

Anticipatory Prescribing in Last Hours/ Days of Life

This document acts only as a guide; consult with Palliative Care Team for additional advice

If a patient is in the last hours or days of life it is helpful if 'anticipatory medication' for symptom control at the end of life is prescribed. Commonly required medications for symptom relief are outlined in this document. Please consult with Palliative Care Team for advice.

STEP 1

As Required Prescribing (PRN)¹
Combining 'PRN' medications improves/optimizes symptom relief

	PAIN /BREATHLESSNESS	ANXIETY /BREATHLESSNESS	RESPIRATORY SECRETIONS	AGITATION/DELIRIUM	NAUSEA OR VOMITING
1st Line	<i>Opioid Naïve Patient</i> Morphine 2.5mg SC every hour PRN* <i>Patient already on regular opioids</i> Convert 24-hour dose of regular opioid to SC (SC=half po dose) and give 1/6 th dose PRN**	Midazolam 2.5mg SC every hour PRN*	Hyoscine BUTYLbromide 20mg SC every hour PRN* (Max 120mg/24 hours) Non-sedating <i>Does not cross blood-brain barrier (BBB)</i>	Levomepromazine 3.125mg to 6.25mg SC every hour PRN	Levomepromazine 3.125mg to 6.25mg SC every 12 hours PRN
Alternative therapy if symptoms persist/side effects	Oxycodone 1.25mg SC every hour PRN*		Hyoscine HYDRObromide⁵ 400 to 600 microgram SC every four hours PRN (Max dose – see Step 2 below) Sedating-crosses BBB	Haloperidol 0.5mg to 1mg SC every hour PRN	Haloperidol 0.5mg to 1mg SC every 12 hours PRN

Review PRN medication within 1 hour of administration. If symptoms persist OR ≥3 PRN doses are needed seek advice and progress to STEP 2

STEP 2

Syringe Driver Prescribing/ Continuous Subcutaneous Infusion (CSCI)
All patients should also have PRN medication prescribed. Prescriptions must be reviewed daily and tailored to needs/symptoms of the individual patient.

	PAIN/ BREATHLESSNESS***	ANXIETY /BREATHLESSNESS***	RESPIRATORY SECRETIONS	AGITATION/DELIRIUM	NAUSEA/VOMITING***
1st Line	<i>Opioid Naïve Patient</i> Morphine 5mg to 10mg CSCI over 24 hours OR Oxycodone 2.5mg to 5mg CSCI over 24 hours <i>Patient already on regular opioids</i> Convert 24-hour dose of regular opioid to a 24hours CSCI (SC=half po dose)**	For breathlessness: Midazolam 5mg to 10mg CSCI over 24 hours For anxiety/distress: Midazolam 10mg to 20mg CSCI over 24 hours +/- Levomepromazine 6.25mg to 12.5mg CSCI over 24 hours if severe anxiety/distress/delirium	Hysocine BUTYLbromide 60mg to 120mg CSCI over 24 hours Non-sedating <i>Does not cross blood- brain barrier (BBB)</i>	Levomepromazine 6.25mg to 12.5mg CSCI over 24 hours Higher starting doses can be used under specialist advice	Cyclizine 150mg CSCI over 24 hours or Haloperidol 1mg to 2.5mg CSCI over 24 hours or Metoclopramide 30mg CSCI over 24 hours or Levomepromazine 6.25mg to 12.5mg CSCI over 24 hours
Alternative therapy if symptoms persist/side effects	If CrCl <30mls/min consider Fentanyl 1 st line Consult Palliative Care for further advice Fentanyl 100microgram to 200microgram CSCI over 24 hours		Hyoscine HYDRObromide⁵ 1.2mg to 2.4mg CSCI over 24hours Sedating-crosses BBB Max total dose = 3.6mg in 24 hours (Including PRN doses)	Haloperidol 2.5mg to 5mg CSCI over 24 hours	

* If ≥3 doses given within 4 hours with no benefit seek urgent advice or review. Consult Palliative Care Team for advice.

** See Marymount Dose Conversion Chart³ and Opioids Changing Routes of Administration⁴

*** Titrate the dose as necessary to provide optimal symptom relief. Consult Palliative Care for advice.

References: 1.HSE Palliative Care Pharmacological Care in the Last Hours or Days of Life (Version2.25.3.20) 2.'HSE Management of Severe breathlessness in Dying Patients with Covid-19' Version 5 1.4.2020

3.Marymount Opioid Conversion Chart available on www.marymount.ie

4. Opioids Changing Routes of administration available on www.marymount.ie

5. Local practice, Palliative Care, CUH