Prospect Hospice

Palliative Partnership Working Group

NHS Great Western Hospitals NHS Foundation Trust

Palliative & End of Life Care Support

Our aim is to promote patient choice and deliver this in the patient's preferred place of care

This document is to support professionals delivering palliative and end of life care in the community, ensuring patients receive the best possible individualised care.

For patients and their carers this means an anticipatory approach to patient care. We aim to be prepared for changes in patient care needs, in order to provide the right support at the right time, reducing unplanned interventions, avoiding the need for unnecessary hospital admission.

Key Messages

Anticipate symptoms that might develop even if not present now.

Prescribe drugs in enough quantity to cover out of hours, ideally 7 days minimum.

Communicate with other Health and Social Care professionals involved in the patient's care, particularly out of hours services.

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Information

Anticipatory Prescribing

When a patient is dying, swallowing becomes difficult, it is important therefore to prescribe medicines essential to maintain comfort by non-oral routes, usually sub-cutaneous (SC). Drugs should be prescribed on an 'as needed' or PRN basis, and regularly if the patient has an ongoing symptom or was taking a drug regularly when they could swallow.

Choice of medication will be guided by the patient's current symptoms, previous drug requirements and local guidelines.

There are five symptoms that may develop in the last hours or days of life:

- Pain
- Agitation
- Nausea and Vomiting
- Dyspnoea
- Respiratory Tract Secretions

It is good practice to prescribe anticipatory medication to help with these symptoms. In the community a community prescription chart needs to be completed to allow the medication to be administered by a nurse both on a PRN basis and in a syringe pump.

Prescribing for Patients with a Transdermal Opioid Patch

In the last days of life, it is acceptable practice to continue with Fentanyl/Buprenorphine patch administration if the patient's pain has previously been controlled, ensuring that an appropriate breakthrough dose of SC analgesia is prescribed.

If the patient has required 2 or more doses of breakthrough analgesia over 24 hrs, consider initiating a continuous infusion via a syringe pump. The total of previous 24 hr breakthrough analgesia doses should be set up in the syringe pump and the Fentanyl/Buprenorphine patch continued. Ensure continued use of the opiate patch is documented.

Please ensure future breakthrough analgesia is 1/6 equivalent Fentanyl/Buprenorphine dose, plus syringe pump dose.

Prescribing injectable medication for symptom control

Please prescribe sufficient amounts of medication, especially before weekends and make allowance for both the syringe pump, including any necessary dose increments, and additional PRN doses. Please also remember to prescribe the necessary diluent (usually water for injection).

Prescribing in renal failure

When prescribing opioids in patients with eGFR <30mL/min, significant reductions are necessary of both dose and frequency. In these circumstances the Specialist Palliative Care Team might suggest the use of parenteral Alfentanil where dose reductions are not necessary. Please note that Alfentanil is short acting when given as a PRN dose. For this reason it might not be feasible in the domiciliary setting and a second opioid at reduced dose, e.g. oxycodone, and increased dosing interval may be recommended. The following is a quick reference only and advice from the Specialist Palliative Care Team should be sought:

Drug	eGFR 30-59 mL/min	eGFR 29-15 mL/min	eGFR <15 mL/min
Alfentanil	Normal Dose	Normal Dose	Normal Dose
Buprenorphine TD	Normal Dose	Normal Dose	Normal Dose
Fentanyl	ND	75% of ND*	50% of Normal Dose*
Morphine	75% of Normal Dose	2.5-5mg 6h*	1.25-2.5mg 6-8h*
Oxycodone	Normal Dose	Normal Dose	1.25-2.5mg 6h*
TD = transdermal		* titrate as required	

Prescribing in hepatic failure

Liver disease affects the metabolic function depending on pathology and individual circumstances. When prescribing opioids in patients with severe liver failure (e.g decompensated cirrhosis) use opioids with caution. Starting with low doses and extend dose intervals and avoid long acting preparations and codeine. Please seek specialist palliative care advice when prescribing opiates for patients with hepatic failure and refer to Wessex Palliative Physician Guidelines.

