

Prescribing anticipatory subcutaneous medications for the last days of life

If any further advice is needed or alternative medication please contact specialist palliative care team

Indication	Drug	Dosing	Frequency	Strength	Quantity	Notes regarding syringe driver use
Pain, - 1st line (Doses may be different for patients already on background opioids and existing need should be considered) In renal failure ask specialist palliative care advice	Morphine Sulphate	2.5mg -5mg (if no existing opiate medication) If already taking oral morphine to calculate the sub cutaneous PRN dose calculate the 24 hour dose and divide by 6	2 hourly PRN	10mg/ml	10 x 1ml amps	If no existing opiates the syringe driver should only be used if PRNs have been required If converting from oral Morphine, use ½ of the 24hr oral Morphine dose in a syringe driver over 24 hours
Pain alternative to morphine	Oxycodone (alternative to morphine)	1mg - 2.5mg (if no existing opiate medication) If already taking oral morphine to calculate the sub cutaneous PRN dose calculate the 24 hour dose and divide by 6	2 hourly PRN	10mg/ml	5 x 1ml amps	If converting from oral Oxycodone to subcut use ½ of the 24 hour oral oxycodone dose in a syringe driver over 24 hours If converting from oral morphine to subcutaneous oxycodone, use 1/4 of the oral 24 hour morphine dose.
Nausea, vomiting – 1st line Haloperidol is also used for delirium	Haloperidol (extra pyramidal side effects and sedation in high doses)	500 microgram–1.5mg (max 5mg/24hr)	4 hourly PRN	5mg/ml	5 x 1ml amps	Syringe driver dose should be according to PRN need. Tendency to precipitate.
Nausea, vomiting (in Parkinson's disease or extrapyramidal side-effects)	Cyclizine (alternative to haloperidol for N+V)	50mg (max 150mg/24hr)	4-6 hourly PRN	50mg/ml	10 x 1ml amps	50-150mg in 24 hrs according to PRN need (maximum 150 mg)
Nausea, vomiting (Alternative if haloperidol not available or appropriate or haloperidol not effective)	Levomepromazine	6.25 mg	4-6 hourly PRN	25mg/1ml	5 x 1ml	Dose for syringe driver should be according to PRN use
Anxiety, restlessness, panic,	Midazolam	2.5mg-5mg (starting dose – if not effective speak to specialist palliative care)	hourly PRN	10mg/2mls	10 x 2ml amps	Syringe driver use will be according to PRNs used
Respiratory tract secretions	Hyoscine butylbromide (Buscopan)	20mg	2 hourly PRN	20mg/ml	10 x 1ml amps	If symptoms start syringe driver 60-120mg/24hours Seek specialist palliative care if higher doses needed