

Booklet No. _____ of _____ (in use)

Symptom Control Prescription Drugs and Administration Record (with Palliative Care Advice)

Surname	Forenames	Mr. Mrs. Miss. Ms.	Date of Birth
Address		Own G.P.	NHS No.
		Practice Name	
		Tel. No. of Practice	
Tel. No.	District Nurse Teams		
Specialist Palliative Care Nurse Mon-Fri 9am - 5pm	East Cheshire: 01625 663177 / Lung Team: 01625 661997	Day (8am-5pm)	Tel:
Central: see District Nurse contact details opposite		Out of Hours (5pm-8am)	Tel:
24 Hour Hospice Advice Line	St. Luke's: 01606 555489	Drug Sensitivities & Allergies	
or East Cheshire Hospice: 01625 666999			

List of Patient's CONTROLLED DRUGS NOT administered by DISTRICT NURSE

Name of Drug	Dosage	Frequency	Route	Usually administered by

All prescribers SHOULD complete this section. Review recommended in 3 months or sooner if clinically indicated.

Written on (date) _____	Name	
	Signature	
	Registration No.	
Reviewed on (date) _____	Name	
	Signature	
	Registration No.	
Reviewed on (date) _____	Name	
	Signature	
	Registration No.	

Doctor/Prescriber

- Use approved NAMES, BLOCK LETTERS, Metric Dosage (opioids by mg/microgram) & English instructions. **Avoid abbreviations.**
- Rewrite CHANGES in drug therapy. **Do not alter existing instructions - Always use black ink.**
- DISCONTINUE a drug by drawing a line through the prescribed item. Enter the date of cancellation and your initials.

Nurse

- CHECK the entries in each section before administration of the drug(s).
- The nurse giving the drug MUST complete the ADMINISTRATION RECORD and sign, after the drugs have been administered.
- Ensure all drugs are signed and prescribed by a non medical prescriber/doctor.

Regular Symptom Control Medicines Requiring Nurse Administration (Excluding Syringe Pumps)

				Date	Date	Date	Date	Date
Drug			Time (24hr. clock)					
Note			Dose					
Dose	Route	Frequency	Nurse Signature Nurse Name					
Prescriber Signature		Date	Nurse Signature Nurse Name					
Drug			Time (24hr. clock)					
Note			Dose					
Dose	Route	Frequency	Nurse Signature Nurse Name					
Prescriber Signature		Date	Nurse Signature Nurse Name					
Drug			Time (24hr. clock)					
Note			Dose					
Dose	Route	Frequency	Nurse Signature Nurse Name					
Prescriber Signature		Date	Nurse Signature Nurse Name					
Drug			Time (24hr. clock)					
Note			Dose					
Dose	Route	Frequency	Nurse Signature Nurse Name					
Prescriber Signature		Date	Nurse Signature Nurse Name					
Drug			Time (24hr. clock)					
Note			Dose					
Dose	Route	Frequency	Nurse Signature Nurse Name					
Prescriber Signature		Date	Nurse Signature Nurse Name					

	Date	Date	Date	Date	Date	Date	Date	Date
Time (24hr. clock)								
Dose								
Nurse Signature Nurse Name								
Nurse Signature Nurse Name								
Time (24hr. clock)								
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“When Required” Symptom Control Medicines Requiring Nurse Administration

Where dose range is given usually start at lowest dose. See last two pages for further advice.

				Date	Date	Date	Date	Date
Drug	MORPHINE If alternative opioid req'd - prescribe below			Time (24hr. clock)				
Notes / Indication Pain / Dyspnoea				Usually 2 hrly	Dose			
Dose range	Route	Frequency	Max Dose	Nurse Signature				
<input type="text"/> TO <input type="text"/>	SC	(See notes)	over 24hr	Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				
Drug	LEVOMEPRMAZINE			Time (24hr. clock)				
Notes / Indication Nausea				Usual Max Dose 25mg / 24hr to include syringe Pump content	Dose			
Dose range	Route	Frequency	Max Dose	Nurse Signature				
<input type="text"/> TO <input type="text"/>	SC	4 Hourly PRN	over 24hr	Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				
Drug	MIDAZOLAM			Time (24hr. clock)				
Notes / Indication Agitation/Restlessness				Usual Max Dose 60mg/24hr to include syringe Pump content	Dose			
Dose range	Route	Frequency	Max Dose	Nurse Signature				
<input type="text"/> TO <input type="text"/>	SC	2 Hourly PRN	over 24hr	Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				
Drug	GLYCOPYRRONIUM			Time (24hr. clock)				
Notes / Indication Excessive Resp Tract Secretions				Max Dose/24hr to include syringe Pump content	Dose			
Dose	Route	Frequency	Max Dose	Nurse Signature				
200 microgram	SC	3 Hourly PRN	1200 microgram	Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				
Drug	WATER FOR INJECTION			Time (24hr. clock)				
Notes / Indication (including diamorphine)				Dilute/reconstitute injections	Dose			
Dose range	Route	Frequency		Nurse Signature				
1 - 2 ml	SC			Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				

	Date	Date	Date	Date
Time (24hr. clock)				
Dose				
Nurse Signature Nurse Name				
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Nurse Signature Nurse Name								
Nurse Signature Nurse Name								

Additional "When Required" Symptom Control Medicines Requiring Nurse Administration