Managing Corticosteroids in the dying phase

Steroids for general wellbeing can be stopped once the patient is unable to swallow and has entered the dying phase. If treating for raised intracranial pressure (primary brain cancer or metastases), consider symptomatic management with subcutaneous analgesics, antiemetics and anticonvulsants once the patient is unable to swallow and has entered the dying phase. Subcutaneous Dexamethasone might be appropriate on an individual basis.

Typical Example of Completed Chart

AS REQUIRED PRN DRUGS

	Authorisation			Administration				
PRN 1	Drug: Morphine			Date:	1/1/21			
	Indication: Pain + SOB			Time:	11:51			
	Dose Range: 2.5 – 5 mg			Dose:	5 mg			
	Route: SC	Max in 24 Hours including pump: 60 mg		Route:	SC			
	Prescriber Signature: Dr Doctor		Date: 1/1/21	Initials:	DN			
PRN 2	Drug: Haloperidol			Date:	1/1/21			
	Indication: Nausea			Time:	11:51			
	Dose Range: 1.5 mg max bd			Dose:	1.5mg			
	Route: SC	Max in 24 Hours including pump 5 mg		Route:	SC			
	Prescriber Signature: Dr Doctor		Date: 1/1/21	Initials:	DN			
PRN 3	Drug: Midazolam			Date:	1/1/21			
	Indication: Agitation			Time:	11:51			
	Dose Range: 2.5 mg – 10 mg prn			Dose:	2.5mg			
	Route: SC	Max in 24 Hours Including pump 60 mg		Route:	SC			
	Prescriber Signature: Dr Doctor		Date: 1/1/21	Initials:	DN			
PRN 4	Drug: Glycopyrronium			Date:	1/1/21			
	Indication: Secretions			Time:	11:51			
	Dose Range: 200 micrograms			Dose:	200 mcg			
	Route: SC	Max in 24 Hours including pump 2400 micrograms		Route:	SC			
	Prescriber Signature: Dr Doctor		Date: 1/1/21	Initials:	DN			
PRN 5	Drug:			Date:				
	Indication:			Time:				
	Dose Range:			Dose:				
	Route: SC	Max in 24 Hours including pump		Route:				
	Prescriber Signature:		Date:	Initials:				

Typical Example of Completed Chart

Syringe Pump Medication

	Month: Jan	Year: 2021	Date:	1/1/21		
S6	**Diluent:** ☑ Water for Injection ☐ Normal Saline (tick as appropriate)		Time: Initials	11:52 DN		
	Prescriber Signature Dr Doctor	Date: 1/1/21	Syringe Pump A or B**	A		
S7	Drug: Morphine					
	Indication Pain		Time:	11:52		
	Dose Range: From: 10 mg To: 20 mg		Dose:	10 mg		
	☑ Start today ☐ Start when needed Start dose: 10 mg		Initials:	DN		
	Prescriber Signature Dr Doctor	Date: 1/1/21	Syringe Pump A or B**	A		
S8	Drug: Haloperidol					
	Indication: Nausea		Time:	11:52		
	Dose Range: From: 1.5 mg To: 5 mg		Dose:	1.5 mg		
	☑ Start today ☐ Start when needed Start dose: 1.5 mg		Initials:	DN		
	Prescriber Signature Dr Doctor	Date: 1/1/21	Syringe Pump A or B**	A		
S9	Drug: Midazolam					
	Indication: Agitation		Time:	11:52		
	Dose Range: From: 5 mg To: 40 mg		Dose:	5 mg		
	☑ Start today ☐ Start when needed Start dose: 5 mg		Initials:	DN		
	Prescriber Signature: Dr Doctor	Date: 1/1/21	Syringe Pump A or B**	A		
S10	Drug: Glycopyrronium					
	Indication: Secretions		Time:	11:52		
	Dose Range: From: 0.6 mg To: 1.2 mg		Dose:	0.6 mg		
	☑ Start today ☐ Start when needed Start dose: 0.6 mg		Initials:	DN		
	Prescriber Signature: Dr Doctor	Date: 1/1/21	Syringe Pump A or B**	A		

