

Patient ID:

## Last Days of Life Medicines Authorisation & Administration Booklet

### Section 1: Demographics and instructions for use of booklet

DEMOGRAPHIC INFORMATION				
Surname		Booklet ____ of ____		
Forename		GP		
Date of birth		GP practice		
NHS number		GP tel.		
Address		District nurse tel.		
		Eve/night district nurse tel.		
		Palliative Care CNS/ Macmillan CNS		
		Tel.		
		Community pharmacist Tel.		
ALLERGIES AND SENSITIVITIES				
Trigger		Reaction		
CONTROLLED DRUGS (not administered by nurses)				
Medicine e.g. fentanyl patch, morphine liquid	Dose	Frequency	Route	Usually administered by:

This document must only be used when the patient has been assessed and they are considered to be in their last days of life.

Anticipatory medication should only be initiated after assessment of the patient and their individual symptoms in the last days of life.

Following administration of medication the patient should be reviewed and the care plan and medication adjusted as needed. If the patient is not deteriorating and deemed not to be in the last days of life then they should be reviewed to ensure the specific medications are still appropriate.

INSTRUCTIONS FOR USE OF CHART
<b>Medicines authorisation</b>
<ol style="list-style-type: none"> <li>All anticipatory medicine authorisations must be signed and dated by an authorised prescriber</li> <li>Write legibly in black ink, avoid abbreviations</li> <li>Do not amend medication authorisations – always rewrite as a new medication authorisation</li> <li>All medication must have an indication documented</li> </ol>
<b>Medicines administration</b>
<ol style="list-style-type: none"> <li>Anticipatory medicines should only be commenced when the symptom is present</li> <li>The lowest effective dose should be used</li> <li>The administration record must be completed each time a medication is administered</li> <li>Record time using 24 hour clock</li> <li>Omitted medication should be recorded with the following: (1) Refused, (2) Nil by mouth, (3) Nausea &amp; Vomiting, (4) No access, (5) Not required, (6) Other treatment in progress, (7) Medicine not available, (8) Awaiting medical advice, (9) Self-administration, (10) Inappropriate/unclear prescription.</li> </ol>

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### Section 2: Medicines Authorisation and administration

AS REQUIRED MEDICINES (p.r.n.)									
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate opioid)	Route <b>SC</b>								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.) ..... hourly p.r.n.									
Indication <b>Pain / *Breathlessness</b>									
Prescriber's signature	Date	<b>Special instructions</b> SC and ORAL doses are not equivalent When a dose is given for breathlessness – annotate dose box with a *, e.g *5mg							
Drug <b>Midazolam</b>	Route <b>Either SC or buccal</b>								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.) ..... hourly p.r.n.									
Indication <b>Agitation / restlessness</b>									
Prescriber's signature	Date	<b>Special instructions</b> Usual starting dose = midazolam 2.5mg SC 1 hourly. If more than 4 doses are required in 24 hours seek specialist advice							
Drug (appropriate antiemetic)	Route <b>SC</b>								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.) ..... hourly p.r.n.									
Indication <b>Nausea / vomiting</b>									
Prescriber's signature	Date	<b>Special instructions</b> If already on effective antiemetic continue, otherwise use levomepromazine 5 mg SC 4 hourly prn (max of 25mg /24 hrs)							
Drug (appropriate opioid) <b>Glycopyrronium bromide</b>	Route <b>SC</b>								
Dose <b>200 micrograms</b>	Max. dose in 24 hrs <b>1.2mg</b>								
Frequency (insert max. freq.) <b>6 hourly p.r.n</b>									
Indication <b>Respiratory tract secretions</b>									
Prescriber's signature	Date	<b>Special instructions</b> If requiring p.r.n. doses commence a continuous subcutaneous infusion at earliest opportunity							

For all controlled drugs complete stock balance chart on page 9

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It is normal practice to flush SC lines with water for injection

AS REQUIRED MEDICINES (p.r.n.)		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date								
Drug	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date								
Drug (appropriate antiemetic)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date								
Drug (appropriate opioid)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date								

For all controlled drugs complete stock balance chart on page 9

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AS REQUIRED MEDICINES (p.r.n.)									
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate opioid)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date	Special instructions							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date	Special instructions							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate antiemetic)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date	Special instructions							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate opioid)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date	Special instructions							

For all controlled drugs complete stock balance chart on page 9

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REGULAR MEDICINES ADMINISTERED BY NURSES									
		Date / month							
Drug		Time	Specify time	Nurse initials					
Dose	Route	0800-1000							
		1200-1400							
Indication		1700-1900							
		2100-2300							
Prescriber's signature									
Date		Special instructions							
Drug		Time	Specify time	Nurse initials					
Dose	Route	0800-1000							
		1200-1400							
Indication		1700-1900							
		2100-2300							
Prescriber's signature									
Date		Special instructions							
Drug		Time	Specify time	Nurse initials					
Dose	Route	0800-1000							
		1200-1400							
Indication		1700-1900							
		2100-2300							
Prescriber's signature									
Date		Special instructions							
Drug		Time	Specify time	Nurse initials					
Dose	Route	0800-1000							
		1200-1400							
Indication		1700-1900							
		2100-2300							
Prescriber's signature									
Date		Special instructions							

