

# Shared care guidelines

## Drug

Octreotide (palliative care use)

## Speciality

Palliative Medicine

## Indication

Symptomatic reduction of tumour related secretions; Inoperable bowel obstruction in patients with cancer; Intractable diarrhoea related to high output ileostomies or entero-cutaneous fistulae.

## Overview

Synthetic analogue of somatostatin with longer duration of action and similar inhibitory hormonal actions.  
Increases water, sodium and chloride absorption from GI tract. Reduces GI blood flow, gastric acid and gastric, pancreatic and small intestinal secretions.

## Specialist's responsibilities

Initial investigations: Clinical assessment, radiological and biochemical investigations as appropriate  
Initial regimen: 300-500mcg / 24hours via syringe driver, titrated according to response, usual maximum 1200mcg / 24 hours (occasionally higher)  
Clinical monitoring: regular symptomatic review,  
Frequency: daily  
Safety monitoring: infusion sites, symptomatic response  
Frequency: daily  
Prescribing duration: according to symptomatic response  
Prescribing arrangements: Initial supply to be prescribed by specialist, in line with expected duration of need. Further supplies to be prescribed by GP according to specialist advice

## GP's responsibilities

Maintenance prescription: 300-1200mcg / 24 hours, liaise with specialists for ongoing advice as needed  
Clinical monitoring: symptomatic review  
Frequency: daily [district nurse assessment and liaison with GP/palliative care specialist as needed]  
Safety monitoring: daily inspection of subcutaneous infusion sites, symptomatic response  
Frequency: daily  
Duration of treatment: depending upon efficacy of symptomatic response, treatment may be needed until death.

Adverse events	Action
Infusion site reaction	Consider dilution to larger volume or addition of 1mg dexamethasone - liaise with palliative care team for further advice

## Contact details

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