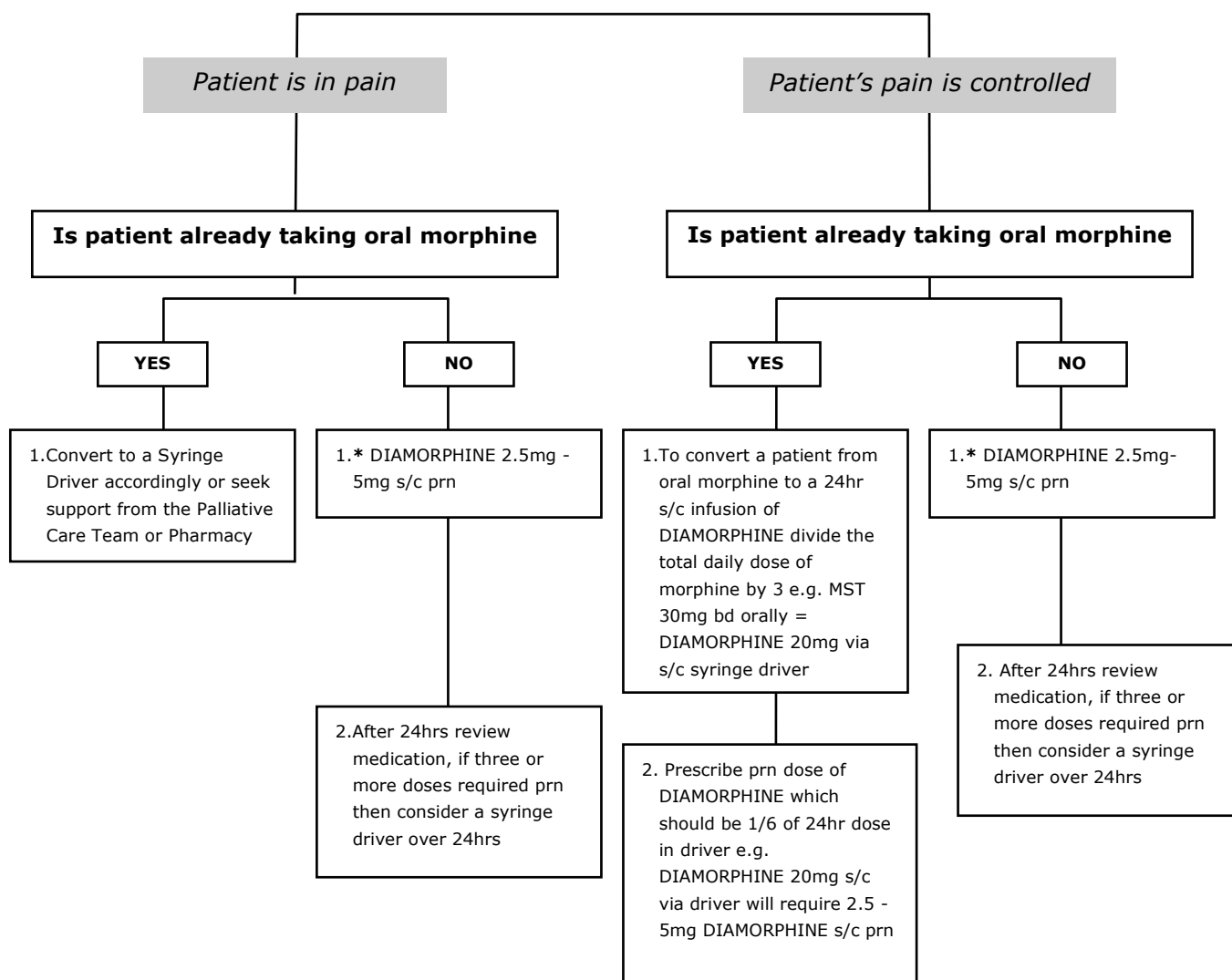


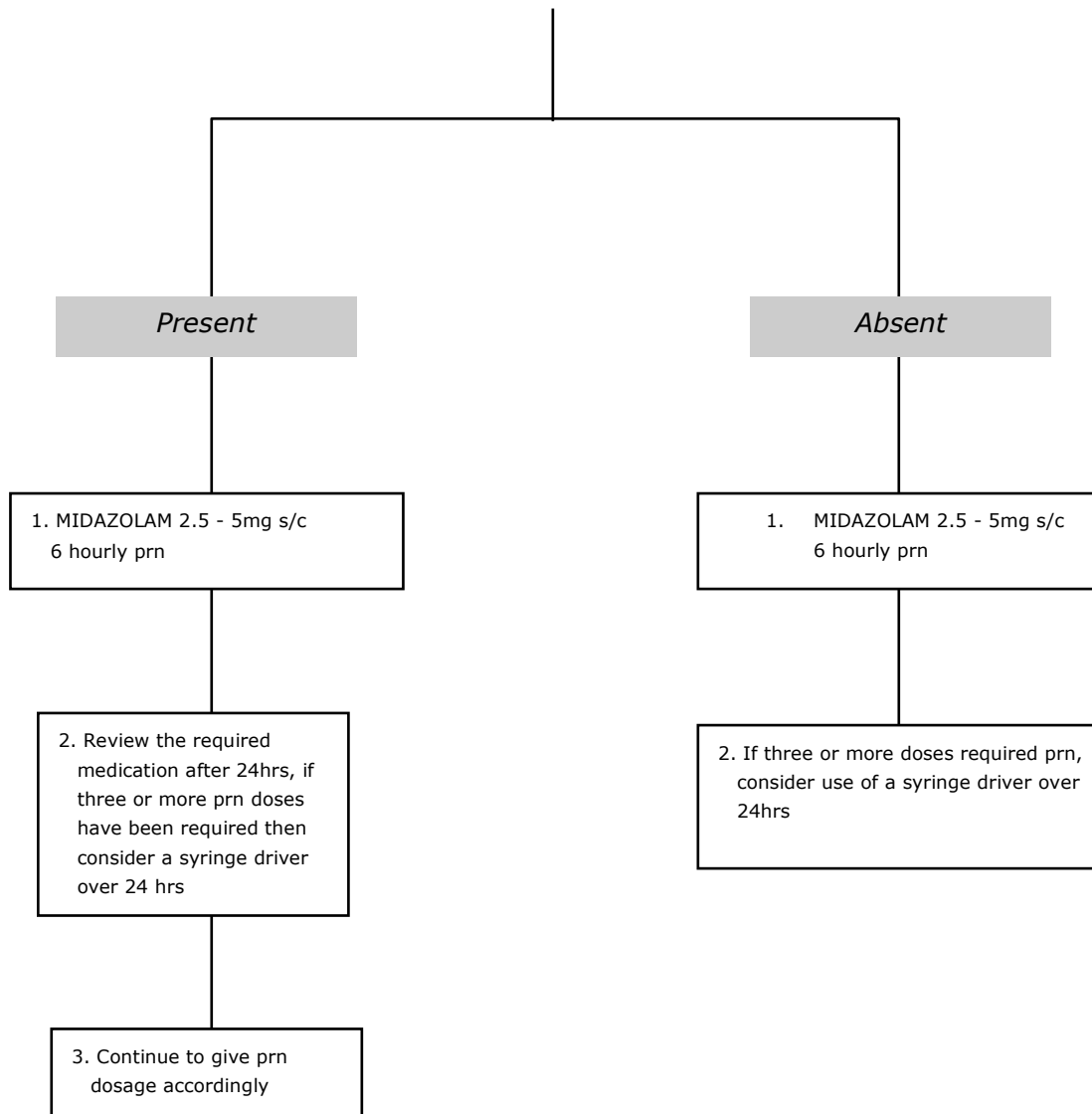
# Pain



## **SUPPORTIVE INFORMATION:**

- \* Morphine 5 – 10mg s/c prn may be utilized as an alternative.
- To convert other strong opioids (e.g. oxycodone or Fentanyl) to subcutaneous route contact Palliative Care Team/ Pharmacy for further advice & support on conversion ratios. Also see Palliative Care Guidance on opioid dose conversion and Fentanyl prescribing notes.
- If symptoms persist contact the Palliative Care Team
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- **If patient has impaired renal function consider reducing doses or alternative opioid.**

