

For Pain

It is unusual for patients to develop a new set of pains at the end of life. However, it is common for pre-existing pain to be more troublesome, and for patients to become stiff exacerbating muscular-skeletal pain.

Use Diamorphine

In a opioid naïve patient

- Prescribe diamorphine 2.5-5mg SC stat injection 1 hourly PRN for breakthrough pain.
- Consider commencing diamorphine 10-20mg over 24 hours via a CSCI using a syringe pump if symptomatic.
- If the patient is very frail, or there is a concern about renal failure, use diamorphine 2.5mg SC stat and a starting dose of diamorphine 5mg over 24 hours via a CSCI. Consider discussing such patients with the specialist palliative care team.

If the patient is already on opioids

- Convert current dose of daily oral morphine to diamorphine SC by dividing by 3, and prescribe this dose of diamorphine over 24 hours via a CSCI.
- Ensure breakthrough analgesia prescribed e.g. 1/6 total daily dose diamorphine SC stat 1 hourly PRN.

If the patient is on a buprenorphine patch or fentanyl patch

- Leave the patch in situ and change as usual
- Discuss with the Specialist Palliative Care Service for advice regarding further analgesia.

Always discuss with the Specialist Palliative Care Service if you are unsure, or the dose of diamorphine exceeds 100 mg over 24 hours.

For Nausea and Vomiting

Use Levomepromazine

- Prescribe PRN antiemetic of levomepromazine 6.25mg SC stat injection 8 hourly PRN.
- Consider commencing levomepromazine 6.25-12.5mg over 24 hours via a CSCI using a syringe pump if symptomatic.
- ***If the symptoms are not controlled on levomepromazine 25mg over 24 hours, contact the Specialist Palliative Care Service for advice.***

For Agitation and Terminal Restlessness

Always check to see if the patient is in urinary retention or if constipation is a problem. If appropriate, this should be managed before medications are introduced or altered. If the patient is a smoker, consider nicotine replacement therapy.

Use Midazolam

- Prescribe PRN anxiolytic of midazolam 2.5-5 mg SC stat injection 4 hourly PRN.
- Consider commencing midazolam 10-20mg over 24 hours via a CSCI using a syringe pump if symptomatic.
- Maximum recommended dose is 60mg over 24 hours.
- ***If patient remains restless on midazolam 30mg over 24 hours, contact the Specialist Palliative Care Service for advice.***

For Respiratory Tract Secretions

Use Glycopyrronium

- Prescribe PRN anticholinergic of glycopyrronium 0.2mg SC stat injection 4 hourly PRN.
- And, concurrently, commence glycopyrronium 0.6-1.2mg over 24 hours via a CSCI using a syringe pump.
- Maximum dose is 1.2mg over 24 hours.
- ***If secretions are not settling, contact the Specialist Palliative Care Service for advice.***