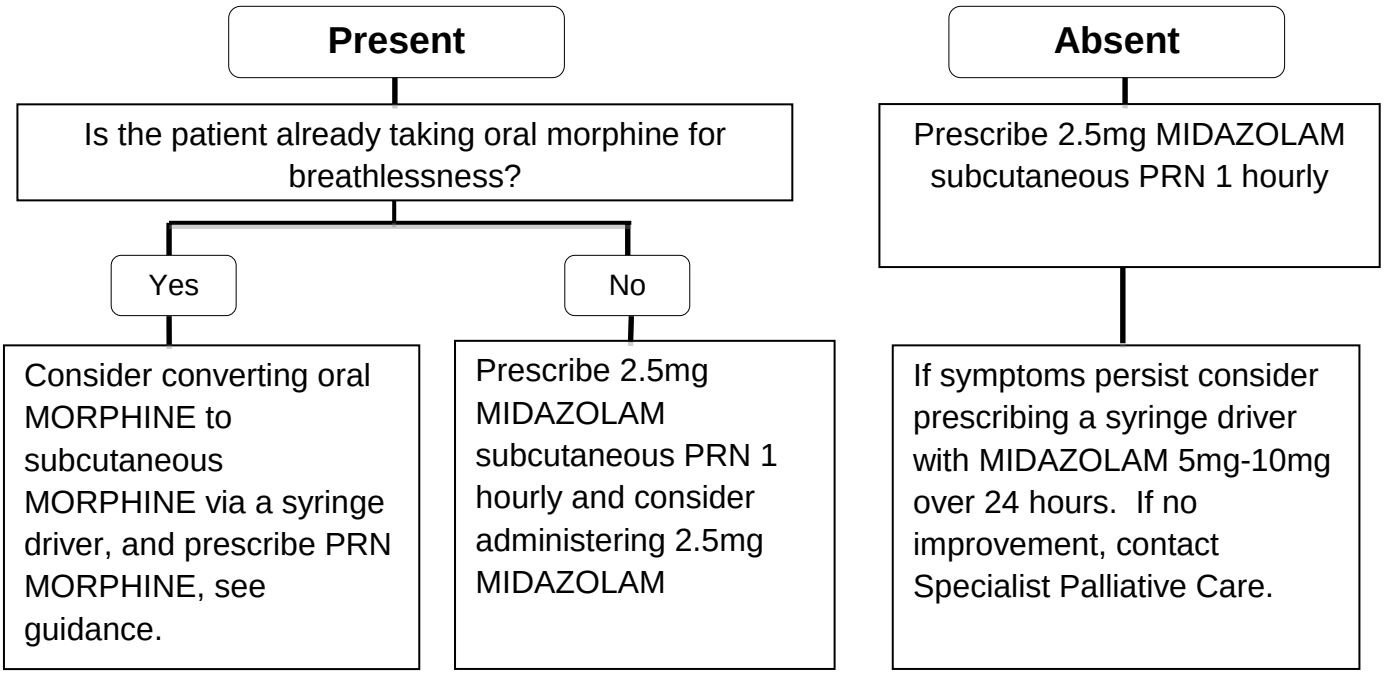
Absent

Prescribe HYOSCINE BUTYLBROMIDE 20mg PRN 2 hourly.

If two or more doses of PRN HYOSCINE BUTYLBROMIDE required, then consider a subcutaneous infusion of HYOSCINE BUTYLBROMIDE (60-120mg) over 24 hours .

- Consider changing or stopping medicines if noisy respiratory secretions continue after 12 hours (medicines may take up to 12 hours to become effective)

Breathlessness



Supportive information

- An alternative to Midazolam would be to use low dose subcutaneous Morphine 2.5mg this may be more useful in patients with heart failure.
- **If symptoms persist, contact Specialist Palliative Care team**.
- Identify and treat reversible causes of breathlessness in the dying person, for example pulmonary oedema or pleural effusion.
- Consider non- pharmacological management of breathlessness in a person in the last days of life. Do not routinely start oxygen to manage breathlessness. Only offer oxygen therapy to people known or clinically suspected to have symptomatic hypoxaemia.

Palliative care drug stockists

Name	Address	Opening hours	Telephone
AM Clark Ltd	1 Market Place, Penistone, Sheffield S36 6DA	Mon – Fri 8.45am – 6pm Sat 8.45am -5.30pm	01226 763103
Asda Pharmacy	Old Mill Lane, Barnsley S71 1LN	Mon – Sat 7am – 11pm Sun 10am – 4pm	01226 704810
Cohens Chemists	16-18 Market Street, Hoyland, Barnsley S74 9QR	Mon – Fri 8am – 11pm Sat 9am – 10pm Sun 10am – 10pm	01226 743223
Cohens Chemists	Apollo Court, High Street, Dodworth, Barnsley S75 3RF	Mon – Fri 8.30am – 6pm Sat 9am – 10pm	01226 203921
Gatehouse Pharmacy	The Gate House , Long Croft, Mapplewell, Barnsley, S75 6FH	Mon – Fri 7am – 11pm Sat 8am – 8pm Sun 9am – 5pm	01226 382422
Lloyds Pharmacy	Oaks Park Primary Care Ctr, Thornton Road, Kendray, Barnsley S70 3NA	Mon 8am – 8pm Tue – Fri 8am – 6pm	01226 284843
Lloyds Pharmacy	Unit C1, Barnsley Transinterchange, Midland Street, Barnsley S70 1SE	Mon – Sat 9am – 6pm Sun 10am – 2pm	01226 289620
Lo's Pharmacy Ltd	Queensway, Grimethorpe, Barnsley S72 7LJ	Mon – Fri 9am – 6pm	01226 711243
Lo's Pharmacy Ltd t/a Ellison's Chemist	Cockerham Hall Mews, 17 Huddersfield Road, Barnsley S70 2LT	Mon – Fri 8.30am – 6pm	01226 281666
Weldricks Pharmacy	The Goldthorpe Centre, Goldthorpe Green, Rotherham S63 9EH	Mon – Fri 8.30am-6.30pm	01709 893287
Weldricks Pharmacy	Welfare Road, Thurnscoe, Rotherham S63 0JZ	Mon – Fri 9am – 5.30pm Sat 9am – 1pm	01709 892207
Tesco Pharmacy	Wombwell Lane, Stairfoot Barnsley S70 3NS	Mon 8.30am – 10.30pm Tues-Sat 6.30am – 10.30pm Sun 10am – 4pm	01226 881000

DRUGS

Clonazepam 500mcg tablets

Cyclizine Injection 50mg/1ml

Dexamethasone Injection 3.8mg/1ml

Dexamethasone Tablets 2mg

Haloperidol Injection 5mg/1ml

Hyoscine Butylbromide Injection 20mg/1ml

Levomepromazine Injection 25mg/1ml

Levomepromazine Tablets 25mg

Metoclopramide Injection 10mg/2ml

Midazolam Injection 10mg/2ml

Morphine Injection 10mg

Morphine Injection 30mg

Oxynorm (Oxycodone) injection 10mg/ml (1ml amps)

Oxynorm (Oxycodone) liquid 5mg/5ml

Water for Injection 10ml