HERPC
Hull and East Riding Prescribing Committee

Guidance for Commencing Palliative Care Medicines (Just in Case Drugs)

Please note that this is intended for **GUIDANCE ONLY** for the initiation of palliative care medicines. Each patient must be prescribed these medications at a dose which takes into account their current oral or subcutaneous (s/c) medications. The example doses given below would be suitable for an opioid and benzodiazepine naive patient only.

These medications are often prescribed in anticipation of the patient requiring treatment to manage their symptoms. A clinical assessment of the patient should be undertaken when the patient is symptomatic to ensure optimization of their treatment. Any patients requiring two or more s/c doses in 24 hours should have a clinical assessment and if appropriate consider initiating a syringe pump. Advice can be sought from the Specialist Palliative Care Teams.

Hull and East Riding Community Nursing teams are using the community drug administration charts (Medication Authorization and Administration Record). The exact dose for the patient will need to be prescribed on the community drug chart which must be completed and signed by the prescriber. Please note that sliding scales of doses are not acceptable in the community. Including a time interval on the community drug chart is vital to allow safe administration by nursing colleagues caring for patients. Suggested time intervals are included below.

Symptom	**Suggested medication/doses for opioid & benzodiazepine naive patients Consider reversible causes for the patient's condition i.e. constipation and urinary retention**	
Pain	***Morphine 2.5mg s/c 4 hourly PRN** prescribe 10mg/ml ampoules 10(ten) ampoules maybe repeated after 60 minutes if needed	In renal impairment eGFR <30ml/min please seek advice from the specialist palliative care teams
Agitation/restlessness	***Midazolam 2.5mg s/c 2 hourly PRN** prescribe 10mg/2ml injection10 (ten) ampoules maybe repeated after 30 minutes if needed Please ensure the 10mg/2ml injection is prescribed, and **not** the 5mg/5ml, as this can be very uncomfortable for patients as a s/c injection, due to volume.	(if patient in last days of life manifests features suggestive of delirium consider haloperidol +/- midazolam)
Nausea/Vomiting	**Haloperidol 1mg s/c 4 hourly PRN** prescribe 5mg/ml injection 10 amps	
Excess secretions/ Bowel colic	**Hyoscine Butylbromide 20mg s/c 4 hourly PRN** prescribe 20mg/ml injection 10 amps	If TWO doses are required in 24 hours consider a syringe pump containing 60mg over 24 hours

NB Please include water for injections for reconstitution of the Just in Case Drugs. Water for injections need to be prescribed on FP10 and included on IDL but NOT written on the community drug chart.

For any advice on Palliative Care Drugs, please contact the Specialist Palliative Care Teams

Hull	01482 247111
East Riding	01377 208758
Hull & East Yorkshire Hospital	01482 461146
Dove House Hospice	01482 784343

More information is available at the Yorkshire and the Humber Clinical Networks: A Guide to Symptom Management in Palliative Care: http://www.yhscn.nhs.uk/common-themes/end-of-life-care/EOLDocuments.php

*(total quantity required in words and figures to comply with CD writing requirements on FP10 prescription form, not required on community drug chart)

Prepared by Melinda Presland, Macmillan Pharmacist, City Health Care Partnership CIC
Reference: British National Formulary 76, Palliative Care Formulary (PCF 6)
Guidance Approved by HERPC (28.11.2018) Review Date: December 2020

Syringe Pump Guidance

Any patient requiring 2 or more s/c doses in 24 hours should have a clinical assessment and if appropriate consider a continuous sub-cutaneous infusion (CSCI) via syringe pump over 24 hours.

Symptom	Suggested medication/doses for opioid & benzodiazepine naive patients Consider reversible causes for the patient's condition i.e. constipation and urinary retention	
Pain	***Morphine** Initially 10mg over 24 hours	In renal impairment eGFR <30ml/min please seek advice from the specialist palliative care teams
	Note: Opioid patches (e.g. Fentanyl and Buprenorphine) should continue to be used, their dose taken into consideration and syringe pump dose calculated on PRN use only. If taking oral morphine, add the total dose taken in the previous 24 hours and divide by 2 to give the equivalent dose of s/c morphine in 24 hours, with a PRN dose equivalent to 1/6 of the 24 hour dose. Example: Morphine sulfate m/r 60mg BD plus morphine sulfate oral solution (10mg/5ml) 10ml (20mg) x 3 equals 180mg oral morphine in 24 hours so 180 divided by 2 = 90mg morphine in 24 hours. Breakthrough dose (90mg divided by 6) equals 15mg 4 hourly PRN.	
Agitation/restlessness	***Midazolam** Initially, 10mg over 24 hours, titrated according to response	(if patient in last days of life manifests features suggestive of delirium consider haloperidol +/- midazolam)
Nausea/Vomiting	**Haloperidol** Initially, 2.5mg over 24 hours	
Excess secretions/ Bowel colic	**Hyoscine Butylbromide** Initially, 60mg over 24 hours	

Compatibility of Drugs: Any TWO of morphine, haloperidol, hyoscine butylbromide and midazolam can be mixed together in a syringe pump with water for injection.

For further information on compatibility, please refer to syringe pump policy or contact specialist palliative care teams.

NB Please consider when calculating dose oral absorption of opioids may be reduced due to underlying factors and SC dose via syringe pump may need to be lower than calculated.

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