

PENNINE LANCASHIRE GUIDELINES FOR THE MANAGEMENT OF SYMPTOMS IN THE LAST DAYS OF LIFE

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Approved for use by the East Lancashire Health Economy Drug & Therapeutics Committee.
Available online at www.elmmb.nhs.uk, click on 'Guidelines'.

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Review Date October 2011

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Pennine Lancashire Guidelines For The Management of Symptoms in the Last Days of Life

Explanatory notes

These guidelines-

- have been prepared to ASSIST IN DECISION MAKING for the prescribing and monitoring of drugs useful in the management symptoms commonly encountered in the last days of life and are designed for adults
- have been prepared and approved for use throughout Pennine Lancashire in Primary and Secondary Healthcare settings
- may be used in patients who have not entered the Liverpool Care Pathway; Last Days of Life
- MUST be considered when the Liverpool Care Pathway; Last Days of Life is commenced for a patient

Anticipatory prescribing will ensure that, in the last days/hours of life, symptoms can be addressed in a timely manner.

Users of this guideline must be aware that-

- Patients with end-stage cardiac or renal disease may require adjustments to drug doses or the choice of drug. It is beyond the scope of this document to encompass all conditions.
- Drug doses are a guide only and may be increased or decreased at the discretion of the prescriber.
- If symptoms persist, or for further advice regarding drug choice or dose please contact the appropriate Specialist Palliative Care Team (details overleaf).

Roles and Responsibilities

Prescribing

Prescribing must only be undertaken by a Doctor or Non-Medical Prescriber in accordance with:-

- ELHT Medicines Management Policy ELHT/C64 v2
- NHS East Lancashire Non-Medical Prescribing Policy/ Policy number 44

Drug Administration

Drugs must be administered in accordance with:-

- NHS East Lancashire and NHS Blackburn with Darwen Medicines and Controlled Drugs Policy/ Policy number 59
- ELHT Medicines Management Policy ELHT/C64 v2.
- East Lancashire Specialist Palliative Care (Acute & Community)
MS26 SUBCUTANEOUS SYRINGE DRIVER (PALLIATIVE CARE) POLICY AND PROCEDURE

PENNINE LANCASHIRE SPECIALIST PALLIATIVE CARE TEAM

Further references

Royal Marsden Manual of Clinical Nursing Procedures.

Lancashire and South Cumbria Cancer Network Palliative Care Prescribing Guidelines

