

**CD1 DIRECTION TO ADMINISTER DRUGS FOR SYMPTOM MANAGEMENT**

|                                      |          |
|--------------------------------------|----------|
| Supply 10 ampoules for injection of: |          |
| Morphine Sulphate                    | 10mg/ml  |
| Levomepromazine                      | 25mg/ml  |
| Midazolam                            | 10mg/2ml |
| Hyoscine Butylbromide                | 20mg/ml  |
| Water for injection                  | 20ml     |

|  |
|--|
| Patient's Name: .....<br>NHS No: ..... DOB: .....  |
| Drug sensitivities: .....<br>Drug allergies: ..... |

**ANTICIPATORY DRUGS AS REQUIRED FOR SYMPTOM MANAGEMENT (PRN)**  
 Seek advice if 2 or more doses have been ineffective or if benefit lasts less than 1 hour – the dose or drug may need changing.

| Date | For the relief of:                            | Drug                  | Dose range       | Route | Do not exceed max in range more | Seek specialist prescribing advice before exceeding:         | Signature in full Print name below |
|------|---|-----------------------|------------------|-------|---------------------------------|--|------------------------------------|
|      | Pain, cough or Breathlessness                 | OPIOID                |                  | SC    | 2 hourly                        | 6 doses in 24 hours  |                                    |
|      | Nausea/Vomiting Agitated Delirium             | Levomepromazine       | 3.125mg - 12.5mg | SC    | 2 hourly                        | 25mg total prn in 24 hours                                   |                                    |
|      | Anxiety Breathlessness (2 <sup>nd</sup> line) | Midazolam             | 2.5mg - 5mg      | SC    | 2 hourly                        | 4 doses in 24 hours  |                                    |
|      | Respiratory secretions / Abdominal colic      | Hyoscine Butylbromide | 10mg - 20mg      | SC    | 2 hourly                        | If effective for secretions consider starting syringe driver |                                    |
|      |   |                       |                  |       |                                 |  |                                    |

**DRUGS TO BE GIVEN SUBCUTANEOUSLY VIA A SYRINGE DRIVER OVER 24 HOURS**  
 Please see guidance on reverse of form for administration within a dose range

| Date | For the relief of:                            | Drug | Dose Range to be given over 24 hours | Route : Sub Cutaneous | Signature in full Print name below |
|------|---|------|--------------------------------------|-----------------------|------------------------------------|
|      | Pain, cough or Breathlessness                 |      |                                      | SC                    |                                    |
|      | Nausea/Vomiting Agitated Delirium             |      |                                      | SC                    |                                    |
|      | Anxiety Breathlessness (2 <sup>nd</sup> line) |      |                                      | SC                    |                                    |
|      | Respiratory secretions / Abdominal colic      |      |                                      | SC                    |                                    |
|      |   |      |                                      | SC                    |                                    |

**TRANSDERMAL OPIOIDS** (do not commence for unstable pain)  
 At end of life continue if already effective and **ADD** sub cut medications to manage symptoms

| Date | Drug Name | Dose | Renewal | Signature in full Print name below |
|------|-----------|------|---------|------------------------------------|
|      |           |      |         |                                    |

**REVIEW BY APPROPRIATE CLINICIAN AS SYMPTOMS OR LOCATION OF PATIENT ALTER**

## PRESCRIBING GUIDELINES

The information within these guidelines is referenced to and should be used in conjunction with [Palliative Care Formulary 5](#), [Palliative Adult Network Guidelines 2016](#), [Scottish Palliative Care Guidelines 2016](#) and the current [British National Formulary](#).

**Prescribing responsibility remains with the prescriber.**

**Maximum doses may be extended** and some maximum doses only to be used **following discussion** with a Specialist Palliative Care Clinician. Be aware of drug accumulation in **renal failure** and seek guidance below for alternative analgesia.

Please note that only Morphine, Diamorphine, Oxycodone and Levomepromazine are licensed for subcutaneous use. It is accepted practice in palliative care to administer other appropriate drugs via the subcutaneous route.

