

Prescribing anticipatory subcutaneous medications for the last days of life general advice

Indication	Drug	Dosing	Frequency	Strength	Quantity	Notes regarding syringe driver use
<p>Pain, - 1st line (Doses may be different for patients already on background opioids and existing need should be considered)</p> <p>In renal failure ask specialist palliative care advice</p>	Morphine Sulphate	<p>2.5-5mg (if no existing opiate medication)</p> <p>If already taking oral morphine to calculate the sub cutaneous PRN dose calculate the 24 hour dose and divide by 6</p>	2 hourly PRN	10mg/ml	10 x 1ml amps	<p>If no existing opiates the syringe driver should only be used if PRNs have been required</p> <p>If converting from oral Morphine, use ½ of the 24hr oral Morphine dose in a syringe driver.</p>
Pain alternative to morphine	Oxycodone (alternative to morphine)	<p>1- 2.5mg (if no existing opiate medication)</p> <p>If already taking oral morphine to calculate the sub cutaneous PRN dose calculate the 24 hour dose and divide by 6</p>	2 hourly PRN	10mg/ml	5 x 1ml amps	If converting from oral Oxycodone to subcut use ½ of the 24 hour oral oxycodone in a syringe driver 6
Nausea, vomiting – 1st line	Haloperidol (extra pyramidal side effects and sedation in high doses)	<p>500 microgram–1.5mg (max 5mg/24hr)</p>	4 hourly PRN	5mg/ml	5 x 1ml amps	Syringe driver dose should be according to PRN need. Tendency to precipitate.
Nausea, vomiting (in Parkinson's disease or extrapyramidal side-effects)	Cyclizine (alternative to haloperidol for N+V)	<p>50mg (max 150mg/24hr)</p>	4-6 hourly PRN	50mg/ml	10 x 1ml amps	50-150mg in 24 hrs according to PRN need (maximum 150 mg)
Nausea, vomiting (Alternative if haloperidol not available or appropriate or haloperidol not effective)	Levomepromazine	6.25 mg	4-6 hourly PRN	25mg/1ml	5 x 1ml	Dose for syringe driver should be according to PRN use
Anxiety, restlessness, panic,	Midazolam	2.5mg-5mg (starting dose – if not effective speak to specialist palliative care)	hourly PRN	10mg/2mls	10 x 2ml amps	Syringe driver use will be according to PRNs used (range 5mg-30mg)
Delirium- Hallucinations, paranoia	Haloperidol	0.5mg – 1.5 mg	4 hourly	5mg/1ml	5 x 1ml amps	Syringe driver dose should be according to PRN need. Tendency to precipitate.
Respiratory tract secretions	Hyoscine butylbromide (Buscopan)	20mg	2 hourly PRN	20mg/ml	10 x 1ml amps	<p>If symptoms start syringe driver 60-120mg/24hours</p> <p>Seek specialist palliative care if higher doses needed</p>

EXAMPLES OF FP 10 PRESCRIPTIONS FOR ANTICIPATORY MEDICATIONS AND SYRINGE DRIVER IN END OF LIFE CARE

PRN HALOPERIDOL inj
AND HYOSCINE
BUTYLBROMIDE inj

3/3/10	Mr Joe Bloggs
	15 Nowhere Street S00 3PP
	NHS No: 12345

HALOPERIDOL 5mg/mL for injection

To have 500 micrograms -1.5mg by subcutaneous injection every 4 hours as required

Supply 5 ampoules

HYOSCINE BUTYLBROMIDE 20mg/mL for injection

To have 20mg by subcutaneous injection every 2 hours as required

Supply 5 ampoules

SIGNATURE

DATE

PRN MORPHINE inj
AND MIDAZOLAM inj

3/3/10	Mr Joe Bloggs
	15 Nowhere Street S00 3PP
	NHS No: 12345

MORPHINE SULFATE 10mg/mL for injection

To have 2.5mg -5 mg by subcutaneous injection every 2 hours as required

Supply 5 (five) ampoules

MIDAZOLAM 10mg/2mL for injection

To have 2.5mg – 5mg by subcutaneous injection every 1 hour as required

Supply 5 (five) ampoules

SIGNATURE

DATE

DON'T FORGET
WATER And FILM

3/3/16	Joe Bloggs
--------	------------

WATER for injection 10mL ampoules

To be used as directed

Please supply 10 ampoules

VAPOUR PERMEABLE FILM DRESSING

6cm x 7cm

To use as directed.

Please supply 3 dressings

Mr Joe Bloggs

MORPHINE FOR
SYRINGE DRIVER

MORPHINE SULFATE 10mg/mL for injection

To have 10mg over 24 hours by continuous subcutaneous infusion via syringe driver

Please supply 10 (ten) ampoules

SIGNATURE

DATE