Specialist Palliative Care Team Contact Details

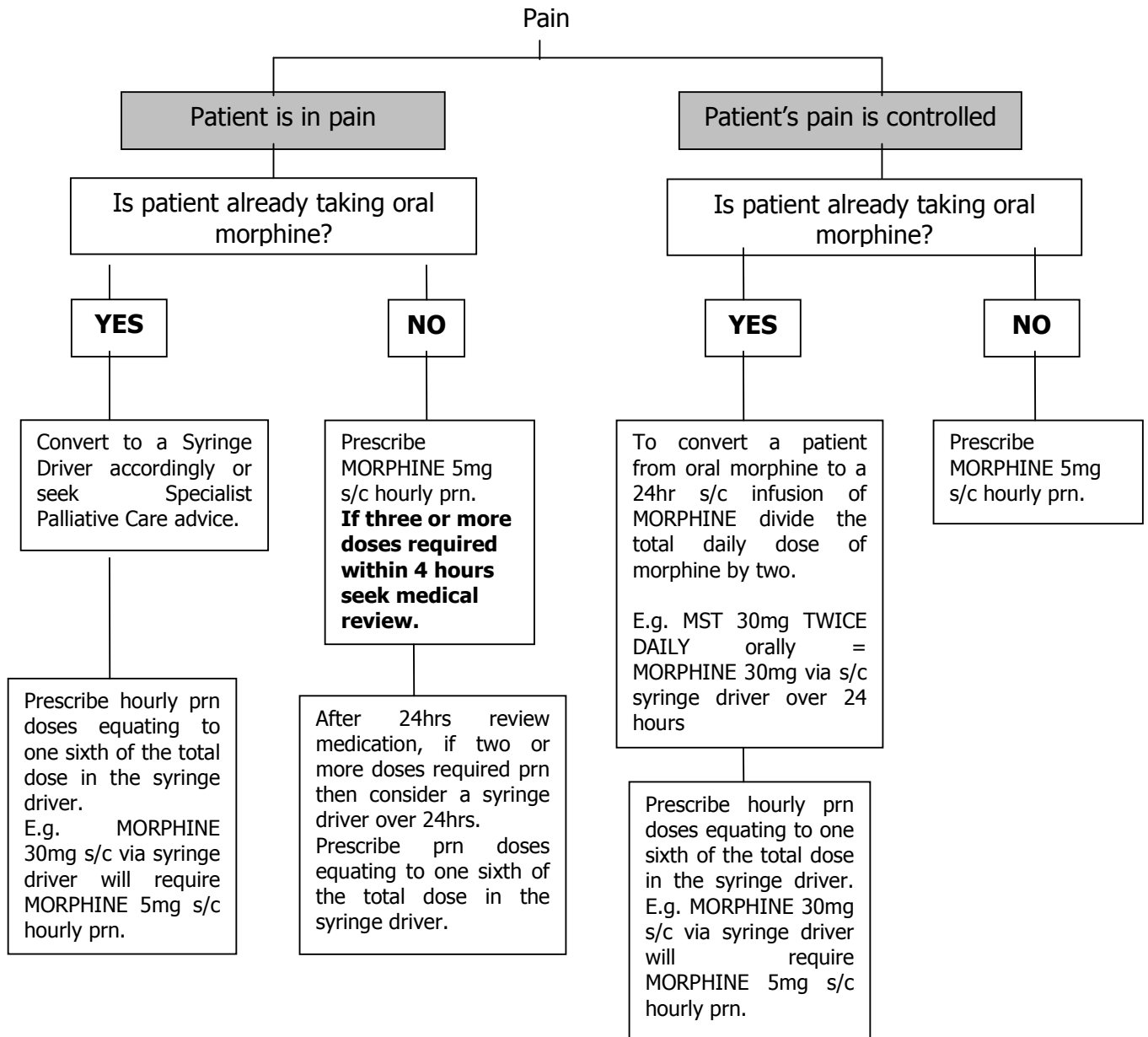
ELHT Hospital Specialist Palliative Care Team 01254 732316

Community Specialist Palliative Care Team
East Lancashire Macmillan CNS 01254 770071

East Lancashire Hospice Community Specialist Palliative
Care Team and Hospice Consultant; Blackburn with Darwen 01254 733400