For all controlled drugs complete stock balance chart on page 9

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REGULAR MEDICINES ADMINISTERED BY NURSES									
		Date / month							
Drug		Time	Specify time	Nurse initials					
Dose	Route	0800-1000							
		1200-1400							
Indication		1700-1900							
		2100-2300							
Prescriber's signature									
Date		Special instructions							
Drug		Time	Specify time	Nurse initials					
Dose	Route	0800-1000							
		1200-1400							
Indication		1700-1900							
		2100-2300							
Prescriber's signature									
Date		Special instructions							
Drug		Time	Specify time	Nurse initials					
Dose	Route	0800-1000							
		1200-1400							
Indication		1700-1900							
		2100-2300							
Prescriber's signature									
Date		Special instructions							
Drug		Time	Specify time	Nurse initials					
Dose	Route	0800-1000							
		1200-1400							
Indication		1700-1900							
		2100-2300							
Prescriber's signature									
Date		Special instructions							

For all controlled drugs complete stock balance chart on page 9

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A maximum of 3 medicines are recommended in the syringe pump. If more than 3 medicines are needed contact the specialist palliative care team or hospice advice line for advice

**Compatibility information at** <http://book.pallcare.info/index.php>

### CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP

Syringe pump ____ of ____		Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
Equipment no.											
Drugs	Indication										
1		Dose		Dose		Dose		Dose		Dose	
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
2		Dose		Dose		Dose		Dose		Dose	
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
3		Dose		Dose		Dose		Dose		Dose	
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
Diluent		Line change Y / N									
<b>Water for injection</b>		Rate									
Prescriber's signature	Date	Site check (tick)									
		Battery life remaining %									

### CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP

Syringe pump ____ of ____		Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
Equipment no.											
Drugs	Indication										
1		Dose		Dose		Dose		Dose		Dose	
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
2		Dose		Dose		Dose		Dose		Dose	
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
3		Dose		Dose		Dose		Dose		Dose	
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
Diluent		Line change Y / N									
<b>Water for injection</b>		Rate									
Prescriber's signature	Date	Site check (tick)									
		Battery life remaining %									

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CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP												
Syringe pump ____ of ____			Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
Equipment no.												
Drugs		Indication										
1			Dose		Dose		Dose		Dose		Dose	
			Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
2			Dose		Dose		Dose		Dose		Dose	
			Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
3			Dose		Dose		Dose		Dose		Dose	
			Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
Diluent <b>Water for injection</b>		Line change Y / N										
		Rate										
Prescriber's signature	Date	Site check (tick)										
		Battery life remaining %										
CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP												
Syringe pump ____ of ____			Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
Equipment no.												
Drugs		Indication										
1			Dose		Dose		Dose		Dose		Dose	
			Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
2			Dose		Dose		Dose		Dose		Dose	
			Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
3			Dose		Dose		Dose		Dose		Dose	
			Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature	
Diluent <b>Water for injection</b>		Line change Y / N										
		Rate										
Prescriber's signature	Date	Site check (tick)										
		Battery life remaining %										



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### Section 3: Stock Balance

[illegible]

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### Section 4: Conversion charts & prescribing information

#### OPIOID CONVERSION CHARTS

- If there are no contraindications morphine or diamorphine should be used first line
- A 'when required' (prn) dose should usually be calculated as 1/6th – 1/10th of the total daily dose of opioid
- The conversion tables do not indicate incremental steps
- An increase in regular opioid should usually be made in 33-50% steps. Do not increase total 24 hour opioid dose by more than 50%.
- Transdermal opioid patches should usually be continued as background analgesia in the last days of life
- If a patient with transdermal opioid patch requires an increase in total opioid dose - contact specialist palliative care team or hospice advice line for advice

#### Anticipatory Subcutaneous Doses

Table 1

The patient is still taking oral morphine but needs anticipatory subcutaneous 'when required' dose of opioid prescribing (morphine or diamorphine) for if they become unable to take oral morphine.

Route	Total ORAL dose in 24 hours	SUBCUTANEOUS 'WHEN REQUIRED' DOSE (2-4 hourly)	
Drug	<b>Morphine (mg)</b>	<b>Morphine (mg)</b>	<b>Diamorphine (mg)</b>
Dose	20	2.5	1
	30	2.5	2.5
	60	5	5
	90	7.5	5
	120	10	5
	150	12.5	7.5
	180	15	10
	240	20	12.5

Table 2

The patient is still taking oral oxycodone but needs anticipatory subcutaneous 'when required' dose of oxycodone prescribing for if the patient becomes unable to take oral oxycodone.

