

**GUIDELINES FOR ANTICIPATORY MEDICATION (JUST IN CASE DRUGS) FOR THE MANAGEMENT OF SYMPTOMS IN THE LAST DAYS OF LIFE
THESE ARE GUIDELINES ONLY – EACH PATIENT’S NEEDS MUST BE CONSIDERED INDIVIDUALLY**

Indication	Medicine	Dose	Frequency	Max 24 hr dose to be given PRN	Route	Usual vial strength and size	NOTES
Pain	PRESCRIBE ONE OF THE FOLLOWING						
	IF OPIOID NAIVE:						
	Morphine	2.5mg - 5mg	1 hourly	30mg	SC	10mg/mL (1mL)	<ul style="list-style-type: none"> • If frail, consider lower starting dose of morphine e.g. 1-2mg subcutaneously 2 hourly • If mild to moderate renal impairment, consider lower starting dose of morphine as above; if eGFR <30, consider using oxycodone instead
	OR Oxycodone	1mg-2mg	1 hourly	12mg		10mg/mL (1mL)	
IF ON REGULAR OPIOIDS:							
Continue the opioid the patient is already taking	See notes	1 hourly	Equivalent of 6 PRN doses	SC	Strong enough to enable maximum 2mL injection Morphine: 10mg/mL, 15mg/mL or 30mg/mL Oxycodone: 10mg/mL or 50mg/mL	<p>To establish appropriate SC PRN opioid dose:</p> <ul style="list-style-type: none"> - Calculate current total daily oral morphine/oxycodone dose - Divide this by 6 for oral PRN dose - Divide the oral PRN dose by 2 for SC PRN dose <ul style="list-style-type: none"> • If on regular oxycodone in a syringe pump or regular oral oxycodone, prescribe immediate release oxycodone for PRN SC use • If on fantanyl, see guidelines for appropriate SC PRN dose • If prescribing a range of PRN doses, ensure the range is limited (e.g. adjacent PRN doses) and appropriate to the calculated PRN dose 	
Nausea/ Vomiting	USUALLY PRESCRIBE ONE OF THE FOLLOWING (can consider first and second line options if needed)						
	Levomepromazine	2.5mg - 6.25mg	6 hourly	25mg	SC	25mg/mL (1mL)	<ul style="list-style-type: none"> • Lower doses can avoid excess sedation. • Levomepromazine is a good broad-spectrum choice, BUT it is worth considering if a different antiemetic is more appropriate. • If on effective oral anti-emetic, consider continuing that subcutaneously
See notes for alternatives							
Agitation	PRESCRIBE AT LEAST ONE OF THE FOLLOWING						
	Midazolam	2.5mg – 5mg	2 hourly	30mg	SC	10mg/2mL (2mL)	<ul style="list-style-type: none"> • If eGFR <30, consider reducing midazolam dose e.g. 1mg – 2.5mg SC 2 hourly • Consider prescribing both drugs if indicated
Haloperidol (consider if delirium)	500 micrograms	2 hourly	5mg	5mg/mL (1mL)			
Excess Secretions	PRESCRIBE ONE OF THE FOLLOWING						
	Glycopyrronium	200 micrograms	2 hourly	1200 micrograms	SC	200 micrograms/mL (1mL)	<ul style="list-style-type: none"> • Alternatives include: <ul style="list-style-type: none"> - hyoscine hydrobromide 400micrograms SC PRN, maximum 2 hourly, maximum 2400micrograms in 24 hours - hyoscine butylbromide 20mg SC PRN, maximum 2 hourly, maximum 120mg in 24 hours
Breath-lessness	PRESCRIBE ONE OF THE FOLLOWING						
	IF OPIOID NAIVE:						
	Morphine	2.5mg - 5mg	4 hourly	30mg	SC	10mg/mL (1mL)	<ul style="list-style-type: none"> • If taking regular opioids, consider also prescribing a lower dose of their regular PRN opioid specifically for breathlessness – seek Specialist Palliative care Team advice • Consider oxycodone if renal impairment (particularly if eGFR <30) • If on regular oxycodone, prescribe oxycodone for PRN use
	OR Oxycodone	1mg-2mg	4 hourly	12mg		10mg/mL (1mL)	
IF ON REGULAR OPIOIDS:							
Midazolam	2.5mg - 5mg	2 hourly	30mg	SC	10mg/2mL (2mL)		

- Either a set dose or a range of doses can be prescribed depending on the patient’s circumstances – a range is not mandatory
- **Unless stated otherwise**, medication being given for pain, breathlessness or agitation does not have a definite maximum dose, and so the “Max 24 hr dose to be given PRN” on an authorisation form applies only to PRN doses. Medication being given for nausea, vomiting or excess respiratory secretions does have a maximum dose, and so the “Max 24 hr dose to be given PRN” should include any of the same medication being given by syringe pump.
- Consider if any other symptoms are likely to occur e.g. seizures, terminal haemorrhage. If so, consider prescribing additional prn drugs, e.g. for acute seizure midazolam 5mg-10mg, repeated after 10 minutes, maximum 20mg (2 doses) sc/im.
- **Ensure enough drugs are prescribed to meet the patient’s anticipated needs; 5 to 10 ampoules minimum of each drug, but more if patient likely to need more or bank holiday**
- If 2 or more prn doses of a particular drug are needed in 24 hours, consider starting a syringe pump.
- If a syringe pump is or may be needed, ensure the diluent is prescribed, e.g. 10 x 10ml ampoules of water for injection