

Anticipatory Prescribing in the Last Hours or Days of Life One-pager guidance. (Version 24.03.20)

For more detailed guidance, suggest <https://www.palliativecareguidelines.scot.nhs.uk> AND/OR contact specialist palliative care team for advice.

Adherence to guideline recommendations will not ensure a successful outcome in every case. It is the responsibility of all professionals to exercise clinical judgement in the management of individual patients. Palliative care specialists occasionally prescribe or recommend other drugs, doses or drug combinations.

For which patients?

If a patient is in the last hours of days of life it is helpful if 'anticipatory medication' for symptom control at the end of life (EOL).

What medications?

4 symptoms commonly require medications for relief at the EOL:

1. Opioid for pain and/ or breathlessness / and/ or severe cough (for opioid naïve patient)

Morphine sulphate injection (10mg/ml ampoules)

- Dose: 2.5mg SC repeated at hourly intervals as needed for pain, breathlessness or severe cough
- If 3 or more doses have been given within 4 hours with little or no benefit seek urgent advice or review
- If more than 6 doses are required in 24 hours seek advice or review

Note: Patients who are severely distressed may require rapid dose titration and urgent palliative care advice should be sought to guide management in these cases.

Opioid for pain and/or breathlessness (for patient already on regular opioids)

If the patient is on a regular opioid, the prn dose is 1/6th of the 24-hour dose of the regular opioid and converted to SC dose, which is half of the oral dose.

e.g. MST 30mg BD = 60mg of morphine sulphate in 24 hours. PRN dose is 10mg Oramorph PO or morphine sulphate 5mg SC

2. Anxiolytic sedative for anxiety or agitation or breathlessness

Midazolam injection (10mg in 2ml ampoules)

- Dose: 2.5mg SC, repeated at hourly intervals as needed for anxiety/distress
- If 3 or more doses have been given within 4 hours with little or no benefit seek urgent advice or review
- If more than 6 doses are required in 24 hours seek advice or review
- Note: if on large background doses of BZDs, a larger dose may be needed (if they are frail, a smaller dose may be enough)

Levomepromazine or **haloperidol** can be used in agitated delirium.

- Levomepromazine 3.125 to 6.25mg SC, hourly as needed **OR** haloperidol 0.5 to 1mg hourly as needed if levomepromazine not available
- If 3 or more doses have been given within 4 hours with little or no benefit seek urgent advice or review
- If more than 6 doses are required in 24 hours seek urgent advice or review

3. Anti-secretory for oropharyngeal secretions

Hyoscine butylbromide injection (Buscopan®) (20mg/ml ampoules)

- Dose: 20mg SC, hourly as needed. (Maximum dose 120mg in 24 hours)

OR **Glycopyrronium** injection (200mcg/ml ampoules)

- Dose: 200mcg SC, hourly as needed (Maximum dose 2.4mg in 24 hours)

4. Anti-emetic for nausea or vomiting

Levomepromazine injection (25mg/ml ampoules)

- Dose: 3.125 to 6.25mg SC, 12 hourly as needed.

Or: Haloperidol 0.5 to 1mg SC, 12 hourly as needed if levomepromazine not available.

- **Always review the effect of any PRN medicine within one hour of administration** to see whether it has relieved the symptom(s) or not.
- If symptoms persist or three or more PRN doses are needed, regular medications for symptom control should be started or, if in place already need to be increased.
- If a syringe pump needs to be started please see the HSE Syringe pump one-pager guidance
- **Always review the treatment plan within 24 hours**
 - Does the treatment plan ensure comfort?
 - Review the doses of regular medications given by all routes, including oral, transdermal and subcutaneously via a syringe pump. If there are signs of opioid toxicity, a dose reduction, or drug switch, may be required.
- **If needed, please seek advice from your local specialist palliative care service**

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For more detailed information refer to <https://www.palliativecareguidelines.scot.nhs.uk>