Where dose range is given usually start at lowest dose

					Date	Date	Date	Date	Date
Drug					Time (24hr. clock)				
Notes / Indication					Dose				
Dose range [] TO []	Route	Frequency	Max Dose over 24hr	Nurse Signature Nurse Name					
Prescriber Signature		Date			Nurse Signature Nurse Name				
Drug					Time (24hr. clock)				
Notes / Indication					Dose				
Dose range [] TO []	Route	Frequency	Max Dose over 24hr	Nurse Signature Nurse Name					
Prescriber Signature		Date			Nurse Signature Nurse Name				
Drug					Time (24hr. clock)				
Notes / Indication					Dose				
Dose range [] TO []	Route	Frequency	Max Dose over 24hr	Nurse Signature Nurse Name					
Prescriber Signature		Date			Nurse Signature Nurse Name				
Drug					Time (24hr. clock)				
Notes / Indication					Dose				
Dose range [] TO []	Route	Frequency	Max Dose over 24hr	Nurse Signature Nurse Name					
Prescriber Signature		Date			Nurse Signature Nurse Name				
Drug					Time (24hr. clock)				
Notes / Indication					Dose				
Dose range [] TO []	Route	Frequency	Max Dose over 24hr	Nurse Signature Nurse Name					
Prescriber Signature		Date			Nurse Signature Nurse Name				

	Date	Date	Date	Date
Time (24hr. clock)				
Dose				
Nurse Signature Nurse Name				
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Time (24hr. clock)								
Dose								
Nurse Signature Nurse Name								
Nurse Signature Nurse Name								

Syringe Pump Medicines

Check compatibility, when prescribing multiple drugs in one syringe pump

Opioid Patch in Situ: Yes / No. If yes, state type and dose _____

It is best practice to prescribe the contents of a syringe pump at the time of need. If prescribed in advance (e.g. before a weekend where there is real potential for further deterioration) PRIOR to starting the pump, there must be a review of symptom relief and doses given. If the patient's needs have changed, contact the prescriber if possible or seek specialist advice.

Where dose range is given usually start at lowest dose				Date	Date	Date	Date	Date
Drug (Diluent)		WATER FOR INJECTION		Time (24hr. clock)				
Notes / Indication - Dilute/reconstitute injections				Dose				
Dose Up to 20ml	Route SC	Frequency Over 24 hours		Nurse Signature				
				Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				
Drug				Time (24hr. clock)				
Notes / Indication				Dose				
Dose	Route SC	Frequency Over 24 hours		Nurse Signature				
				Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				
Drug				Time (24hr. clock)				
Notes / Indication				Dose				
Dose	Route SC	Frequency Over 24 hours		Nurse Signature				
				Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				
Drug				Time (24hr. clock)				
Notes / Indication				Dose				
Dose	Route SC	Frequency Over 24 hours		Nurse Signature				
				Nurse Name				
Prescriber Signature		Date		Nurse Signature				
				Nurse Name				
Line Change Y/N			Pump 1	/	/	/	/	/
			Pump 2					
Syringe Pump Rate			Pump 1	/	/	/	/	/
			Pump 2					
Syringe Pump site checked and documented Y/N			Pump 1	/	/	/	/	/
			Pump 2					
Document Battery %			Pump 1	/	/	/	/	/
			Pump 2					
Keypad Locked? Y/N			Pump 1	/	/	/	/	/
			Pump 2					

Syringe Pump Serial No.	Date Serviced

	Date	Date	Date	Date
Time (24hr. clock)				
Dose				
Nurse Signature Nurse Name				
Nurse Signature Nurse Name				
Time (24hr. clock)				
Dose				
Nurse Signature Nurse Name				
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Additional Syringe Pump Medicines

				Date	Date	Date	Date	Date
Drug (Diluent)				Time (24hr. clock)				
Notes / Indication				Dose				
Dose	Route SC	Frequency Over 24 hours		Nurse Signature				
Prescriber Signature			Date	Nurse Name				
				Nurse Signature				
			Date	Nurse Name				
Drug				Time (24hr. clock)				
Notes / Indication				Dose				
Dose	Route SC	Frequency Over 24 hours		Nurse Signature				
Prescriber Signature			Date	Nurse Name				
				Nurse Signature				
			Date	Nurse Name				
Drug				Time (24hr. clock)				
Notes / Indication				Dose				
Dose	Route SC	Frequency Over 24 hours		Nurse Signature				
Prescriber Signature			Date	Nurse Name				
				Nurse Signature				
			Date	Nurse Name				
Drug				Time (24hr. clock)				
Notes / Indication				Dose				
Dose	Route SC	Frequency Over 24 hours		Nurse Signature				
Prescriber Signature			Date	Nurse Name				
				Nurse Signature				
			Date	Nurse Name				
Line Change Y/N			Pump 1	/				
			Pump 2					
Syringe Pump Rate			Pump 1					
			Pump 2					
Syringe Pump site checked and documented Y/N			Pump 1					
			Pump 2					
Document Battery %			Pump 1					
			Pump 2					
Keypad Locked? Y/N			Pump 1					
			Pump 2					

	Date	Date	Date	Date
Time (24hr. clock)				
Dose				
Nurse Signature Nurse Name				
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Time (24hr. clock)				
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Time (24hr. clock)								
Dose								
Nurse Signature Nurse Name								
Nurse Signature Nurse Name								

Opioid Conversion Charts (note: - rounded to convenient doses)