Suggestions for Syringe Pumps and Associated Prescribing

Symptom	Drug	Syringe Pump Possible dose range over 24 hours (cont. s/c infusion)	PRN dose for occasional or breakthrough symptoms	Ampoule	Comments
Pain	Morphine First Choice	• For opioid naïve patient 10 mg • Use conversion chart if already taking opiates	2.5 - 5 mg, 1 - 3 hourly	10 mg, 15 mg, 20 mg, 30 mg	• Check that the patient is not having significant side effects including itching and nightmares • If eGFR less than 30 ml/min use Alfentanil **under guidance of specialist palliative care only**
	Oxycodone	• For opioid naïve patient 5 - 10 mg • Use conversion chart if already taking opiates	Divide 24-hour doses of oxycodone by 6, 1 - 3 hourly	10 mg/ml, 1 and 2 ml amps 50 mg/ml, 1 ml amp	• 1st line alternative to morphine if toxicity or poor response to morphine
	Alfentanil	1 - 2 mg • Use conversion chart if already taking opiates	Use Oxycodone - Alfentanil is very short acting	1 mg/ 2 ml 2 ml and 10 ml ampoules	• **Use under guidance of specialist palliative care only** • In significant renal failure 1mg Alfentanil is roughly equivalent to 15 mg SC morphine
Nausea & Vomiting	Cyclizine	75 - 150 mg	25 - 50 mg tds	50 mg/ml	• Do not exceed total of 150 mg in 24 hours • Useful in mechanical bowel obstruction • Good for CNS causes of nausea and vomiting • Is also sedating • If 150 mg is in the syringe pump, consider an alternative anti-emetic for prn use
	Metoclopramide	20 - 60 mg	5 - 20 mg tds	10 mg/2 ml	• Do not exceed total of 80 mg in 24 hours • Prokinetic for delayed gastric emptying • Not in complete bowel obstruction or colic
	Haloperidol	1.5 - 7 mg	1.5 - 5 mg nocte	5 mg/ 1 ml	• Useful for metabolic/toxic causes of nausea • Also has anxiolytic and sedative properties
	Levomepromazine	6.25 - 25 mg	6.25 mg, max bd	25 mg/ml	• 2nd line broad spectrum anti-emetic sedative, use lowest effective dose
	Ondansetron	8 - 16 mg	4 mg qds		• Good for Upper GI bleed and terminal bowel obstruction • Can cause constipation, no more than opiates though
Dyspnoea	Morphine	5 - 10 mg	1 - 2 mg, 1 - 3 hourly		• Check that the patient is not having significant side effects including itching and nightmares

Suggestions for Syringe Pumps and Associated Prescribing

Symptom	Drug	Syringe Pump Possible dose range over 24 hours (cont. s/c infusion)	PRN dose for occasional or breakthrough symptoms	Ampoule	Comments
Anxiety/ Agitation/ Confusion/ Restlessness	Midazolam	5 - 60 mg	2.5 - 10 mg	10 mg/2 ml	• Consider reversible causes first, eg pain/urinary retention
	Levomepromazine	25 - 100 mg	6.25 – 12.5 mg prn	25 mg/1 ml	• Titrate dose • Consider if still agitated with 60mg midazolam • Avoid in patients with known seizures • **Seek specialist palliative advice if unfamiliar with dosing.**
Convulsions	Midazolam	20 - 60 mg	2.5 - 10 mg prn	10 mg/2 ml	• Seek specialist palliative advice if still fitting on 20mg via syringe pump
Respiratory Secretions	Glycopyrronium Bromide	600 micrograms – 2400 micrograms	200 – 400 micrograms qds	200 micrograms/ml 600 micrograms/3 ml	• First line for respiratory secretions • Does not cause constipation unlike Hyoscine butyl bromide
	Hyoscine butyl bromide	60 - 120mg	20 mg tds	20mg/1 ml	• Reduces formation of secretions • Prescribe early at first signs of secretions • Indications include cramping abdominal pain from obstruction
Other	Water for Injection			10 ml	• A typical syringe pump needs 10 ml a day • Comes in boxes 10