East Lancashire 24 Hour Specialist Palliative Care Help Line 0773 0639399

PAIN CONTROL USING **MORPHINE**

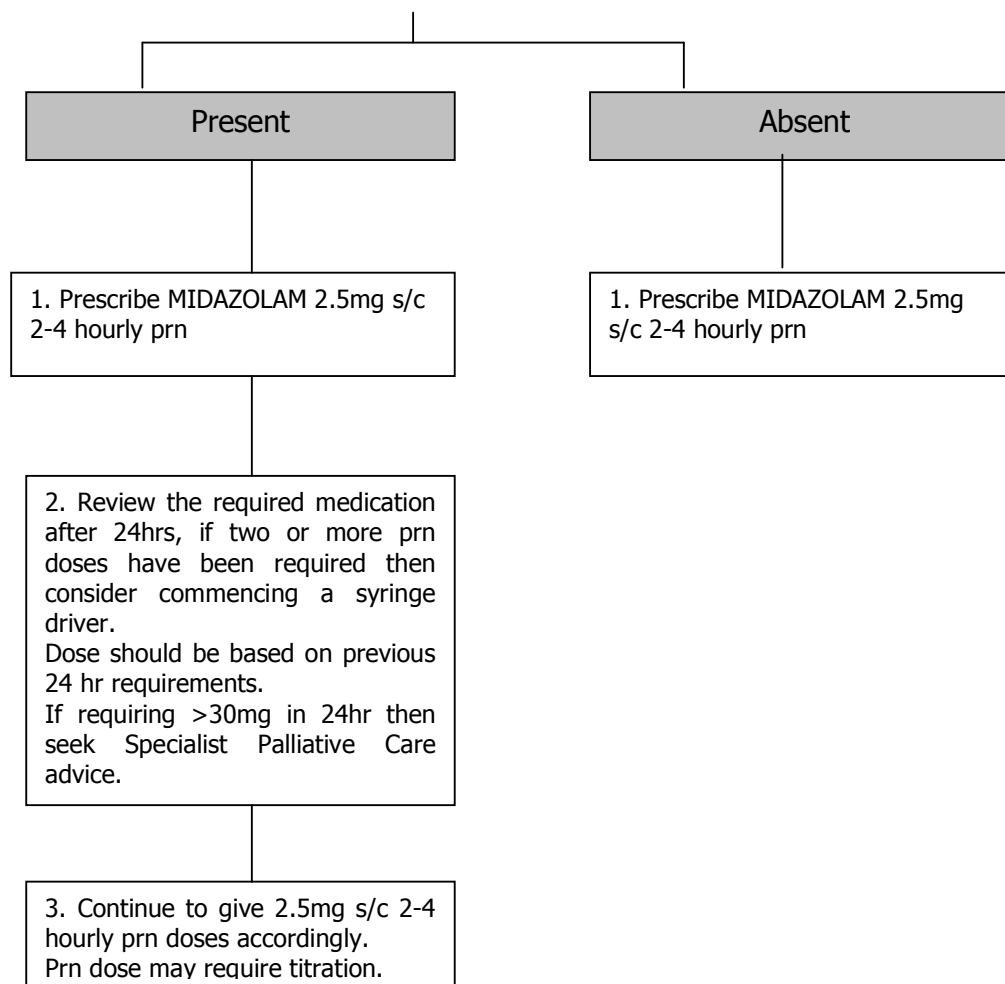


SUPPORTIVE INFORMATION:

- ❖ To convert from other strong opioids, or if symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24 hour Helpline.
- ❖ If patient is on high dose morphine orally, then it may be necessary to convert to diamorphine to ensure the dose will "fit" in the syringe driver. Contact the Specialist Palliative Care Team or Specialist Palliative Care 24 hour Helpline.

- ❖ **WARNING** – Caution is required in selection of morphine products. Always double check the ampoule strength when preparing doses. Always use the lowest strength ampoules appropriate for the prescribed dose.

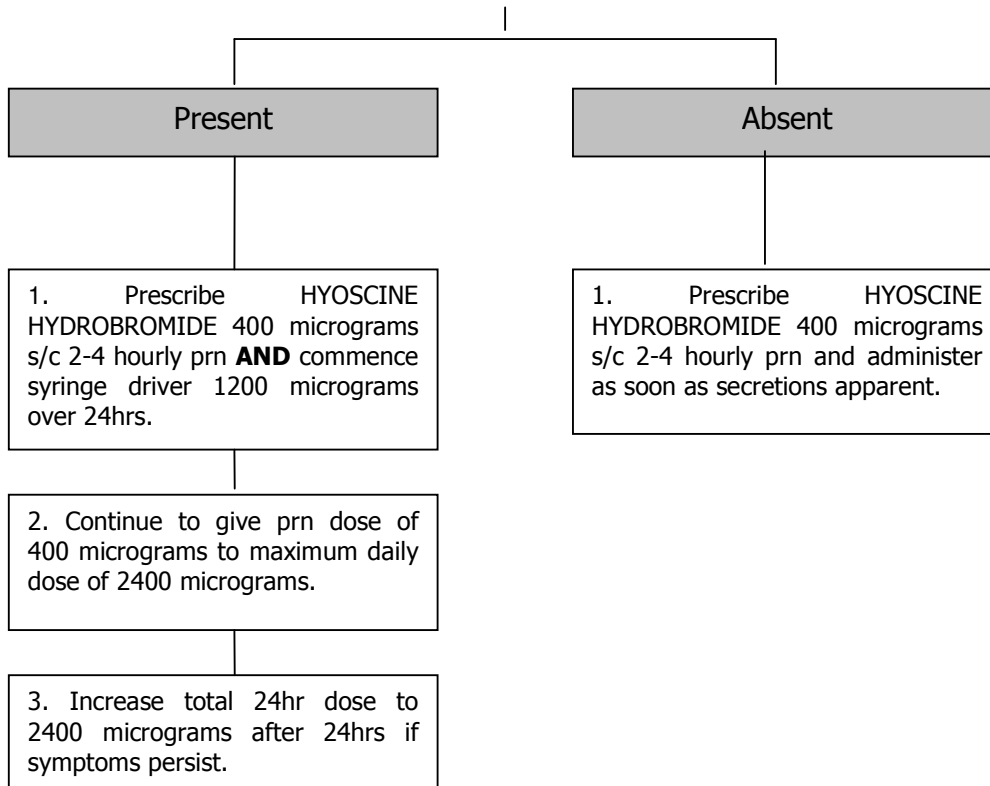
TERMINAL RESTLESSNESS AND AGITATION



SUPPORTIVE INFORMATION:

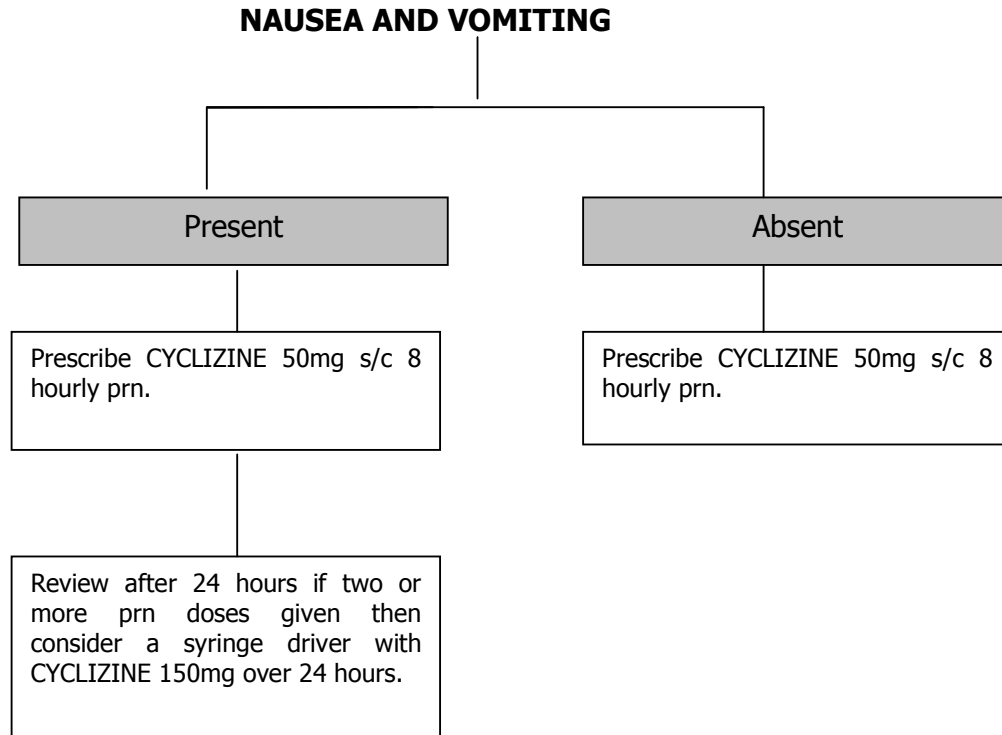
- ❖ Exclude reversible causes and address as appropriate e.g. pain, urinary retention, faecal impaction.
- ❖ If symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24 hour Helpline.
- ❖ **WARNING** – Caution is required in selection of Midazolam products. Always double check the ampoule strength when preparing doses.
 - PREPARATION USED – Midazolam 10mg/2ml injection *caution: this ampoule size for palliative care use only