Route	Morphine mg				Diamorphine mg		Oxycodone mg			
	Oral		SC		SC		Oral		SC	
	24hr total	4 hrly	CSCI 24hr*	4 hrly	CSCI 24hr*	4 hrly	24hr total	4 hrly	CSCI 24hr*	4 hrly
Dose	30	5	15	2.5	10	2.5	15	2.5	10	2.5
	60	10	30	5	20	5	30	5	20	5
	90	15	45	7.5	30	5	45	7.5	30	5
	120	20	60	10	40	5	60	10	40	5
	150	25	75	12.5	50	7.5	75	12.5	50	7.5
	180	30	90	15	60	10	90	15	60	10
	240	40	120	20	80	15	120	20	80	15
	360	60	180	30	120	20	180	30	120	20
	480	80	240	40	160	25	240	40	160	25
	600	100	300	50	200	30	300	50	200	30
	800	130	400	65	260	40	400	65	260	40
	1000	160	500	80	330	60	500	80	330	60
1200	200	600	100	400	70	600	100	400	70	

* CSCI =
Continuous
Subcutaneous
Infusion

This table does **not** indicate incremental steps. Increases are normally in 30-50% steps - as indicated by "when required" doses given.

Conversion factors:

From **oral morphine** to **SC morphine** - divide by 2

From **oral morphine** to **SC diamorphine** - divide by 3

From **oral morphine** to **oral oxycodone** - divide by 2

From **oral oxycodone** to **SC oxycodone** - divide by 1.5

From **oral tramadol/codeine/dihydrocodeine** to **oral morphine** - divide by 10

Dose of oral morphine over 24hrs (mg)	Fentanyl Transdermal (microgram/hr)
30	12
60	25
90	37
120	50
150	62
180	75
240	100
300	125
360	150
420	175
480	200
540	225
600	250
660	275
720	300

Dose of oral morphine over 24hrs (mg)	Buprenorphine Transdermal (microgram/hr)
12	5 (7 day patch)
24	10 (7 day patch)
36	15 (7 day patch)
48	20 (7 day patch)
84	35 (4 day patch)
126	52.5 (4 day patch)
168	70 (4 day patch)
252	105 (70+35) (4 day patch)

This advice is for converting patients on stable oral doses to the transdermal route.

For patients who are unstable/new to opioids, different conversion ratios may be more appropriate. Please seek specialist advice.

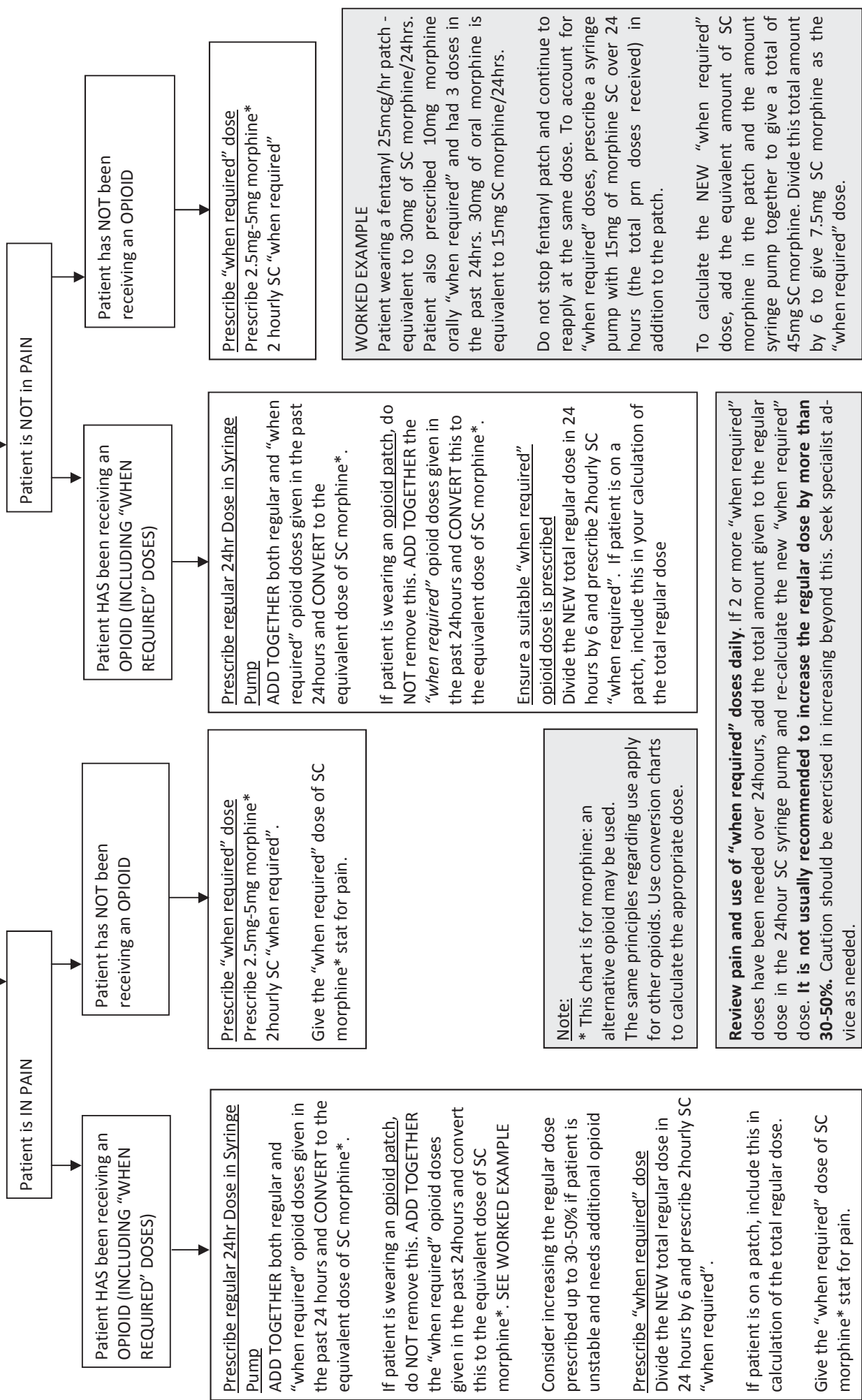
Conversion factors and charts from Greater Manchester Strategic Clinical Network Palliative Care Plan and Symptom Control Guidelines. Last revised June 2015.

