SUMMARY 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:**						● If frail, consider lower starting dose of morphine e.g.1-2mg subcutaneously 1 hourly ● If mild to moderate renal impairment, consider lower starting dose of morphine as above; if eGFR <30 mL/min/1.73 m^2, consider using oxycodone instead
	Morphine sulfate	2.5mg-5mg	1 hourly	30mg	SC	10mg/mL (1mL)	
	OR Oxycodone	1mg-2mg	1 hourly	12mg	SC	10mg/mL (1mL)	
	PRESCRIBE ONE OF THE FOLLOWING IF ON REGULAR OPIOIDS:						**To establish appropriate subcutaneous PRN opioid dose:** - Calculate current total daily oral morphine/oxycodone dose - Divide this by six for oral PRN dose - Divide the oral PRN dose by 2 for SC PRN dose ● If on regular oxycodone in a syringe pump or regular oral oxycodone, prescribe immediate release oxycodone for PRN SC use ● If on **fentanyl**, 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
	Continue the opioid the patient is already taking	See notes	1 hourly	Equivalent of six PRN doses	SC	Strong enough to enable maximum 2mL injection **Morphine**: 10mg/mL, 15mg/mL or 30mg/mL **Oxycodone**: 10mg/mL or 50mg/mL	
Nausea/ Vomiting	**USUALLY PRESCRIBE ONE OF THE FOLLOWING (consider first and second line options if needed)**						● Lower doses of levomepromazine 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 an effective oral anti-emetic, consider continuing that subcutaneously
	Levomepromazine	2.5mg - 6.25mg	6 hourly	25mg	SC	25mg/mL (1mL)	
	See notes for alternatives						
Agitation	**PRESCRIBE AT LEAST ONE OF THE FOLLOWING**						● If eGFR <30 mL/min/1.73 m^2, consider reducing midazolam dose e.g. 1mg – 2.5mg subcutaneously 1 hourly ● Consider prescribing midazolam AND a drug for delirium, if indicated
	Midazolam	2.5mg–5mg	1 hourly	30mg	SC	10mg/2mL (2mL)	
	IF DELIRIUM IS PRESENT, CONSIDER ALSO PRESCRIBING ONE OF THE FOLLOWING						
	Haloperidol	0.5-1.5mg	2 hourly	5mg	SC	5mg/mL (1mL)	
	Levomepromazine	6.25mg	2 hourly	25mg	SC	25mg/mL (1mL)	
Excess Respiratory Secretions	**PRESCRIBE ONE OF THE FOLLOWING**						Alternatives include: - hyoscine butylbromide 20mg subcutaneously PRN, max. 1 hourly, max. 240mg in 24hrs - hyoscine hydrobromide 400micrograms subcutaneously PRN, max. 1 hourly, max. 2400micrograms in 24 hours (note, causes sedation)
	Glycopyrronium	200 micrograms	1 hourly	1200 micrograms	SC	200 micrograms/mL (1mL)	
Breath-lessness	**PRESCRIBE ONE OF THE FOLLOWING IF OPIOID NAÏVE (see notes if on regular opioids):**						● If taking regular opioids, consider prescribing a lower dose of their regular PRN opioid for breathlessness – seek Specialist Palliative Care advice ● Consider oxycodone if renal impairment (particularly if eGFR <30 mL/min/1.73 m^2) ● If on regular oxycodone, prescribe oxycodone for PRN use ● If breathlessness is significant, consider reducing maximum frequency of morphine and/or midazolam to 1 hourly
	Morphine sulfate	2.5mg-5mg	4 hourly	30mg	SC	10mg/mL (1mL)	
	OR Oxycodone	1mg-2mg	4 hourly	12mg	SC	10mg/mL (1mL)	
	IF ASSOCIATED ANXIETY/FEAR, CONSIDER ALSO PRESCRIBING:						
	Midazolam	2.5mg-5mg	2 hourly	30mg	SC	10mg/2mL (2mL)	

- **See Lancashire and South Cumbria Clinical Practice Summary for further information via www.elmmb.nhs.uk/policies-and-guidelines/palliative-care/**
- **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) subcutaneously, intramuscularly or buccally.**
- **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**