It is recommended that **no more than 3 drugs** are combined in one syringe unless advised by Specialist Palliative Care Team. Drug compatibility information can be found in the PCF5 and [book.pallcare.info](http://book.pallcare.info) and [www.palliativedrugs.com](http://www.palliativedrugs.com)

| <b><u>Match oral / SC / Syringe driver medication i.e. oxycodone prn - oxycodone in syringe driver.</u></b>   |  |   |   |
|---|--|---|---|
| <b><u>PRN doses may vary according to the need of the individual patient. PRN doses will need titration in line with regular analgesia dose adjustments</u></b> |  |   |   |
| SYMPTOM / MEDICATION  | PRN  | SYRINGE DRIVER  | MAX DOSES   |
| <b>PAIN / BREATHLESSNES</b>   |  |   |   |
| <b>Morphine</b>   | 2.5mg - 5 mg 2 hourly<br>OR 1/6th of daily syringe driver dose, 2 hourly | If opioid naïve usual starting dose 5mg.<br>Calculate previous 24 hours total oral morphine dose and divide by 2.   | Increase should not be more than by a maximum of 50%    |
| <b>Diamorphine</b><br><i>Useful if large doses of morphine required (p.r.n. or syringe driver)</i>  | 2.5mg - 5mg 2 hourly<br>OR 1/6th of daily syringe driver dose, 2 hourly  | Calculate previous 24 hours total oral morphine dose and divide by 3.<br><b>(More potent than morphine)</b>         |   |
| <b>Oxycodone</b>  | 2.5mg - 5 mg 2 hourly OR<br>1/6th of daily syringe driver dose, 2 hourly | Calculate previous 24 hours oral oxycodone and divide by 2.<br><i>NB not compatible with Cyclizine.</i>             |   |
| <b>Alfentanil</b> <i>(If EGFR &lt;30, if available, otherwise use oxycodone with caution - reduce dose and frequency)</i>                                       | 125micrograms hourly OR<br>1/6th of daily syringe driver dose, hourly    | If opioid naïve usual starting dose 500micrograms.<br>Calculate equivalent SC dose of Diamorphine and divide by 10. |   |
| <b>ANTI-SPASMODIC / OBSTRUCTION (IF OBSTRUCTION PLEASE SEEK SPECIALIST ADVICE)</b>  |  |   |   |
| <b>Hyoscine Butylbromide</b>  | 20mg 2 hourly prn  | 60mg  | 120mg   |
| <b>NAUSEA &amp; VOMITING</b>  |  |   |   |
| <b>Levomepromazine</b> <i>Dilute with water for injection. However if the site reacts, try 0.9% sodium chloride.</i>  | 3.125mg - 12.5mg 2 hourly prn  | 6.25mg - 25mg   | 50mg  |
| <b>Haloperidol</b>  | 500 micrograms - 3 mg<br>2 hourly prn                                    | 1.5mg   | 10mg  |
| <b>Metoclopramide</b>   | 10mg 2 hourly prn  | 30mg - 60mg   | 100 mg  |
| <b>Cyclizine</b><br><i>Needs to be well diluted to prevent crystallisation and/or skin irritation. Should <b>never</b> be diluted in 0.9% sodium chloride</i>   | 50mg 8 hourly prn  | 100 - 150mg   | 150mg   |
| <b>CONFUSION / AGITATION / DELIRIUM</b>   |  |   |   |
| <b>Midazolam</b><br><i>Can also be used 2<sup>nd</sup> line for breathlessness</i>  | 2.5mg - 5mg 2 hourly prn   | 5mg - 30mg  | 60mg (100mg*)<br><b>* Under specialist advice only</b>  |
| <b>Levomepromazine</b><br><i>Use first for delirium.</i>  | 3.125mg - 12.5mg 2 hourly prn  | 6.25mg - 50mg<br><i>Consider sedating effect if used in higher doses</i>  | 150mg (250mg*)<br><b>* Under specialist advice only</b> |
| <b>RESPIRATORY SECRETIONS</b>   |  |   |   |
| <b>Hyoscine Butylbromide</b><br><i>If prn effective consider commencing syringe driver</i>  | 10mg - 20mg 2 hourly prn   | 40mg - 100mg  | 120mg   |
| <b>EPILEPSY / SEIZURES</b>  |  |   |   |
| Midazolam   | 5 - 10mg 2 hourly prn  | 20 mg when unable to swallow anti-epileptic medication or no IV access (seek specialist advice)                     |   |
| <b>TERMINAL CRISIS EVENT</b><br>Eg significant distressing bleed  |  | <b><u>If any potential for terminal crisis event seek specialist advice</u></b>                                     |   |

**If symptoms do not respond please seek early advice. Contact a Macmillan Specialist Palliative Care Nurse OR St Barnabas Hospice 01522 511566 OR Thorpe Hall Hospice on: 01733 225900**