Please Note: - these are guidelines only and other publications may vary.

There is debate around exact conversion ratios and expert clinical advice is readily available for clinicians to consult if required in individual circumstances. When making conversions always use caution in considering dose choices between opioids.

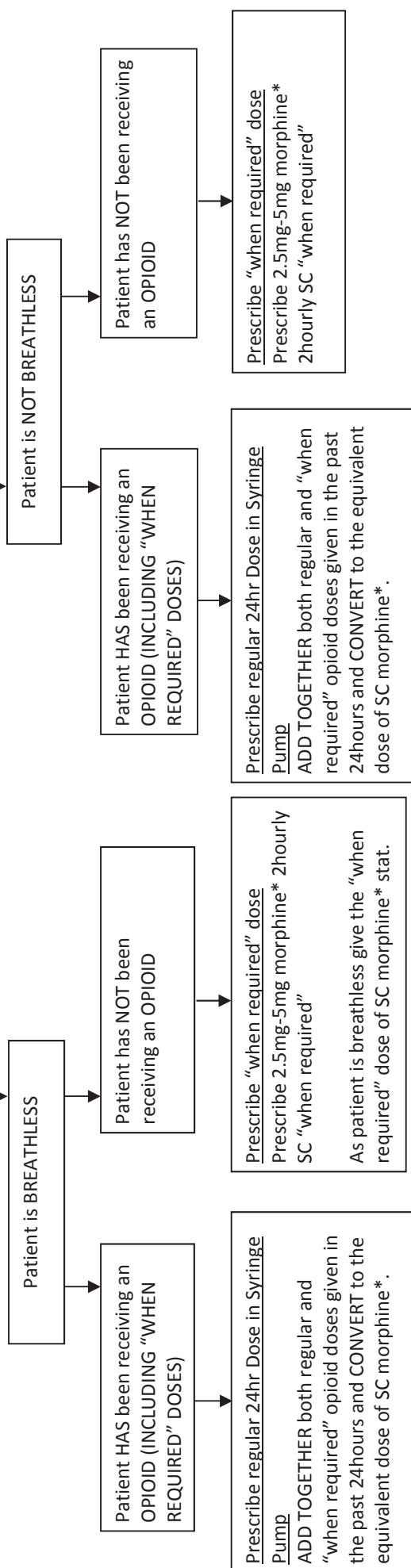
PAIN

(In end of life patients unable to take oral medication)



