

# YOUR HEALTH

## ANTICIPATORY PRESCRIBING FOR SYMPTOMS AT THE END OF LIFE



Patients who are dying often experience new or worsening symptoms or become unable to swallow essential medication such as analgesics or anti-emetics. Patients who wish to remain at home may require District Nurses to administer injections or a syringe pump to control their symptoms.

For patients in the community who are in the last few weeks/ days of life it is good practice for the GP or NMP (or in the case of patients being discharged from hospital to die at home, the ward looking after the patient) to prescribe a range of medications which will be kept in the home, to minimise delay, in case they are needed for symptom control (anticipatory prescribing/just in case medicines).

This tool aims to guide healthcare professionals on what medications should be prescribed after assessment of the individual patient. The principles are applicable to the care of patients who are dying whether of malignant or non-malignant disease.

NOTE: it is important to discuss the need for anticipatory prescribing within the context of end of life care with both the patient and their carer as well as health care professionals involved. If the discussions are not initiated by the patient's GP then it is important to engage them as necessary.

### **Prescribing advice for the doctor**

#### **1. Stop unnecessary medications**

For example, anti-hypertensive drugs or statins that are no longer needed.

#### **2. Prescribe medications in case a syringe pump is needed**

- For patients who are able to swallow, continue essential medications.
- For patients who are unable to swallow, convert essential medications, such as analgesics, anti-emetics, and anxiolytics to a syringe pump for continuous subcutaneous infusion. See conversion charts for dosages of opioids to prescribe and / or specialist advice (contact numbers below)
- For all patients, prescribe subcutaneous medication for each of the 5 common symptoms at the end of life. These include:

## ANTICIPATORY PRESCRIBING FOR SYMPTOMS AT THE END OF LIFE

- Pain
- Agitation and restlessness - Nausea and vomiting
- Respiratory secretions - Breathlessness
- Ensure each drug has an appropriate dose range written on the syringe pump authorisation sheet in case increases are required.
- Prescribe water for injection for use in case a syringe pump is needed.
- Ensure patients are prescribed enough stock for weekends and bank holidays. The usual recommendation is 5 days' supply.

### For patients who have a fentanyl patch for pain

The patch should be kept in place and changed as usual as stated in their prescription. However, if they are unable to swallow, they will need PRN subcutaneous analgesia prescribed at a dose appropriate to their patch dose. For example: 25mcg per hour fentanyl patch is equivalent to 60-90mg of oral morphine sulfate in 24 hours (See Opioid Conversion Chart).

- A PRN dose of oral morphine sulfate for interval pain would therefore be 10-15mg (one sixth of the 24 hour dose) and sc morphine sulfate injection 5mg (half of oral morphine sulfate dose), every hour if needed.
- If 3 or more PRN doses are needed, a syringe pump can be set up containing morphine sulfate, for example 10-15mg over 24 hours via continuous subcutaneous infusion, in addition to the fentanyl patch. In this way the patient's extra analgesic requirements are supplemented via the syringe pump.
- To calculate the PRN dose for interval pain for patients on a patch and syringe pump, calculate and add the PRN dose for the fentanyl patch and the PRN dose for the syringe pump. For example, PRN 5mg sc morphine sulfate for fentanyl 25mcg/hr patch + PRN 2.5mg sc morphine sulfate for syringe pump of morphine sulfate 15mg/ 24 hours. This equates to PRN 7.5mg sc morphine sulfate.

### 3. Prescribe medications for Interval Doses (PRN)

- Prescribe and write authorisation for PRN subcutaneous medications for each of the 5 symptoms stated overleaf.
- Consider prn lorazepam tablets sublingually for anxiety (0.5-1mg 8 hourly).

### Where can I get advice?

Please ask for advice if needed, especially for more complex patients e.g. those with renal failure, from either the Hospital Specialist Palliative Care Team on 01206 746272 (for patients being discharged home) or the SinglePoint team on 01206 890360 for patients already at home.

A consultant in palliative medicine is on call out of hours via ESNEFT switchboard 01206 747474.