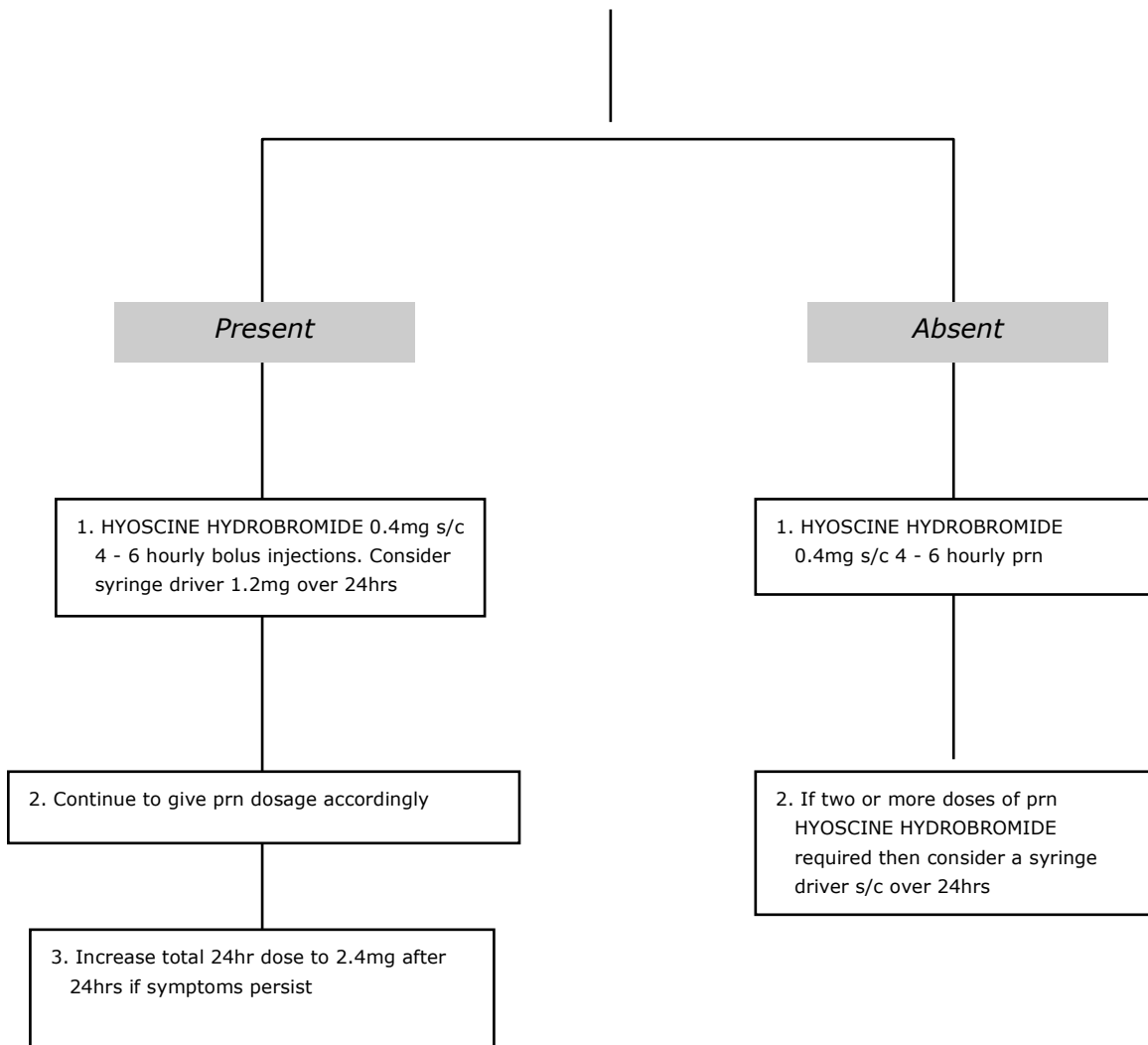
## Terminal restlessness and agitation



### **SUPPORTIVE INFORMATION;**

- Exclude reversible causes e.g. urinary retention, constipation, pain.
- If symptoms persist contact the Palliative Care Team
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.