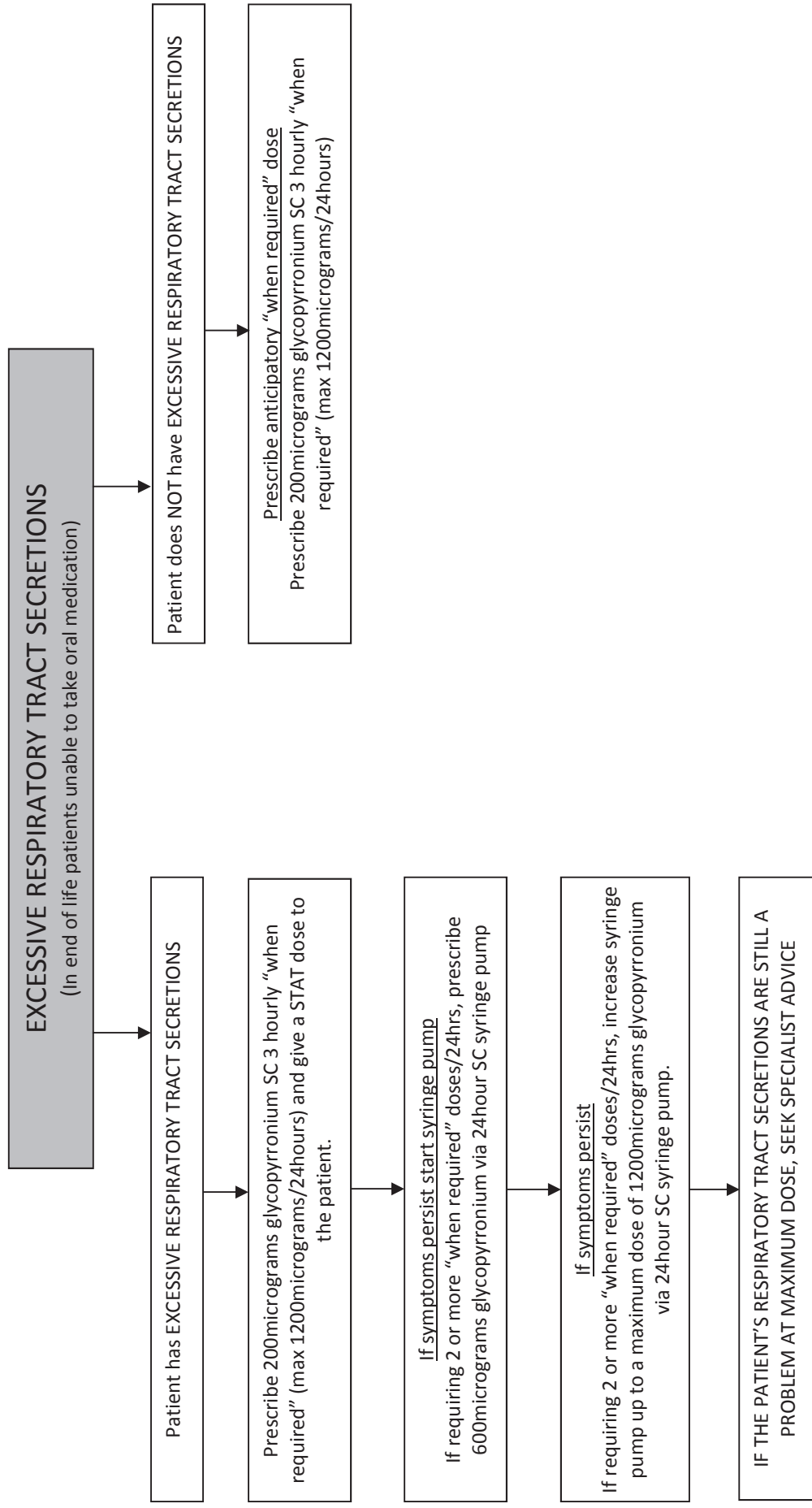
BREATHLESSNESS

(In end of life patients unable to take oral medication)



- Notes:
- * This chart is for morphine: an alternative opioid may be used. The same principles regarding use apply for other opioids. Use conversion charts to calculate the appropriate dose
 - Treatments for reversible causes include: bronchodilators, diuretics, and antibiotics
 - Simple measures such as a calm environment, a fan or open window can be just as effective as medication
 - If patient remains breathless despite opioid, consider midazolam 2.5-5mg 2hourly "when required". If effective, this can be incorporated into a 24hr SC syringe pump.

Review breathlessness and use of "when required" doses daily. If 2 or more "when required" doses have been needed over 24hours, add the total amount given to the regular dose in the 24hour SC syringe pump and re-calculate the new "when required" dose. **It is not usually recommended to increase the regular dose by more than 30-50%.** Caution should be exercised in increasing beyond this. If breathlessness is not responding to increasing doses of opioid, seek specialist advice.

**Notes:**

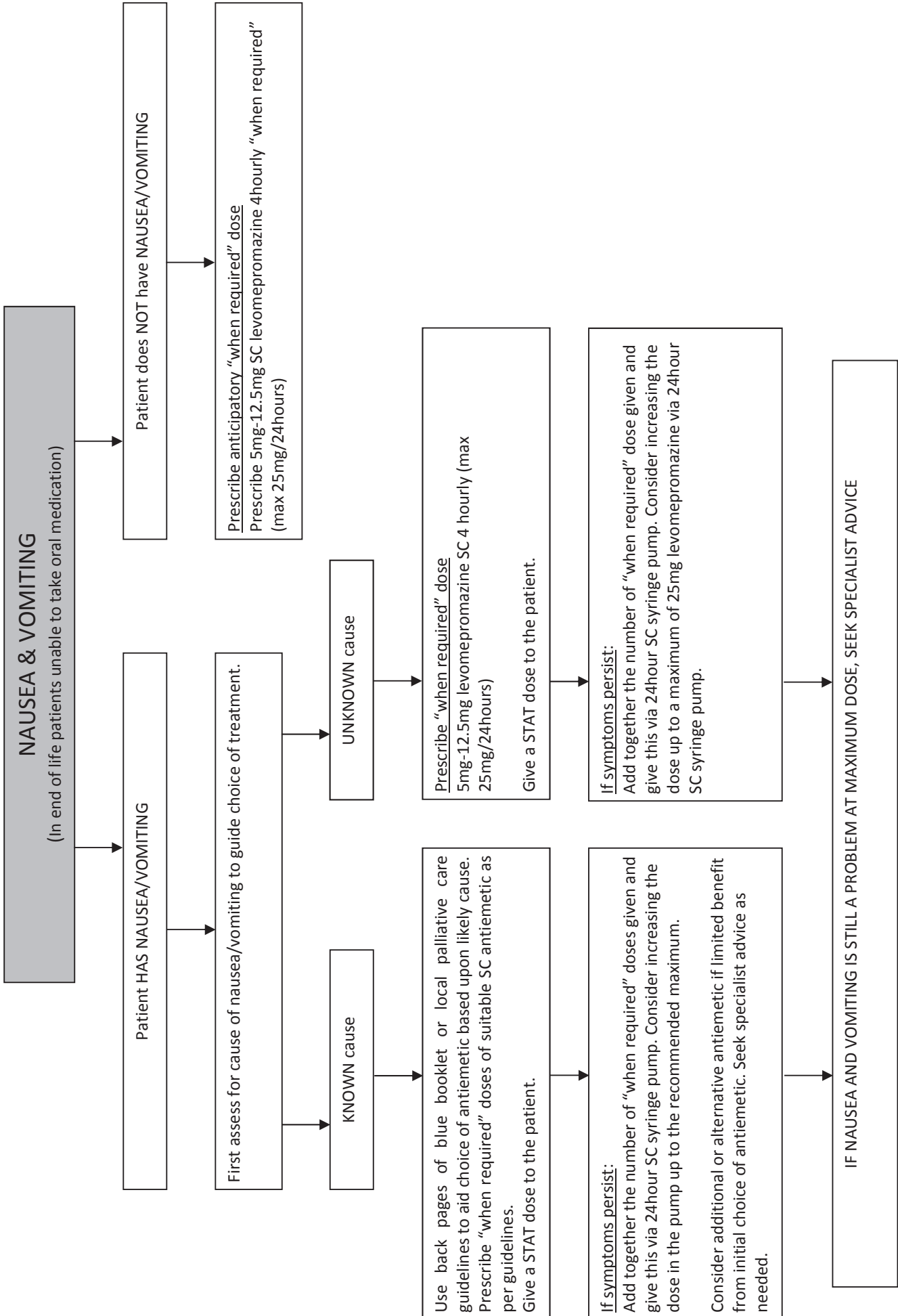
- These medicines will not clear existing secretions. Start when symptoms first appear.
- Treatment is only effective in 50-60% of patients – more likely to be effective if secretions are due to unswallowed saliva.
- Many relatives are satisfied by explanation alone.
- A conscious patient treated with these drugs will be aware of an uncomfortably dry mouth.

