Prescribing Memo

SUBCUTANEOUS ANTICIPATORY INJECTABLE DRUGS AT END OF LIFE

Date: 22nd April 2015 **Memo Ref: EoLP1**

Effective, safe and appropriate prescribing of medication for symptom control at the end of life is absolutely crucial as part of the overall care of dying patients.

North Tees & Hartlepool Foundation Trust have produced a short reference guide to summarise (in a highly concise form) the symptom control guidance provided in the NECN Palliative and End of Life Care Guidelines 2012.

It is intended that this guide will be used by nursing and medical healthcare professionals who prescribe medication for patients at the end of life and it will be available on the North Tees and Hartlepool NHS Foundation Trust intranet site, and via access to an electronic document for non-Trust community colleagues (e.g. Out of Hours, GPs).

The guide is for use ONLY for the following patients (ALL must apply):

- Patients **nearing the end of life** or those at risk of sudden deterioration (especially where troublesome symptoms are possible or likely);
- Patients who are **not already on regular opioid medication** or other regular symptom control medication;
- Patients with **normal renal function** (or those who are not *anticipated* to have renal impairment)
- For patients on regular/background analgesia or other symptom control medication, anticipatory medication should be prescribed in line with their background doses The dosages in this guidance may be too small for patients who are tolerant of opioids or other longstanding medications.

For more detailed information on prescribing in palliative and end of life patients, or for patient not meeting these criteria refer to the NECN guidelines (see and references).

Available vial sizes as listed in BNF 68:

DRUG	STRENGTH	VIAL SIZE
Morphine sulphate	10, 15, 20 & 30mg/mL	1mL & 1mL
Midazolam	5mg/mL 2mg/mL	2mL & 10mL 5mL
Haloperidol	5mg/mL	1mL
Levomepromazine	25mg/mL	1mL
Hyoscine butylbromide	20mg/mL	1mL
Cyclizine	50mg/mL	1mL

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PRN medication:

SYMPTOM	DRUG(S)	DOSE	MAX. FREQUENCY/DOSE	COMMENTS/ SPECIFIC INDICATION
Pain or **Breathlessness**	Morphine sulphate injection	**2.5-5mg**	1-2 hourly	Do not use if eGFR <30; caution if eGFR 30-60.
Agitation Terminal restlessness delirium	Midazolam	**2.5-5mg**	2-hourly; **max 60mg/24h**	Some patients may need a combination of these two drugs (midazolam for distress, haloperidol for delirium).
	Haloperidol	**1.5-2.5mg**	4-hourly ; max 10mg/24h	
Persistent agitation	Levomepromazine	**12.5mg**	Hourly until settled – consult SPC if agitated despite 100mg/24h	Consider switching haloperidol to levomepromazine **or** using levomepromazine and midazolam *in combination*
Secretions	Hyoscine butylbromide	**20mg**	1-hourly (max 120mg/24h)	
Nausea and vomiting	Cyclizine	**50mg**	8-hourly/TDS	**Indications:** Brain Metastases /bowel obstruction
	Haloperidol	**1.5mg**	4-hourly/5mg in 24 hours	Chemical nausea, sepsis
	Levomepromazine	**6.25mg**	4-6 hourly/QDS	Multi-factorial/uncertain cause/lack of response to other drugs

Syringe drivers: suggested starting doses if 2 or more doses of prn medication have been needed in past 24 hours (doses should not exceed previous/anticipated requirements):

DRUG	DOSE (RANGE)	COMMENTS
Morphine sulphate	**10-20mg/24h**	Do not use if eGFR < 30
Midazolam	**10-20mg/24h**	If ineffective, consider changing to/addition of an antipsychotic drug e.g. haloperidol or levomepromazine
Haloperidol	**2.5-5mg/24h**	Nausea & vomiting ***OR*** agitation
Levomepromazine	**12.5mg/24h** **25mg/24h**	Nausea & vomiting Agitation
Hyoscine butylbromide	**60mg/24h**	
Cyclizine	**150mg/24h**	Max. 150mg/24h

References/Further Reading

1. Twycross R, Wilcock A (2011). Palliative Care Formulary. 4th Edition. Palliativedrugs.com Ltd., Nottingham.
2. North of England Cancer Network Palliative and End of Life Care Guidelines for cancer and non-cancer patients, third edition: 2012. (nescn.nhs.uk)