Choose lower doses within range for elderly, small or frail patients. Dose recommendations based on GWH Guidance

Please prescribe one week's supply of medication and water for injection to manage your patient's anticipated symptoms

A Guide to Equivalent Doses for Opioid Drugs for Use in Palliative Care

Note this is to be used as an **approximate guide** to opioid equivalents, because comprehensive data is lacking. Doses always need to be re-titrated after a change of opioid.

Oral Morphine (1st -line formulary choice)			**Subcutaneous morphine**		**Subcutaneous diamorphine**		**Oral oxycodone** (2nd- line if morphine not tolerated)			**Subcutaneous oxycodone**		**Alfentanil Continuous s/c Infusion**	**Fentanyl Transdermal patch**	**Buprenorphine Transdermal patch**
Dose ratio to oral morphine		**1**	**1/2**		**1/3**		**1/2**			**1/4**		**1/30**	Approximate equivalents Micrograms/hour	Approximate equivalents Micrograms/hour
4 hour dose (mg)	12 MR dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	12 MR dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	24 hour total dose (mg)	24 hour total dose (mg)	Change 72hourly Stable pain	Stable pain
		5												
		10												5 7 days
		20												10 7 days
5	15	30	2.5	15	1.25	10	2.5	10*	15	1.25	7.5	1	12	20 7 days
10	30	60	5	30	2.5-5	20	5	15	30	2.5	15	2	25	35 72 hours
15	45	90	7.5	45	5	30	7.5	25	50	3.75	25	3	37	52.5 72 hours
20	60	120	10	60	7.5	40	10	30	60	5	30	4	37	70 72 hours
30	90	180	15	90	10	60	15	45	90	7.5	45	6	50	105 72 hours
40	120	240	20	120	12.5	80	20	60	120	10	60	8	75	140 72 hours
50	150	300	25	150	15	100	25	75	150	12.5	75	10	75	
60	180	360	30	180	20	120	30	90	180	15	90		100	
70	210	420	35	210	25	140	35	105	210	17.5	100		125	
80	240	480	40	240	27.5	160	40	120	240	20	120		125	
90	270	540	45	270	30	180	45	135	270	22.5	150		150	

Guide to equivalent doses of weak opioids

Drug	**Dose ratio with oral morphine**
Tramadol and Codeine	Oral morphine is 10 times the strength

***Please use 5 or 10mg as 7.5mg tablets are not available**

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Useful Contact Details

Out of Hours GP Service	0300 777 1058	Contact to access a GP or Community Nurse in the Out of Hours Period (22:00 - 08:00 and weekends)
Swindon Community Nursing Single Point of Access	01793 646436	Contact to arrange a nurse to visit to administer medication, order equipment, wound care or for advice (08:00 - 22:00)
Prospect Hospice 24 hour advice line 7days a week	01793 816 109	Provision of specialist palliative care advice and emotional support provided by a senior nurse or a member of the medical team
Social Services Rapid Response Team	• 01793 463333 Monday – Thursday 8.30-1700 & Friday 8.30-16.30 • 01793 436699 EDS (Emergency duty services) covers all other hours • 01793 466844 Saturday and Sunday 8.30-16.30	Contact the Social Services Rapid Response Team if you feel that you need to arrange or increase the frequency of domiciliary carer visits.

If you are having trouble locating a Pharmacy which is open, please contact the Out of Hours GP Service on 0300 777 1058 for details