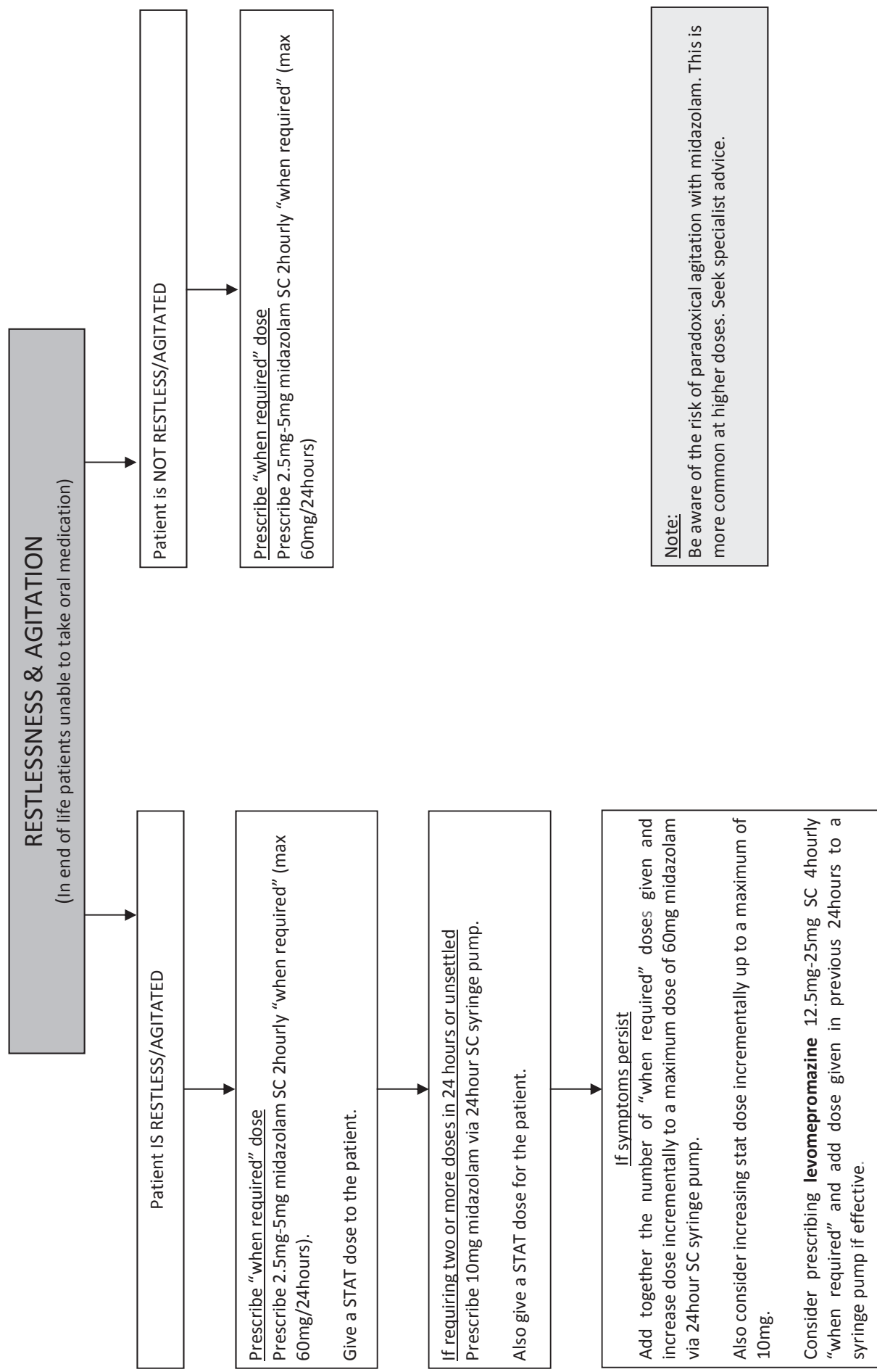
Hyoscine butylbromide may be used as an alternative**“When required” dose**

Prescribe 20mg hyoscine butylbromide SC 3hourly “when required” (max 120mg/24hours)

Regular dose

If requiring 2 or more “when required” doses/24hrs start 60mg hyoscine butylbromide via 24hour SC syringe pump. Can increase up to a maximum of 120mg 24hours.





