

# The Use of Drugs at the End of Life Treatment Protocol

Administration of drugs via the oral route should be maintained for as long as practical.

Current medications are assessed and non-essentials discontinued.

As a patients' condition deteriorates it may be necessary to use an alternative method of administration. The subcutaneous (S/C) route offers a safe and effective option for the administration of end of life drugs.

Anticipatory prescribing of drugs is essential to ensuring control of symptoms at the end of life. S/C medication is prescribed to manage pain, agitation, nausea and vomiting, respiratory tract secretions and dyspnoea.

District nurses require completion of authorisation cards to administer medication, please complete. Include the date, drug name, indication, dose, route and frequency of administration.

Rehydration with fluids is rarely indicated at the end of life. The use of fluids can cause peripheral oedema.

Advice on the management of a patient in the last days of life can be sought from specialist palliative care services.

## Important Points to Consider at the End of Life

### STEROIDS

Continue with steroids if they are considered essential for symptom control. Otherwise reduce and discontinue.

Steroids should be given in a separate syringe driver or as a single daily S/C dose. (The oral dose of dexamethasone is the same as by injection).

### ANTICONVULSANTS

If no longer able to take oral anticonvulsants consider midazolam 10mg via syringe driver over 24 hours (increasing if necessary to a maximum of 60mg). Make available PRN benzodiazepines for ictal activity (e.g. midazolam 5mg S/C).

### BOWEL OBSTRUCTION

Total cessation of nausea/vomiting may be impossible in complete obstruction.

Consider hyoscine butylbromide (Buscopan) 60-120mg in 24 hours via a syringe driver to maximise antispasmodic and antisecretory actions. Make available hyoscine butylbromide 20mg S/C 6 hourly PRN stat doses.

**If you require further advice regarding any of the above or if symptoms persist contact the palliative care service for advice.**

**Central Lancashire Specialist Palliative Care Services – Issued March 2008**

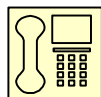
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## CONTACT NUMBERS:

**Daytime (9am-5pm, Monday – Friday)**

**Location of patient:**

Chorley District Hospital



**Source of advice:**

Hospital Palliative Care Team  
01257.245356

Royal Preston Hospital

Hospital Palliative Care Team  
01772.522855

Community      Chorley and South Ribble  
Preston

Community Palliative Care Team  
01772.629171

## CONTACT NUMBERS:

**OOHs**

**Location of patient:**

Community      Chorley and South Ribble  
Preston

**Source of advice:**

St Catherines Hospice  
01772.629171

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palliative care service for advice.**

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