Total ORAL dose in 24 hours	SUBCUTANEOUS 'WHEN REQUIRED' DOSE (2-4 hourly)
<b>Oxycodone (mg)</b>	<b>Oxycodone (mg)</b>
10	1
20	2.5
30	2.5 – 5
40	5
60	5 – 7.5
80	10
100	12.5
120	15

(Doses have been rounded to convenient sizes)

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### Continuous Subcutaneous Infusions

**Table 3**

The patient is unable to take regular oral morphine and needs a continuous subcutaneous infusion (CSCI) of opioid via a syringe pump.

Route	Total ORAL dose in 24 hours	CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP (over 24 hours)	
Drug	Morphine (mg)	Morphine (mg)	Diamorphine (mg)
Dose	20	10	7.5
	30	15	10
	60	30	20
	90	45	30
	120	60	40
	150	75	50
	180	90	60
	240	120	80

*(Doses have been rounded to convenient sizes)*

**Table 4**

The patient has been taking but is no longer able to take regular oral oxycodone and needs a continuous subcutaneous infusion (CSCI) of oxycodone via a syringe pump.

Total ORAL dose in 24 hours	CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP (over 24 hours)
Oxycodone (mg)	Oxycodone (mg)
10	5
20	12.5
30	20
40	25
60	40
80	50
100	65

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### Transdermal Patch Subcutaneous P. R. N. Opioid Doses

**Table 5** – The patient has been using transdermal **Buprenorphine patches**. Prescribe a ‘when required’ (p.r.n.) of subcutaneous of opioid for if they become unable to take oral opioids p.r.n..

Buprenorphine patch (microgram/hour)	Approximate equivalent dose of ORAL morphine in 24 hours	SUBCUTANEOUS ‘WHEN REQUIRED’ DOSE (2-4 hourly)	
		Morphine (mg)	Diamorphine (mg)
Patch changed <b>weekly</b>			
5	12	1	1
10	24	2.5	1
15	36	2.5	2.5
20	48	5	2.5
Buprenorphine patch (microgram/hour)	Approximate equivalent dose of ORAL morphine in 24 hours	SUBCUTANEOUS ‘WHEN REQUIRED’ DOSE 2-4 hourly	
		Morphine (mg)	Diamorphine (mg)
Patch changed <b>every four days</b>			
35	84	7.5	5
52.5	126	10	7.5
70	168	15	10

If the patient requires repeated ‘when required’ doses of subcutaneous opioids contact the specialist palliative care team or hospice advice line for advice.

Opioid conversion ratios can be found at <http://www.gmeccsn.nhs.uk/index.php/networks/palliative-and-end-of-life-care/information-for-health-and-social-care-professionals/resource-library>

**Table 6** – The patient has been using transdermal **fentanyl patches**. Prescribe a ‘when required’ (p.r.n.) dose of subcutaneous opioid for if they become unable to take oral opioids p.r.n.

Fentanyl patch (microgram/hour)	Approximate equivalent dose of ORAL morphine in 24 hours	SUBCUTANEOUS ‘WHEN REQUIRED’ DOSE (2-4 hourly)		
		Morphine (mg)	Diamorphine (mg)	Oxycodone (mg)
12	<44	2.5	1.25	1.25
25	45-89	5	2.5	2.5
37	90-114	7.5	5	5
50	115-149	10	5	5
62	150-174	12.5	7.5	7.5
75	175-209	15	10	10
100	210-269	20	12.5	12.5

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**Table 7** Recommended starting dose for prn use and pack size information

Pain / Breathlessness			
Drug	Usual starting dose - subcutaneous 'when required'	Strengths available	Pack size
Morphine	See opioid conversion charts	10mg/ml ampoule	10
		30mg/ml ampoule	10
		60mg/2ml ampoule	10
Diamorphine	See opioid conversion charts	5mg ampoule	5
		10mg ampoule	5
		30mg ampoule	5
Oxycodone	See opioid conversion charts	10mg/ml ampoule	5
		20mg/2ml ampoule	5

Agitation			
Drug	Usual starting dose - subcutaneous 'when required'	Strengths available	Pack size
Midazolam	Usual starting dose 2.5mg 1 hourly prn	10mg/2ml ampoule	10

Nausea / vomiting			
Drug	Usual starting dose - subcutaneous 'when required'	Strengths available	Pack size
Levomepromazine	5mg SC 6 hourly prn	25mg/ml ampoule	10
Haloperidol	500micrograms – 1.5mg SC once daily	5mg/ml ampoule	10
Cyclizine	50mg SC 8 hourly prn	50mg/ml ampoule	5
Metoclopramide	10mg SC 8 hourly prn	10mg/2ml ampoule	10

Respiratory tract secretions			
Drug	Usual starting dose - subcutaneous 'when required'	Strengths available	Pack size
Glycopyrronium	200 micrograms SC 6 hourly prn	200microgram/ml 1ml & 3ml ampoules	10

Diluent			
Water for injection			Pack size
			20

Patient ID:

CSCI = Continuous Subcutaneous Infusion

## Section 5: Prescribing Algorithms

### SYMPTOM: PAIN

**PATIENT UNABLE TO SWALLOW AND NOT ALREADY ON REGULAR STRONG OPIOIDS?  
(e.g. no regular morphine, oxycodone or fentanyl)**

If the patient is known to be intolerant to morphine or morphine not effective,  
**SEEK SPECIALIST ADVICE**

Is the patient in pain?