Starting Dose Guidance for Adult Patients in the Last Days of Life

ANTICIPATORY MEDICINES	It is recommended that anticipatory medications are available at home for patients with an estimated prognosis of less than 3 months. Prescribe 10 ampoules each of: an opioid, midazolam for agitation, an antiemetic, glycopyrronium (for respiratory secretions) and water for injection 10ml (diluent).
PAIN Please seek specialist advice if concerned re opiate toxicity	<p>MORPHINE 1st line USE: ANALGESIA/DYSPNOEA SC DOSING: if opioid naïve; 2.5mg-5mg 2-4hourly when required or 10mg over 24hours via syringe pump. PRESCRIBING INFORMATION: Max bolus at 1 site=60mg/2ml, therefore doses of greater than 360mg in a syringe pump may require switch to diamorphine. Available as: 10mg/ml, 15mg/ml, 30mg/ml all 1ml & 2ml size amps. Pack size 10.</p> <p>OXYCODONE 2nd line (if morphine allergy or eGFR <30ml/min) USE: ANALGESIA/DYSPNOEA SC DOSING: if opioid naïve; 2.5mg 2-4hourly when required or 5-10mg over 24hours via syringe pump. COMPATIBILITY ISSUES (not exhaustive): At higher concentrations may be incompatible with cyclizine. PRESCRIBING INFORMATION Available as: 10mg/1ml, 20mg/2ml, 50mg/1ml amps. Pack size 5.</p> <p>DIAMORPHINE 2nd line (if volume of morphine unsuitable for administration) USE: ANALGESIA/DYSPNOEA SC DOSING: if opioid naïve; 2.5mg 2-4hourly when required or 5-10mg over 24hours via syringe pump. COMPATIBILITY ISSUES (not exhaustive): At higher concentrations may be incompatible with cyclizine. PRESCRIBING INFORMATION: Available as: 5mg, 10mg, 30mg, 100mg, 500mg amps. Pack size 5. Due to high solubility may be dissolved in small volumes of water for injection. NB also prescribe water for injection.</p>
NAUSEA & VOMITING First determine the cause of the nausea to guide prescribing choice	<p>LEVOMEPROMAZINE 1st line if unknown cause USE: NAUSEA & VOMITING. Useful as broad-spectrum or if sedation is desired. SC DOSING: 5mg-12.5mg 4hourly when required or 6.25mg over 24hours via syringe pump. Max 25mg over 24hours. Seek specialist advice if requiring higher doses. USE: TERMINAL AGITATION (2nd line after midazolam - NB if myoclonus present start with midazolam) SC DOSING: starting dose 12.5mg-25mg 4hourly when required. Max 200mg over 24hours. CONTRAINDICATIONS & DOSE ADJUSTMENTS: Caution in Parkinson's disease & epilepsy (can lower seizure threshold). Caution in ambulant patients as can cause sedation/postural hypotension. COMPATIBILITY ISSUES (not exhaustive): Can turn purple in UV light – discard. PRESCRIBING INFORMATION: 12.5mg orally approx. equal to 6.25mg subcutaneously. Prescribe as: 25mg/1ml amps. Pack size 10. Can give in syringe pump over 24hours or as a once daily at night SC dose.</p> <p>CYCLIZINE USE: NAUSEA & VOMITING. Useful for cerebral irritation, vertigo, visceral distortion/obstruction, oropharyngeal irritation. SC DOSING: 50mg 4hourly max three times a day when required or 100mg-150mg over 24hours via syringe pump. Max 150mg over 24hours (or 200mg to include 150mg in a 24hour syringe pump plus a stat dose of 50mg). CONTRAINDICATIONS & DOSE ADJUSTMENTS: Caution in severe CCF (consider an alternative choice) COMPATIBILITY ISSUES (not exhaustive): Dilute to maximum volume with water for injection. Incompatible with sodium chloride. At usual doses incompatible with hyoscine butylbromide. May be incompatible at higher concentrations with alfentanil, diamorphine and oxycodone (check references before prescribing). PRESCRIBING INFORMATION: Constipating. Prescribe as: 50mg/1ml amps. Pack size 5.</p> <p>HALOPERIDOL USE: NAUSEA & VOMITING Useful for biochemical disturbance (drug, metabolic, toxic) / AGITATED DELIRIUM SC DOSING: starting dose 0.5mg-1.5mg 4hourly when required or 1.5mg-5mg over 24hours via syringe pump (usual max total dose in 24hours is 5mg, seek specialist advice if requiring up to 10mg). CONTRAINDICATIONS & DOSE ADJUSTMENTS: Avoid in Parkinson's disease. PRESCRIBING INFORMATION: Can give in syringe pump over 24hours or as once daily SC dose. Prescribe: 5mg/1ml amps. Pack size 10</p> <p>METOCLOPRAMIDE USE: NAUSEA & VOMITING Useful for gastric stasis, reflux, "squashed stomach", ascites SC DOSING: starting dose 10mg 6hourly (max three times a day) when required or 30mg over 24hours via syringe pump. Usual max total dose in 24hours is 80mg. CONTRAINDICATIONS & DOSE ADJUSTMENTS: Avoid in GI obstruction, perforation or haemorrhage, history of neuroleptic syndrome or metoclopramide-induced tardive dyskinesia, epilepsy, Parkinson's, caution in age <20years. Risk of extrapyramidal side-effects. PRESCRIBING INFORMATION: Max bolus at 1 site = 10mg/2ml. Prescribe as: 10mg/2ml amps. Pack size 10.</p>