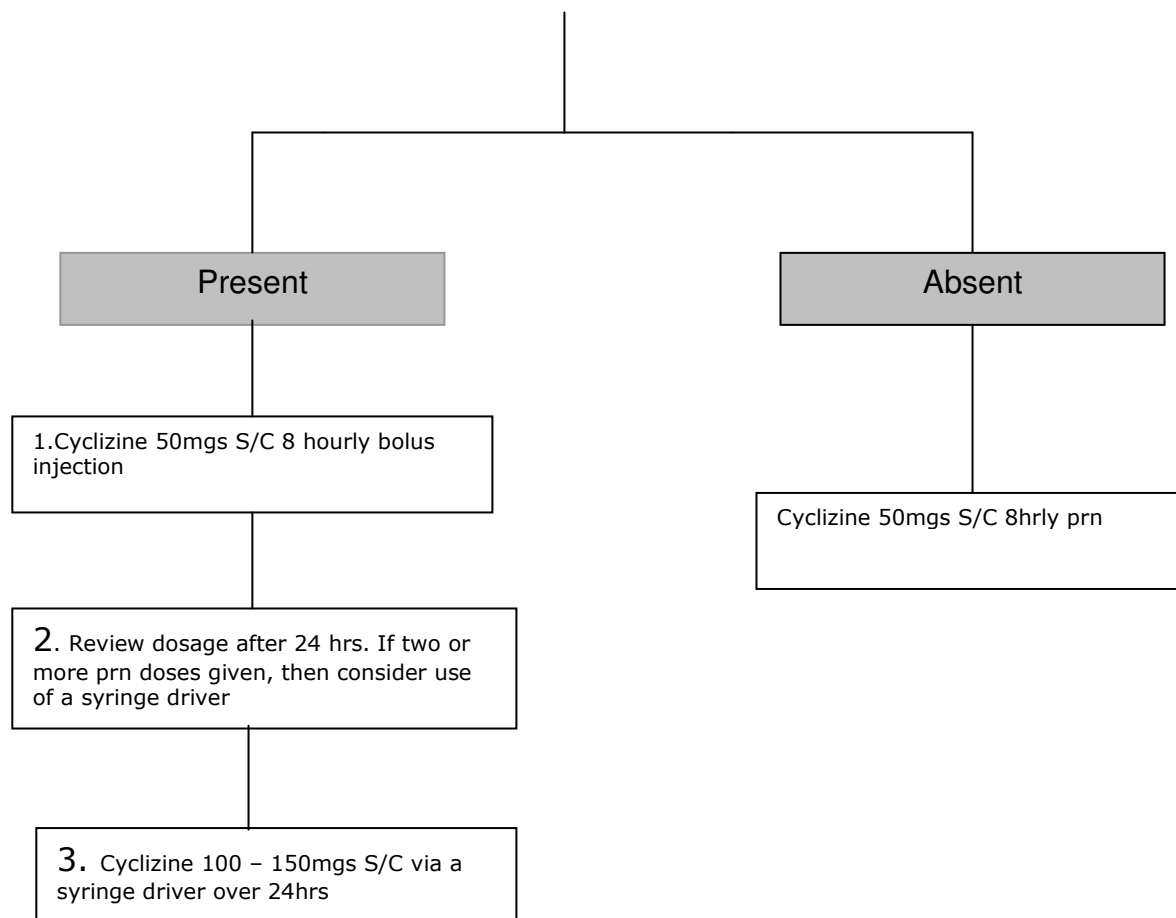
## Respiratory tract secretions



### **SUPPORTIVE INFORMATION:**

- Consider turning patient.
- If symptoms persist contact the Palliative Care Team
- **Glycopyrronium 0.4mg s/c 8 hourly prn may be used as an alternative. This can also be used in a syringe driver 0.6mg – 1.2mg over 24 hours.**
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.