YES

NO

#### **PRN S/C Morphine**

- Give morphine 2.5–5mg SC 4 hourly p.r.n
- If repeat doses required **and** morphine is effective review and consider continuous SC morphine

#### **Pre-Emptive Prescribing**

Prescribe morphine  
2.5–5mgs SC 4 hourly p.r.n  
**in case** pain occurs

#### **Continuous SC Morphine**

Start a CSCI via a syringe pump over 24 hours

- Start at 10–20mg over 24 hours
- Calculate p.r.n. 'breakthrough' dose by dividing total 24 hour dose of SC morphine by 6
- Prescribe p.r.n. dose of morphine 4 hourly p.r.n.

#### **Review Pain At Each Visit**

- Is morphine effective?
- If the patient needed more than 2 p.r.n doses in 24 hours consider if the 24 hour CSCI dose needs increasing
- Recalculate CSCI dose by adding p.r.n doses to amount in CSCI (**Do not increase CSCI dose by more than 50%**)
- If patient needs more than 3 p.r.n doses or morphine not effective **seek specialist advice**

#### **KEY MESSAGES – PAIN**

- ▶ Alternative strong opioids may be prescribed according to local guidelines, e.g. diamorphine 2.5–5mg SC 4 hourly p.r.n
- ▶ Consider and eliminate reversible causes for pain (constipation, urinary retention, spiritual and psychological causes)
- ▶ Would a pain chart be of benefit?
- ▶ Refer to the opioid conversion charts in section 4 of SCN Pain and Symptom Control Guidelines, Appendix 2 for information
- ▶ When calculating CSCI increase based on prn use, exclude doses used for incident pain

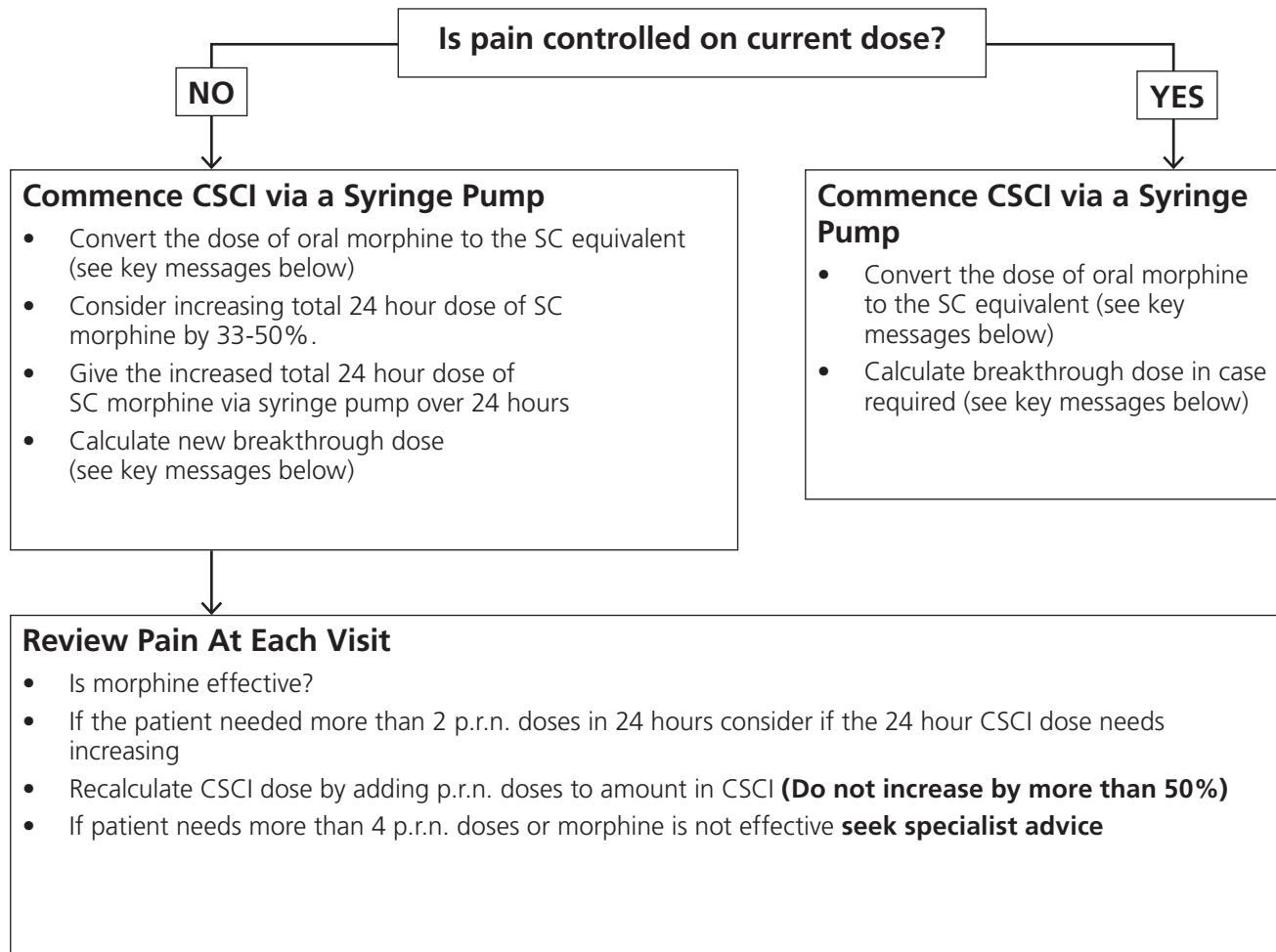
Patient ID:

CSCI = Continuous Subcutaneous Infusion

### SYMPTOM: PAIN

#### **PATIENT TAKING REGULAR ORAL MORPHINE BECOMES UNABLE TO SWALLOW?**

If the patient is taking oral **oxycodone** seek specialist advice when commencing a continuous subcutaneous infusion



#### **KEY MESSAGES – PRESCRIBING SUBCUTANEOUS MORPHINE**

- ▶ To calculate the dose of SC morphine, divide total dose of oral morphine by 2
- ▶ To calculate the breakthrough dose of morphine divide total 24 hour dose of SC morphine by 6 and prescribe this dose 4 hourly SC p.r.n.
- ▶ Alternative strong opioids may be prescribed according to local guidelines, e.g. diamorphine, see opioid conversion charts section 4 of SCN Pain and Symptom Control Guidelines, Appendix 2 for information.

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CSCI = Continuous Subcutaneous Infusion

**SYMPTOM: PAIN**

**PATIENT USING FENTANYL PATCHES AND IS NOW UNABLE TO SWALLOW**

**IMPORTANT**

**CONTINUE TO USE AND CHANGE PATCH EVERY 72 HOURS AS  
PREVIOUSLY PRESCRIBED**

**Pre-Emptive Prescribing**

- Use SC morphine for breakthrough pain.
- Calculate or consult section 4 of SCN Pain and Symptom Control Guidelines, (Appendix 2) as a guide for the p.r.n. dose of SC morphine that is relevant for the strength of patch
- Alternative strong opioids may be prescribed according to local guidelines.
- Prescribe the dose 4 hourly p.r.n. in case pain occurs

