

Prescribing of Subcutaneous Anticipatory Medicines for managing symptoms toward the End of Life

***Assess and record current GSF instability stage for risk estimation, to aid decision making and promote better anticipatory planning**

GSF Blue (Stable)

Imminent risks of rapid deterioration and death is currently deemed **LOW**

GSF Green (Unstable)

Imminent risks of rapid deterioration and death is currently deemed

MODERATE

GSF Amber

(Deteriorating) Imminent risks of rapid deterioration and death is currently deemed **HIGH**

GSF Red

(Terminal/Moribund)

Imminent risks of rapid deterioration and death is currently deemed **VERY HIGH**

1. Patient identified as likely entering last few weeks/days of life (GSF stage Amber/Red) OR GSF stage Green, if deemed risk of rapid deterioration *

2. Prescribe "just in case" subcutaneous PRN Anticipatory medications for PAIN, BREATHLESSNESS, NAUSEA, AGITATION AND RESPIRATORY SECRETIONS
Medications, dose and quantity to supply -refer to table on next page

If the patient is taking regular medications for these symptoms, then dosages may need to be adjusted and/or they may require a syringe driver

**** Discuss with the palliative care team if unsure ****

3. Include full instructions on prescription- which then appear on dispensing label. Include indication, time interval between doses and max dose/frequency in any 24 hour period. Complete an authorisation form and community drug chart if applicable (check local guidance).

Assess for reversible causes of deterioration and manage any, as required, in line with the expressed choices and preferences of the patient/ their relatives and /or carers
Communicate with the patient, their relatives and or carer
Document in the patients notes
Seek help and advice if uncertain

Prescribing responsibility

It is appropriate to prescribe anticipatory medicines for patients in all settings. Prescribing therefore may be undertaken by hospital/hospice specialists or by primary care prescribers -i.e. GPs or non-medical prescribers (with training), taking advice from specialists as necessary and having due regard to locally agreed protocols.

Always prescribe one medication for each symptom 1-4 to be used prn

Symptom	Drug	Subcutaneous prn dose	Supply
1. Pain/ Breathlessness	Morphine sulfate	2.5-5mg 1 hourly prn (opioid naive patients)	Form: Ampoules (1ml) Strength 10mg/1ml Supply: Five (5) -ten (10) amps of 10mg/ml Controlled Drug (same for both medicines)
	Oxycodone (Consider if eGFR <30ml/min)	1.25mg-2.5mg 1 hourly prn (opioid naive patients)	
		Or for Patients already on opioids (orally, patches or in a syringe driver) prescribe 1/6 th of the total 24 hour equivalent SC dose.	
2. Nausea/ Vomiting If effective anti-emetic already being used orally then this should be prescribed for SC administration when oral no longer an option	Cyclizine	25-50mg up to 4 hourly	Form: Ampoules (1ml) Max dose: 150mg/24 hours Supply: 5-10 amps 50mg/ml
	Haloperidol (avoid in Parkinson's disease)	0.5-1.5mg up to 2 hourly	Form: Ampoules (1ml) Max dose: 10mg/24 hours (less in frail/elderly) Supply: 5-10 amps 5mg/ml
	2nd line: Levomepromazine	6.25mg up to 2 hourly	Form: Ampoules (1ml) Max dose: 25mg/24 hours Supply: 5-10 amps of 25mg/ml
3. Agitation Midazolam can also be used to manage breathlessness associated with anxiety	Midazolam	2.5-5mg 1 hourly prn (Consider 1.25-2.5mg if eGFR < 15ml/min)	Form: Ampoules (2ml) Strength: 10mg/2ml Supply: Five (5) - Ten (10) amps of 10mg/2ml Controlled Drug
	Haloperidol (consider for agitated delirium)	1.5-3mg up to tds prn (0.5-1.5mg if elderly/frail)	Form: Ampoules (1ml) Max dose: 10mg/24 hours Supply: 5-10 amps of 5mg/ml
	2nd line: Levomepromazine	12.5-25mg up to qds	Form: Ampoules (1ml) Supply: 5-10 amps of 25mg/ml
4. Excessive respiratory secretions	Glycopyrronium	200 micrograms up to 2 hourly prn	Form: Ampoules (1ml) Maximum dose: 1200microgram/24 hrs Supply: 5-10 amps of 200mcg/ml
	Hyoscine Butylbromide (<i>Buscopan</i>)	20mg up to 1 hourly	Form: Ampoules (1ml) Max dose: 120mg/24 hrs Supply: 5-10 amps of 20mg/ml

Prescribe 5-10 ampoules depending on expected need.

Hospices contact details

Hospice	Locality	Contact number	Out of hours contact/ switchboard
St Luke's Hospice	South West Essex	01268 524973	01268 526259
Farleigh Hospice	Mid Essex	01245 455478	01245 362000 Broomfield switchboard and ask for the Palliative care consultant on call
Haven's Hospice	South East Essex	01702 220350	01702 435555 Southend University Hospital switchboard and ask for the Palliative care consultant on call

References	<ul style="list-style-type: none"> NICE quality standard: Care of dying adults in the last days of life. Quality statement 3: Anticipatory prescribing https://www.nice.org.uk/guidance/qs144/chapter/quality-statement-3-anticipatory-prescribing Scottish Palliative Care Guidelines https://www.palliativecareguidelines.scot.nhs.uk/ BNF Prescribing in palliative care https://bnf.nice.org.uk/medicines-guidance/prescribing-in-palliative-care/ Palliative Care Formulary (PCF) version 8
Version	1.1
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