RESPIRATORY TRACT SECRETIONS



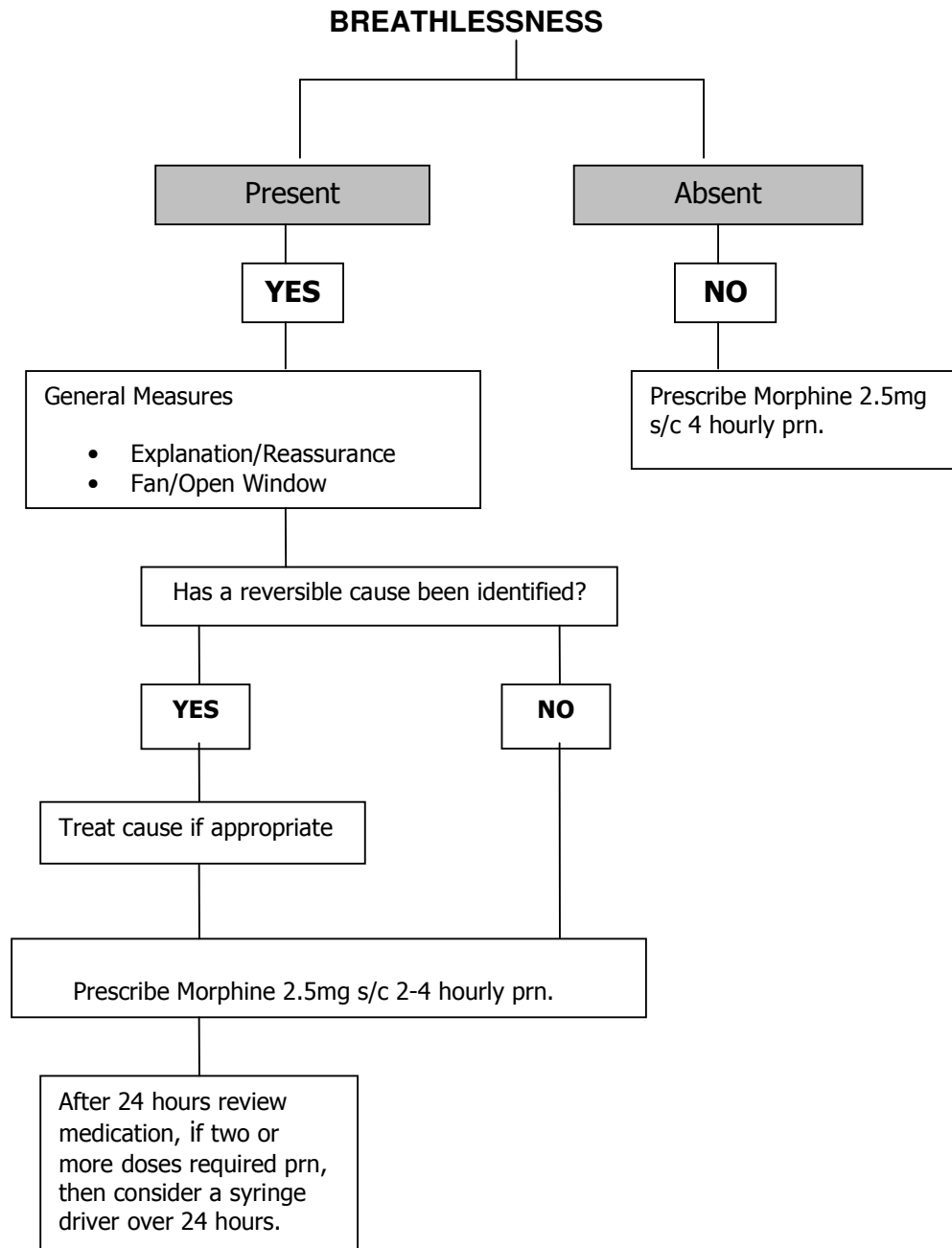
SUPPORTIVE INFORMATION:

- ❖ *Note: Do not confuse Hyoscine Hydrobromide with Hyoscine Butylbromide (Buscopan).
- ❖ If symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24 hour Helpline.



SUPPORTIVE INFORMATION:

- ❖ Consider possible causes for nausea and vomiting and address as appropriate
- ❖ Cyclizine is not recommended in patients with heart failure.
- ❖ For patients already on maximum dose anti-emetics in syringe driver (e.g. 150mg/24 hours); alternative PRN medicines SHOULD be prescribed as below
- ❖ Alternative anti-emetics may be prescribed
e.g. Haloperidol 1.5mg s/c 4-6 hourly prn (to max 5mg in 24 hours) or up to 5mg via syringe driver.
Levomopromazine 6.25mg s/c 4-6 hourly prn (to max 25mg in 24 hours) or up to 25mg via syringe driver



SUPPORTIVE INFORMATION:

- ❖ If the patient is breathless **and** anxious consider Midazolam 2.5mg s/c 4 hourly prn, this can also be added to the syringe driver.
- ❖ If symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24 hour Helpline.
- ❖ **WARNING** – Caution is required in selection of Morphine and Midazolam products. Always double check the ampoule strength when preparing doses. Always use the lowest strength ampoules appropriate for the prescribed dose.

PENNINE LANCASHIRE SPECIALIST PALLIATIVE CARE TEAM

Original Contributors:

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Review Date: Aug 09

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