<p>AGITATION NB levomepromazine can also be used – see above</p>	<p>MIDAZOLAM</p>	<p>USE: AGITATION/RESTLESSNESS (1st line) or DYSPNOEA (2nd line) SC DOSING: starting dose 2.5mg-5mg 2hourly when required or 10mg over 24hours via syringe pump. Max 5mg-10mg when required or 60mg over 24hours via syringe pump. Seek specialist advice if requiring higher doses. Paradoxical agitation/aggression may occur at higher doses. USE: CATASTROPHIC TERMINAL EVENT e.g. haemorrhage DOSING: IV, IM or buccal route (NOT SC route) 5mg-10mg titrated to requirements. Max 30mg per episode. Prescribe if patient at risk. USE: ANTI-CONVULSANT SC DOSING: starting dose 5mg-10mg when required & 10-30mg over 24hours via syringe pump. Max 60mg/24hours. Seek specialist advice if requiring higher doses. PRESCRIBING INFORMATION: Max bolus at 1 site = 10mg/2ml. Prescribe as: 10mg/2ml amps. Pack size 10.</p>
<p>EXCESSIVE RESPIRATORY TRACT SECRETIONS</p>	<p>GLYCOPYRRONIUM</p>	<p>USE: EXCESSIVE RESPIRATORY TRACT SECRETIONS (1st line)/anti-spasmodic SC DOSING: 200mcg 3hourly when required or start 600microgram over 24hours via syringe pump. Max 1200microgram over 24hours. CONTRAINDICATIONS & DOSE ADJUSTMENTS: Caution in CCF/IHD/tachycardia (infusion via syringe pump preferable to bolus doses) PRESCRIBING INFORMATION: Available as: 200mcg/1ml amps, 600mcg/3ml amps. Pack size 10.</p>
	<p>HYOSCINE BUTYLBROMIDE</p>	<p>USE: EXCESSIVE RESPIRATORY TRACT SECRETIONS (2nd line if glycopyrronium unavailable) SC DOSING: 20mg 3hourly when required or start 60mg over 24hours via syringe pump. Max 120mg over 24hours. CONTRAINDICATIONS & DOSE ADJUSTMENTS: Caution in CCF/IHD/tachycardia (infusion via syringe pump preferable to bolus doses) COMPATIBILITY ISSUES (not exhaustive): At normal doses incompatible with cyclizine. PRESCRIBING INFORMATION: Prescribe as: 20mg/1ml amps. Pack size 10.</p>
<p>FURTHER INFORMATION</p>	<p>SYRINGE PUMP</p>	<p>PRESCRIBING INFORMATION: Consider if the patient is unable to swallow or has nausea/vomiting. It is best practice to prescribe at point of need. <i>Always prescribe a DILUENT:</i> Use water for injection first line. 10ml amps. Pack size 10. Sodium chloride 0.9% is less irritant but may be incompatible with some drugs e.g. cyclizine or diamorphine. <i>Maximum volumes in syringe pump:</i> if using a McKinley T34: 17ml in a 20ml luer lock syringe or 22ml in a 30ml luer lock syringe. <i>Patients on transdermal opioids:</i> continue to use and change patch as before, adding only the additional analgesia required to the syringe pump. Take both patch and syringe pump into account when calculating breakthrough doses. COMPATIBILITY ISSUES: For further information contact local hospital's medicines information department, 24 hour hospice advice line, or online palliative care adult network guidelines: http://book.pallcare.info/index.php?op=plugin&src=sdrivers</p>
<p>Consider need for specialist input in severe liver and renal impairment</p>	<p>RENAL DYSFUNCTION (if eGFR known)</p>	<p>MORPHINE/DIAMORPHINE: if eGFR 30-50ml/min use 75% of normal starting dose or oxycodone may be better tolerated. if eGFR <30ml/min suggest oxycodone or opioid with no active metabolite e.g. alfentanil (seek specialist advice). OXYCODONE: eGFR 10-50ml/min use 75% of normal starting dose e.g. 1-2mg 4hourly when required. If eGFR <10ml/min use 50% of normal starting dose or opioid with no active metabolite e.g. alfentanil (seek specialist advice) LEVOMEPRIMAZINE: eGFR <10ml/min use lower starting dose e.g. 5mg at night, lower doses e.g. 2.5-3mg may be sufficient. HALOPERIDOL: eGFR <10ml/min use lower starting dose e.g. 0.5mg-1mg MIDAZOLAM: eGFR <10ml/min use lower starting dose e.g. 2.5mg, monitor for accumulation</p>
	<p>LIVER DYSFUNCTION Indicators of severe: Bilirubin>100µmol/L Encephalopathy Ascites Raised INR/PT</p>	<p>MORPHINE/ DIAMORPHINE: mild: use lower starting dose, moderate/severe: use lower starting dose and increase dosing interval. OXYCODONE: mild: use lower starting doses e.g. 1-2mg 4hourly when required, moderate/severe: avoid if possible LEVOMEPRIMAZINE and HALOPERIDOL: use lower starting doses and titrate slowly METOCLOPRAMIDE: severe: start with 5mg twice daily, recommended maximum of 10mg twice daily. MIDAZOLAM: start with low dose e.g. 2.5mg, monitor for accumulation.</p>
		<p>Further advice: See contact details on front page. Palliative Care Guidelines from both the North West Coast and Greater Manchester Strategic Clinical Network may be used as a reference source. NWCSN website: https://www.nwccsnenate.nhs.uk/strategic-clinical-network/our-networks/palliative-and-end-life-care/audit-group/clinical-standards-and-guidelines/ GMSCN guidelines: ePAIGE website: http://www.cheshire-epaige.nhs.uk/SitePages/Home.aspx and Central and Eastern Cheshire MMT website: http://www.centralandeasterncheshiremmt.nhs.uk/resources List of pharmacies who stock palliative care medicines also found on: http://www.centralandeasterncheshiremmt.nhs.uk/resources</p>