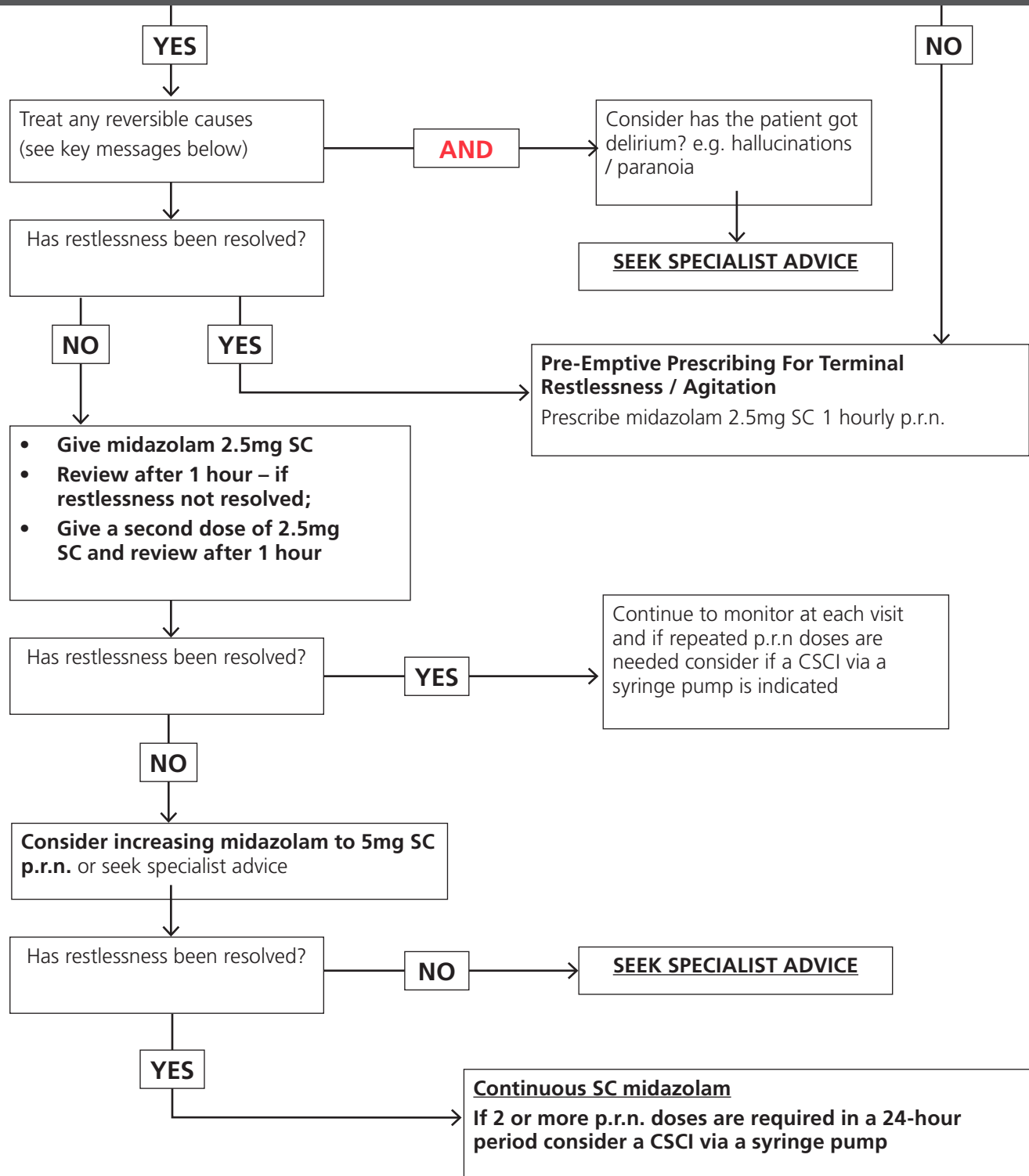
**If pain not controlled or if needing more than 2 p.r.n doses  
over 24 hours seek specialist advice**



Patient ID:

CSCI = Continuous Subcutaneous Infusion

**IS THE PATIENT EXPERIENCING TERMINAL RESTLESSNESS  
AND / OR AGITATION?**



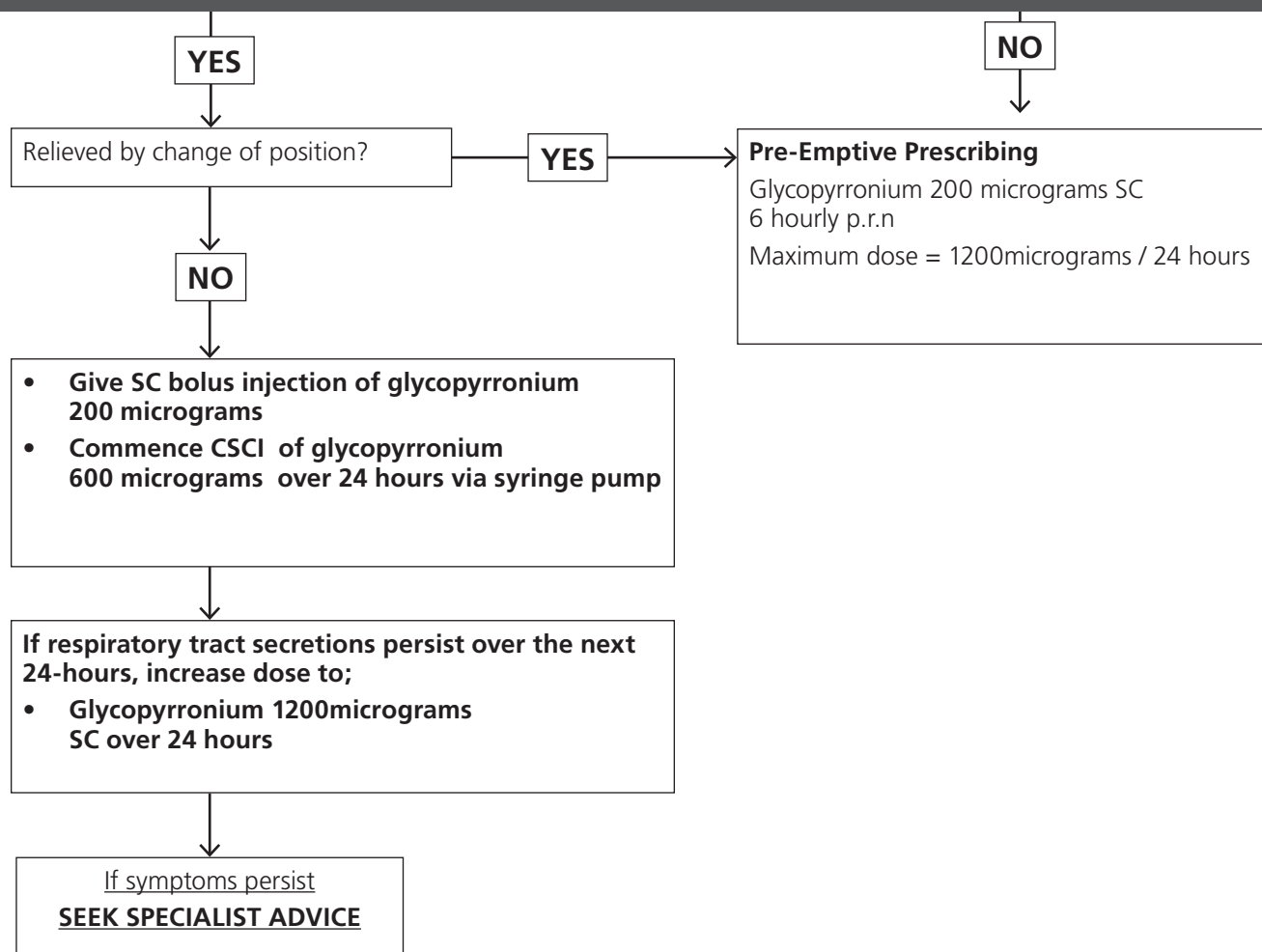
**KEY MESSAGES – TERMINAL RESTLESSNESS AND AGITATION**

- ▶ Document that reversible causes of agitation have been considered (pain, constipation, urinary retention, overheating, infection, nicotine withdrawal, high calcium levels)
- ▶ If requiring 3 or more p.r.n doses within 8 hours seek urgent specialist advice
- ▶ Consider adding any p.r.n doses given in previous 24 hours to syringe pump dose
- ▶ The p.r.n dose of midazolam should be the amount in the syringe pump divided by 6

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CSCI = Continuous Subcutaneous Infusion

## ARE TROUBLESOME RESPIRATORY TRACT SECRETIONS PRESENT?



### **KEY MESSAGES - RESPIRATORY TRACT SECRETIONS**

- ▶ Treatment must be commenced at onset of secretions. Medication will prevent new secretions being produced but will not remove secretions already present
- ▶ If there is a delay in commencing a syringe pump when appropriate, administer regular glycopyrronium 200micrograms 6 hourly until syringe pump available.
- ▶ Alternative antimuscarinic drugs can be used according to local guidelines, e.g. hyoscine butylbromide (Buscopan®) 20mg SC 4 hourly p.r.n., 60-120mg CSCI or hyoscine hydrobromide 400micrograms SC 4 hourly p.r.n, 1.2mg – 2.4mg CSCI over 24 hours
- ▶ Terminal respiratory secretions may be most upsetting for family and those close to the patient. Discussion of these symptoms with them is important.
- ▶ Palliative treatment with antibiotics may be appropriate if they are likely to help reduce purulent secretions and increase the comfort of the patient

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## IS THE PATIENT BREATHLESS?

YES

### General Measures

- Explanation
- Companionship
- Fan / open window
- Oxygen if hypoxic or symptomatically beneficial
- Nurse in upright position

Is there a reversible cause that can be managed given likely limited time?

YES

**Treat the cause**  
e.g. nebulised bronchodilators for bronchospasm, diuretics for heart failure

**If still symptomatic aim to relieve symptoms of breathlessness**

NO

### **Pre-Emptive Prescribing of p.r.n. Medication For People At Risk Of Breathlessness**

- If **not currently** taking regular strong opioid prescribe morphine 2.5mg SC 4 hourly p.r.n in case patient becomes breathless
- If **currently** taking strong opioid ensure correct p.r.n dose is prescribed for pain and use this dose for breathlessness.
- If a dose is given for breathlessness follow the pathway for the patient who is breathless

### **Symptomatic Treatment To Relieve Distress Of Breathlessness**

- If **not currently** taking regular strong opioid **commence morphine 2.5mg SC 4 hourly p.r.n**
- If 3 or more p.r.n doses are required assess need for syringe pump
- If **currently** taking strong opioid increase dose by 33% to cover the symptom of dyspnoea
- If the patient is also agitated consider adding midazolam 2.5mg SC hourly p.r.n
- If 3 or more doses of midazolam are required consider adding to the syringe pump