### Reference

[www.goldstandardsframework.nhs.uk](http://www.goldstandardsframework.nhs.uk)

**Our team is always here to help with any questions you may have.**

## GUIDANCE FOR PAIN MEDICATION FOR SYRINGE PUMP OVER 24 HOURS & PRN DOSES

| Symptom | Indication                                                             | Drug                                                                                                                                                                                                         | Normal Strength of Preparation Used | Starting Dose for Syringe Pump over 24 Hours | Subcutaneous Interval (PRN) Dose & Suggested Frequency | Dose Range for Syringe Pump over 24 HRS (Daily Dose Increase with Upper Limit)                                                   |
|---------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Pain    | Opioid naïve<br>Seek specialist advice for patients with renal failure | Morphine Sulfate 1st line                                                                                                                                                                                    | 5mg, 10mg or 30mg                   | 10mg-15mg                                    | 2.5mg 1hrly<br>Calculated as 1/6th 24hr dose           | 30-50% dose increments only<br>There is no maximum limit but note above.<br>Confirm dose with prescriber at each dose increment. |
|         | On oral opioid regularly                                               | See Opioid Conversion Chart (appendix 1) for equivalent subcutaneous dose via syringe pump over 24 hours<br>Review drug/ dose/ frequency for patients who are elderly, frail, have dementia or renal failure |                                     |                                              | Calculated as 1/6th of 24hr dose                       | 30-50% dose increments only<br>There is no maximum limit but note above.<br>Confirm dose with prescriber at each dose increment. |

For patients who have a fentanyl or buprenorphine patch - the patch should be kept in place and changed regularly as usual and any extra analgesic requirements supplemented via a syringe pump.

- See Opioid Conversion Chart for the morphine sulfate equivalent interval dose (PRN) for the patch
  - for example, the interval PRN dose of sc morphine sulfate for a patient on a fentanyl 25mcg/hr patch is 5mg
- If 3 or more PRN doses are needed, a syringe pump can be set up containing morphine sulfate 10-15mg/ 24 hours
- The total PRN dose for patients on a patch and a syringe pump = PRN dose for patch + PRN dose for syringe pump

# GUIDANCE FOR OTHER MEDICATIONS FOR SYRINGE PUMP OVER 24 HOURS & PRN DOSES

| SYMPTOM                      | INDICATION                   | DRUG                  | NORMAL STRENGTH OF PREPARATION USED | STARTING DOSE FOR SYRINGE PUMP OVER 24 HRS | DOSE RANGE FOR SYRINGE PUMP OVER 24 HOURS (DAILY DOSE INCREASE) | SUBCUT INTERVAL (PRN) DOSE & SUGGESTED FREQUENCY |
|------------------------------|------------------------------|-----------------------|-------------------------------------|--------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|
| Nausea and vomiting          | Metabolic or drug induced    | Haloperidol           | 5mg/ml                              | 2.5mg                                      | 2.5mg increments to a maximum of                                | 0.5-3mg bd                                       |
|                              | Central e.g. raised ICP      | Cyclizine**           | 50mg/ml                             | 100-150mg                                  | Maximum                                                         | 50mg tds (if not regular)                        |
|                              | GI cause e.g. gastric stasis | Metoclopramide        | 10mg/2ml                            | 30-60mg                                    | 10mg increments                                                 | 10mg qds                                         |
|                              | Multi-factorial              | Levomopromazin e      | 25mg/ml                             | 6.25-12.5mg                                | 6.25mg increments                                               | 6.25mg tds                                       |
| Agitation                    | Anxiety                      | Midazolam*            | 10mg/2ml                            | 5-30mg                                     | 5 – 10mg increments to a                                        | 6.25mg tds                                       |
|                              | Hallucinations or confusion  | Haloperidol           | 5mg/ml                              | 2.5mg                                      | 2.5mg increments                                                | 6.25mg tds                                       |
|                              |                              |                       |                                     | 12.5-25mg                                  | 25mg increments                                                 | 6.25mg tds                                       |
|                              |                              | Levomopromazin        | 25mg/ml                             |                                            |                                                                 |                                                  |
| Respiratory tract secretions | 1st line                     | Hyoscine Butylbromide | 20mg/ml                             | 60mg                                       | 60mg increments                                                 | 6.25mg tds                                       |
|                              | Alternative 1st line         | Glycopyrronium        | 200micrograms/ml or                 | 600microgram                               | 600microgram                                                    | 6.25mg tds                                       |
| Breathlessness               | 1st line                     | Morphine              | 5,10 and 30mg                       | 5-10mg                                     | 2.5 – 5mg increments                                            | 6.25mg tds                                       |
|                              | Associated anxiety           | Midazolam*            | 10mg/2ml                            | 5-10mg                                     | 2.5 – 5mg increments                                            | 6.25mg tds                                       |

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- If 3 or more PRN doses are needed, a syringe pump can be set up containing morphine sulfate 10-15mg/ 24 hours
- The total PRN dose for patients on a patch and a syringe pump = PRN dose for patch + PRN dose for syringe pump