



Surname	Forename	District Nurse
Date of birth	NHS number	GP surgery
Address		ALLERGIES

Prescribe FIVE AMPOULES of each drug option to cover each of the 4 core symptoms (use the blank box if the core drugs are not suitable)

Complete this sheet and the Out of Hours Service special patient form for Bay Urgent Care or CHOC

Review the PRN opioid doses regularly and always when regular oral doses are changed

If a syringe driver becomes necessary, discontinue this sheet and use the Community Nurse Record - Authorisation Sheet for Syringe Driver

Prescribers may specify a safe, limited dose range if appropriate. Nurses should **ALWAYS** administer the lowest dose initially and should seek specialist advice from the second on call system regarding using higher doses if needed.

If any drugs are required repeatedly consider the use of a syringe driver – use SYRINGE DRIVER – Authorisation sheet (Community Nursing Record)

Date	Indication	Medication See notes overleaf	Dose See notes overleaf	Frequency See notes overleaf	Route	Prescriber signature and registration number	Signature and date stopped
	Opioid analgesic for pain or breathlessness	Either MORPHINE		Stat and 1 hourly PRN	S/C		
		Or _____		Stat and 1 hourly PRN	S/C		
	Anti-emetic	Either CYCLIZINE	50mg (maximum 150mg daily by any route)	Stat and 8 hourly PRN	S/C		
		Or LEVOMEPRMAZINE	2.5mg to 5mg	Stat and 6 hourly PRN	S/C		
	Terminal agitation or breathlessness	MIDAZOLAM (use 10mg/2ml ampoules)	2.5mg to 5mg	Stat up to 1 hourly PRN	S/C		
	Excessive secretions	GLYCOPYRRONIUM	200microgram	Stat and 4 hourly PRN	S/C		
	Other						
	Other						
		WATER FOR INJECTION 10ml		For flushing/anticipation of use of syringe driver			

NOTES: Palliative and End of Life Care Guidelines (2016, North England Clinical Networks)

OPIOIDS

- Morphine is the first choice injectable opioid (unless there is a previous intolerance or caution for use).
- Prescribe 2.5mg to 5mg S/C stat initially if patient is opioid naïve/elderly. Assess the response. A further dose may be given if required after 60 minutes. Higher doses may be needed for patients already taking opioids (including codeine, tramadol etc.) – see BNF or table below or prescribing guidelines for equivalent morphine doses.
- Calculate the total oral morphine dose taken over the last 24 hours (including PRN doses). Divide by 2 to give the equivalent S/C daily morphine requirement. **Prescribe ONE SIXTH of this subcutaneously as the Just in Case (JiC) dose.**
- Prescribe 5 ampoules of an appropriate strength morphine injection (10mg in 1ml, 30mg in 1ml, 60mg in 2ml). N.B. the injection volume for an S/C bolus should not exceed 2ml.
- If higher doses are needed than given in the table below, contact the Specialist Palliative Care team for advice
- If the patient cannot tolerate morphine or is already taking an alternative opioid refer to the table below for equivalent doses. Seek advice from the Specialist Palliative Care team if needed.
- Fentanyl or buprenorphine patches should be continued, renewing the patch as per prescription. Any additional opioid S/C doses are used to top up this background dose.

APPROXIMATE EQUIVALENT 24 HOUR DOSES (N.B. you must use clinical judgment in addition to looking up the doses.) **4 hourly (JiC) doses would be ONE SIXTH of the 24 hour dose.**

ORAL Morphine (24hr dose)	ORAL Oxycodone (24hr dose)	S/C Morphine (24hr dose)	S/C Oxycodone (24hr dose)	S/C Alfentanil (24hr dose)	TRANSDERMAL Fentanyl (change every 3 days)	TRANSDERMAL Buprenorphine (change as below)
20mg	15mg	10mg	7.5mg	500microgram		10microgram/hr (7 day patch)
30mg	20mg	15mg	10mg	1mg	12microgram/hr	15microgram/hr (7 day patch)
60mg	40mg	30mg	20mg	2mg	25microgram/hr	25microgram/hr (7 day patch)
120mg	80mg	60mg	40mg	4mg	50microgram/hr	52.5microgram/hr (3 or 4 day patch)
180mg	120mg	90mg	60mg	6mg	75microgram/hr	70microgram/hr (3 or 4 day patch)
240mg	160mg	120mg	80mg	8mg	100microgram/hr	105microgram/hr (3 or 4 day patch)
300mg	200mg	150mg	100mg	10mg	125microgram/hr	
360mg	240mg	180mg	120mg	12mg	150microgram/hr	
480mg	320mg	240mg	160mg	16mg	200microgram/hr	
600mg	400mg	300mg	200mg	20mg	250microgram/hr	
720mg	480mg	360mg	240mg	24mg	300microgram/hr	

ANTI-EMETICS: **Cyclizine** 50mg PO/SC 8 hourly prn – maximum dose by any route is 150mg- watch for additional oral doses. Contraindicated in severe heart failure, caution in renal and hepatic failure.

Levomepromazine 2.5-5mg SC hourly prn – widely used in palliative care, useful if a sedating effect is required.

Haloperidol – 500microgram S/C 8 hourly prn is an alternative

AGITATION: **Midazolam** -Use the concentrated preparation (10mg in 2ml). Dose: 2.5-5mg SC hourly prn Manage other possible causes of agitation –pain, urinary retention, faecal impaction.

SECRETIONS: **Glycopyrronium** 200microgram SC 4 hourly prn

Hyoscine butylbromide (Buscopan) 20mg S/C is an alternative.

Hyoscine hydrobromide 400microgram S/C is sedating and can cause paradoxical agitation, so is no longer a first line choice.