If symptoms persist **SEEK SPECIALIST ADVICE**

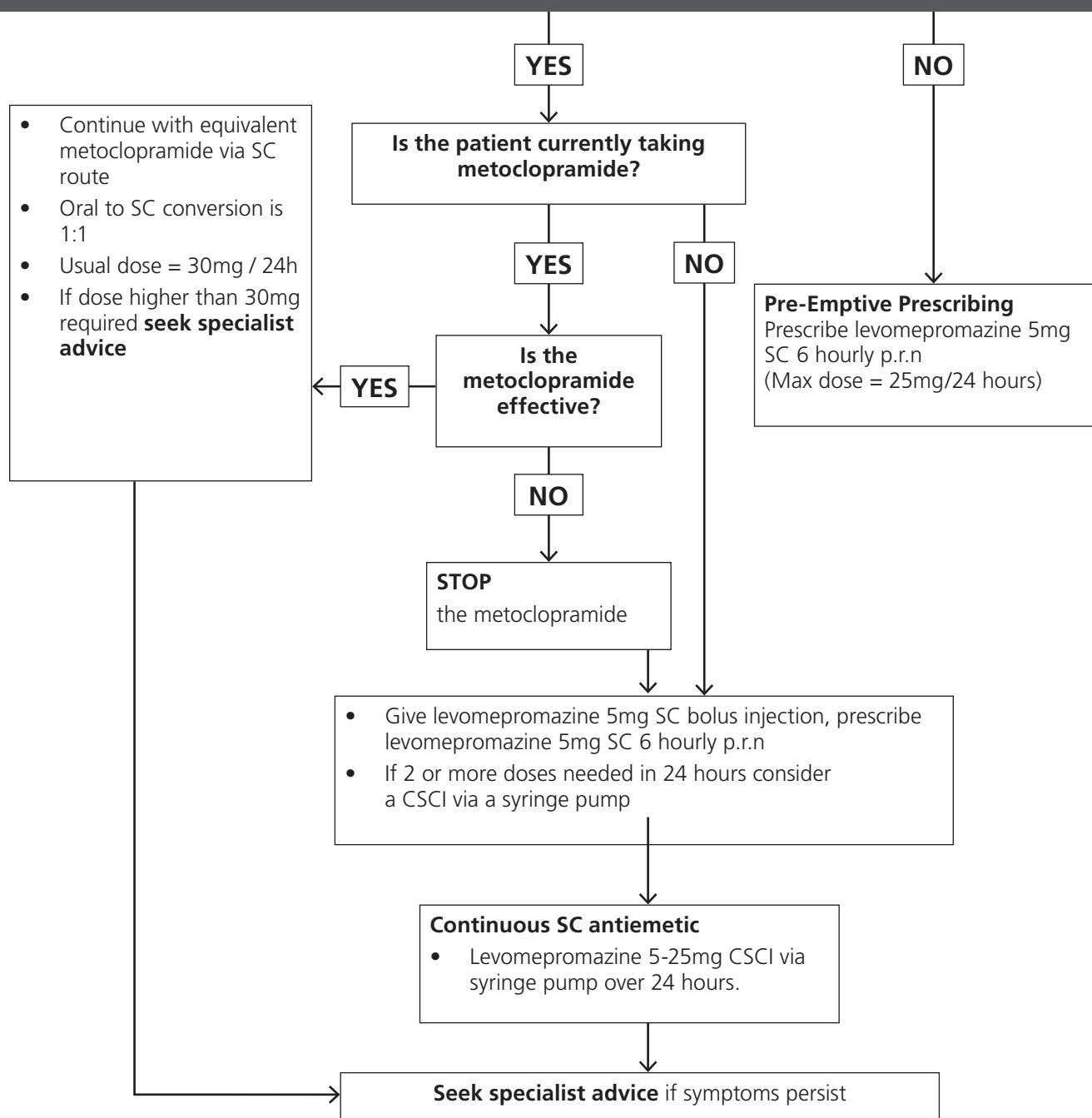
### **KEY MESSAGES – BREATHLESSNESS**

- ▶ Treatment for reversible causes of breathlessness include; bronchodilators, diuretics, and antibiotics
- ▶ Simple measures such as a calm environment, a fan or open window can be just as effective as medication
- ▶ Alternative opioids can be prescribed according to local guidelines, e.g. diamorphine 2.5 –5mg SC 4 hourly pr.n.
- ▶ If 3 or more p.r.n doses are required within 8 hours **seek specialist advice**

Patient ID:

CSCI = Continuous Subcutaneous Infusion

## IS THE PATIENT EXPERIENCING NAUSEA AND / OR VOMITING?



### KEY MESSAGES – NAUSEA AND VOMITING

- ▶ Patients with complete bowel obstruction and nausea or vomiting should not receive metoclopramide
- ▶ Alternative antiemetics may be prescribed according to local guidelines, e.g. cyclizine 50mg SC 8 hourly p.r.n. or 150mg by CSCI over 24 hours (not recommended in heart failure, use water for injection if diluent needed); or haloperidol 500micrograms – 1.5mg stat, 1.5 – 5mg CSCI
- ▶ Metoclopramide and cyclizine should not be prescribed simultaneously
- ▶ For patients with Parkinsonism or Parkinson's Disease seek specialist advice
- ▶ Simple measures such as treating constipation and keeping the patient away from strong food smells may also help