

## Guidance for prescribing in Palliative Care

### Guidance on Pre-emptive Prescribing

### Helpful hints

<u>Preparation</u>	<u>Directions</u>	<u>Supply</u>	<u>Additional Information</u>
<p><b>cdDiamorphine 5mg ampoules</b></p>	<p>2.5 to 5mg subcutaneously every hour PRN* pain / dyspnoea</p>	<p>5 or 10 ampoules (please state exact quantity)</p>	<p>Powder for reconstitution with water for injection</p>
<p><b>cdMidazolam 10 mg/2mL ampoules</b></p>	<p>2.5mg subcutaneously every hour PRN* agitation / dyspnoea</p>	<p>5 or 10 ampoules (please state exact quantity)</p>	
<p><b>Haloperidol 5mg/mL ampoules</b></p>	<p>500 micrograms to 2.5mg subcutaneously every hour PRN* delirium / nausea and vomiting</p>	<p>5 or 10 ampoules (please state exact quantity)</p>	<p>Maximum 10mg in 24 hours</p>
<p><b>Hyoscine hydrobromide 600 micrograms/mL ampoules</b></p>	<p><b>600</b> micrograms subcutaneously every hour PRN* retained airway secretions</p>	<p>5 or 10 ampoules (please state exact quantity)</p>	<p>Maximum 2.4mg in 24 hours</p>
<p><b>Water for injections 5mL ampoules</b></p>	<p>Use as diluent</p>	<p>5 or 10 ampoules (please state exact quantity)</p>	

**General notes**

When prescribing sub cut medication prn pre-emptively these dose ranges are for guidance only and should be adjusted depending on patient needs

1) The prn dose of opiate is likely to be higher if the patient is already on background opiate medication

2) If they are taking oral oxycodone, they should be prescribed sub cut oxycodone not diamorphine

If in any doubt please contact Rotherham Hospice advice line on 01709 308910, who will be very happy to help with making sure the patient gets the correct medication, they have access to a doctor/CNS 7 days a week.

Prescribing for syringe drivers

This guidance is very general and limited and prescription of a syringe driver should only take place after a full assessment of symptoms and knowledge of the patients current medication.

Syringe drivers are indicated when either

- 1) a patient can no longer manage their oral medication
- 2) a patient has nausea and vomiting and absorption of oral drugs may not occur or for certain drugs supervised by Palliative Medicine (eg ketamine).

They are not required in an emergency and are not an urgent solution to symptom issues, and prn S/C medication should also be prescribed and used for acute issues.

When assessing patients needs, take account of the current background medication and any additional need for medication in the last 24 hours.

It is acceptable to prescribe a syringe driver in anticipation of deterioration in the next few days after assessment (particularly before a weekend), however it is not acceptable for this prescription to be used more than 3-4 days later without another assessment of the patients current needs.

If a patient is on background opiates then for current 24 hour dose of oral morphine give 1/3 dose of diamorphine S/C over 24 hours eg Zomorph 30mg bd (SR Morphine) is equivalent to 20mg of diamorphine over 24 hours via a syringe driver.

This dose may need to be significantly revised if the patient has been in a lot of pain and needed a lot of extra analgesia prior to commencing the syringe driver.

for current 24 hour dose of oral oxycodone give 1/2 dose S/C oxycodone over 24 hour eg Longtec 100mg bd (CR oxycodone) is equivalent to 100mg S/C oxycodone over 24 hours via a syringe driver

This dose may need to be significantly revised if the patient has been in a lot of pain and needed a lot of extra analgesia prior to commencing the syringe driver

if on fentanyl or buprenorphine patches leave the patch in place, and continue to change as usual consider the need for additional analgesia if it has been required in the last 24 hours

IF AT ALL UNSURE OF CORRECT DOSING PLEASE CONTACT ROTHERHAM HOSPICE ADVICE LINE 01709 308910 A DOCTOR OR CNS IS AVAILABLE 7 DAYS A WEEK AND VERY HAPPY TO HELP YOU PRESCRIBE AND HELP THE PATIENTS SYMPTOMS BE CONTROLLED.

The usual diluent is water for injections, but there are certain drugs eg levomepromazine that should be diluted in 0.9% saline.

For advice on correct diluent and what drugs can be mixed together, please contact the hospice advice line if you are unsure.