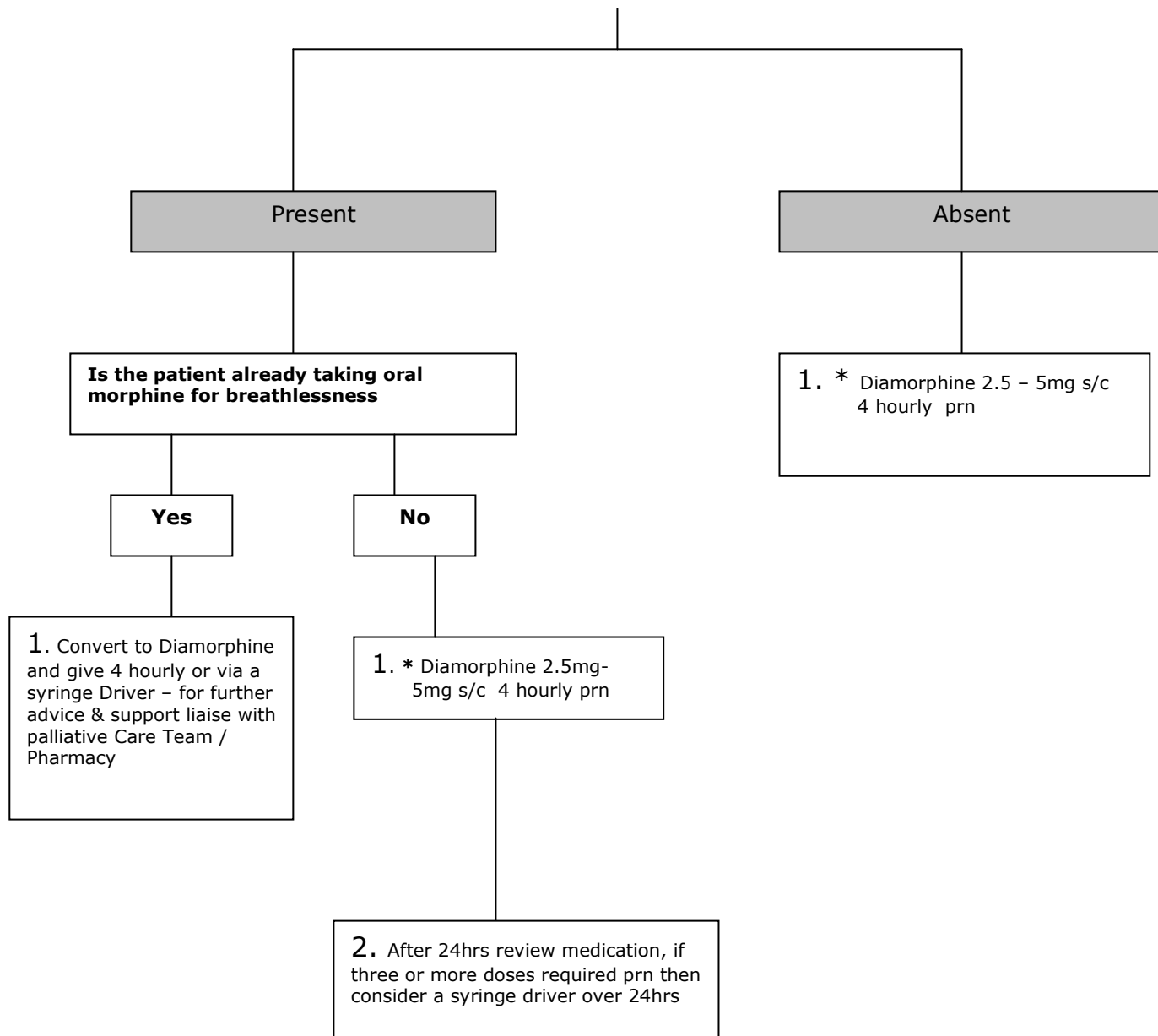
## Nausea and vomiting



### **Supportive information:**

- N.B Always use water for injection when making up Cyclizine.
- If symptoms persist contact the palliative Care Team.
- Cyclizine is not recommended in patients with heart failure.
- Alternative antiemetics according to local policy & procedure may be prescribed  
e.g. ***Haloperidol s/c 1.5mg – 3mg 8 hourly prn (up to 5mg via a Syringe Driver over 24hrs)***  
***Levomepromazine s/c 2.5mg - 5mgs 8 hourly prn (up to 12.5mg via Syringe Driver over 24hrs)***
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.

## Dyspnoea



### **Supportive information:**

- \* Morphine 5 – 10mg s/c 4 hourly prn may be utilized as an alternative.
- **If the patient is breathless and anxious consider Midazolam 2.5mg s/c 6 hourly prn. This can also be added to the syringe driver.**
- If symptoms persist contact the Palliative Care Team.
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- These guidelines are produced according to local policy & procedure & you may want to alter them for local use and reference accordingly.