

First Line 'Just in Case 4 Core Drugs' (JiC4CD) Anticipatory Medications Prescribing Guide

These guidelines are the recommended **starting doses for first line JiC4CD anticipatory medications.**

Higher starting doses and/or PRN frequencies can be used if assessed as clinically appropriate.

Doses should be titrated up if symptoms persist.

Drug	Formulation	Size of Ampoule	** Amount to Prescribe	Usual PRN Stat Dose	Usual 24 Hour Dose Via CSCI	Recommended Max Dose
DIAMORPHINE For Pain	10mg amp		If opioid naïve: 10 amps * If previously on opioids: ** 5 days supply	If opioid naïve: 2.5-5mg 1 hourly Subcut	If opioid naïve: 10-20mg	Contact Specialist Palliative Care (SPC) Advice Line when >100mg in 24 hours
LEVOMEPRMAZINE For nausea & vomiting	25mg/1mL	1mL amps	5 amps	6.25mg 8 hourly Subcut	6.25-12.5mg	Contact SPC Advice Line when ≥25mg in 24 hours
MIDAZOLAM For agitation & restlessness	5mg/mL (=10mg/2mL) As per NPSA alert take care with these high strength amps	2mL amps	10 amps	2.5-5mg 4 hourly Subcut	10-20mg	Contact SPC Advice Line when ≥30mg in 24 hours (Max dose 60mg)
GLYCOPYRRONIUM For respiratory tract secretions	0.2mg/1mL (=200mcg/1mL)	1mL amps	10 amps	0.2mg (200mcg) 4 hourly Subcut	0.6-1.2mg	Maximum dose 1.2mg over 24 hours
WATER FOR INJECTION Diluents		10mL amps	10 amps			

Note:

- * For patients previously on opioids, follow guidance on page 5 for conversion of oral to equivalent subcutaneous dose. For patients on buprenorphine or fentanyl patches, follow guidance on page 5 and discuss with Specialist Palliative Care Service for advice regarding further analgesia (see page 1 for contact numbers).
- ** These quantities have been designed to cover the longest possible scenario of being needed over a bank holiday weekend, so please ensure adequate amount prescribed to ensure supply for 5 days (usually at least enough for 2 doses per day)
- Patients may be prescribed different end of life drugs anticipatory medications if they are intolerant of these recommended first line medications, or if they are discharged from University Hospitals of Morecambe Bay NHS Foundation Trust. For further information, please contact local Specialist Palliative Care Team for advice.

OTHER DRUGS USED IN CSCIs (Continuous Subcutaneous Syringe Pumps)

Drug	Dose	Indication
Morphine	If opioid naïve: 10-20mg/24hr * If previously on opioids: see notes above	pain
Oxycodone	If opioid naïve: 5-10mg/24hr * If previously on opioids: see notes above	pain
Hyoscine Butylbromide	40-160mg/24hr	abdominal colic
Metoclopramide (pro-kinetic)	30-90mg/24hr	nausea & vomiting
Haloperidol	2.5-5mg/24hr (max 10mg/24hr)	nausea & vomiting
Cyclizine	100-150mg/24hr (max 150mg/24hr)	nausea & vomiting
Octreotide (<i>specialist use only</i>)	300-900mcg/24h	obstructive vomiting
Hyoscine Hydrobromide	1.2-2.4mg/24hr (max 2.4mg/24hr)	respiratory secretions
Normal Saline	not with cyclizine	diluent

Drugs NOT to be used in Syringe Pumps

Chlorpromazine	Diazepam	Prochlorperazine
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Conversion from ORAL to SUBCUTANEOUS Opioids

3mg PO Morphine = SC Morphine = SC Diamorphine	1.5mg	1mg	3mg PO Morphine = PO Oxycodone = SC Oxycodone	1.5mg	0.75mg
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Compatibility of Medicines in a Syringe Pumps

- The 'Just in Case 4 Core Drugs' recommended in this guidance are compatible to be used together in a syringe pump
- Other drugs may or may not be compatible for use together
- An online syringe pump compatibility tool is available at: <http://book.pallcare.info/index.php?op=plugin&src=sdrivers>