### Drug Formulations

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulations</th>
<th>1st line for Indication(s)</th>
<th>Starting PRN Dose for PRN Medication</th>
<th>Starting Dose for Regular Medication</th>
<th>FWLHD Community</th>
<th>Guidance Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORPHINE</td>
<td>10mg/1mL 15mg/1mL 30mg/1mL 120mg/1.5mL</td>
<td>PAIN &amp; 1st line for BREATHLESSNESS</td>
<td>2.5mg subcut 1 hourly PRN max PRN dose in 24 hrs = 15mg (equivalent to 6 PRN doses)</td>
<td>See CEC LDoL Toolkit pain and/or breathlessness management flowcharts for guidance on commencing morphine in subcut syringe driver (plus PRN opioid)</td>
<td>MORPHINE PRN if needed 2.5 to 5mg subcut 1 hourly Syringe driver if needed 10 to 20mg in CSCI over 24hrs</td>
<td>• Morphine is recommended as first line subcut opioid for majority of patients in the last days of life</td>
</tr>
<tr>
<td>FENTANYL (in end stage kidney disease: eGFR &lt;30)</td>
<td>25mcg subcut 1 hourly PRN max PRN dose in 24 hrs = 150mcg (equivalent to 6 PRN doses)</td>
<td>FENTANYL (if eGFR &lt;30)</td>
<td>25 to 50mcg subcut 1 hourly Syringe driver if needed 100 to 200mcg in CSCI over 24hrs</td>
<td>FENTANYL PRN if needed 2.5 to 5mg subcut 1 hourly Syringe driver if needed 10 to 20mg in CSCI over 24hrs</td>
<td>FENTANYL 10amps of 50mcg/1mL (non-PBS) (Private Community or FWLHD Hospital Script)</td>
<td>• Seek advice from local specialist Palliative Care Team if conversion to alternative subcut opioid is required (see below for contact details)</td>
</tr>
<tr>
<td>METOCLOPRAMIDE</td>
<td>10mg/2mL</td>
<td>1st line for NAUSEA/VOMITING</td>
<td>10mg subcut 8 hourly PRN max PRN dose in 24 hrs = 30mg (equivalent to 3 PRN doses)</td>
<td>PRN if needed 10mg subcut 8 hourly Syringe driver if needed 30mg in CSCI over 24hrs</td>
<td>METOCLOPRAMIDE 10mg/2mL</td>
<td>• Use metoclopramide in dementia</td>
</tr>
<tr>
<td>HALOPERIDOL</td>
<td>5mg/1mL</td>
<td>2nd line for RESTLESSNESS/AGITATION &amp; 1st line for NAUSEA/VOMITING</td>
<td>1mg subcut 4 hourly PRN max PRN dose in 24 hrs = 3mg (equivalent to 3 PRN doses)</td>
<td>PRN if needed 1mg subcut 4 hourly Syringe driver if needed 2 to 5mg in CSCI over 24hrs</td>
<td>HALOPERIDOL 5mg/1mL</td>
<td>• Use haloperidol in dementia</td>
</tr>
<tr>
<td>MIDAZOLAM</td>
<td>5mg/1mL 15mg/3mL</td>
<td>2nd line for BREATHLESSNESS with ANXIETY</td>
<td>2.5mg subcut 2 hourly PRN max PRN dose in 24 hrs = 15mg (equivalent to 6 PRN doses)</td>
<td>PRN if needed 2.5 to 5mg subcut 2 hourly Syringe driver if needed 10 to 20mg in CSCI over 24hrs</td>
<td>MIDAZOLAM 5mg/1mL</td>
<td>• Do not use in Parkinson’s Disease or Lewy Body Dementia</td>
</tr>
<tr>
<td>GLYCOPORYLATE/ GLYCOPYRONIUM</td>
<td>0.2mg/1mL (200mcg/1mL)</td>
<td>RESPIRATORY TRACT SECRECTIONS</td>
<td>0.2mg subcut 4 hourly PRN max PRN dose in 24 hrs = 1.2mg (equivalent to 6 PRN doses)</td>
<td>PRN if needed 0.2 to 0.4mg subcut 4 hourly Syringe driver if needed 1.2mg in CSCI over 24hrs</td>
<td>GLYCOPORYLATE 0.2mg/1mL</td>
<td>• Respiratory tract secretions occur, prompt intervention is required</td>
</tr>
</tbody>
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### FWLHD Specialist Palliative Care Telephone Advice:
- **FWLHD Specialist Palliative Care Team:** Broken Hill & District 08 8080 1333 (24hrs) / Daretown 03 5021 7200 (working hours) & 0437 779619 (after hours)
- **NSW/NSWHD Specialist Palliative Care Team (during working hours):** Dubbo 02 6809 6809 / Orange 02 6369 3000 / Bathurst 02 6330 5000
- **NSW/LHD (after hours):** NSW Health Palliative Care After Hours Helpline 1800 548 225 / Royal Prince Alfred Hospital - Sydney Palliative Medicine On-Call Registrar 02 9515 6111

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### ANTICIPATORY PRESCRIBING IN THE LAST DAYS OF LIFE: Prescribing Information

- All patients in the last days of life should have subcutaneous PRN medications prescribed pre-emptively to ensure there is no delay in treating the common symptoms that can be anticipated to occur in the last days of life.
- For patients allergic to or intolerant of recommended last days of life medications, seek advice from Specialist Palliative Care Team.

**Recommendations for STARTING doses**

This guide includes the recommended starting dose for first-line medications to be pre-emptively prescribed for patients in the last days of life.

- Doses should be adjusted up or down to take into account the needs of the individual patient, including frailty and co-morbidities.
- Lower starting doses and/or PRN frequencies should be considered in the elderly or in patients with severe renal or hepatic impairment: see advice below for patients with pre-existing end-stage kidney disease.
- Higher starting doses and/or PRN frequencies can be used if appropriate.
- If required, seek advice from Specialist Palliative Care Team regarding starting doses.

**Recommendations for dose TITRATION**

- Patients should be assessed regularly, at least every 4 hours or more often if symptomatic.
- Response to non-pharmacological interventions and/or PRN medication doses must be assessed following intervention; further management should be instigated if symptoms remain despite initial intervention.
- Symptom control should be reviewed at least daily, or more often if symptoms are uncontrolled, and background medication doses titrated upwards accordingly.
- If ≥ 3 PRN doses are required in previous 24 hours and/or symptoms persist, regular medications should be commenced or regular doses increased: see symptom management flowcharts for specific guidance on dose titration for each of the common symptoms.
- Seek advice from local Specialist Palliative Care Team regarding dose titration or if symptoms are non-responsive to dosing and management recommendations in flowcharts.

- See Palliative Care Therapeutic Guidelines (http://www.tg.org.au) for further prescribing advice.

**For patients dying in ICU:**

- The existing intravenous route may be preferred over the subcutaneous route for patients with central venous access dying under the care of the ICU setting; all last days of life anticipatory medication recommendations in these guidelines can be intravenously in the ICU setting.
- Seek advice from Specialist Palliative Care Team if required.

**Syringe-Driven Drug Combinations and Compatibilities**

- Compatibility data supports the combination of the last days of life anticipatory medications in a single syringe: when diluted to maximum volume with 0.9% sodium chloride diluent.
- When using alternative medications for symptom control in the last days of life, advice regarding drug compatibility combinations should be sought from a medical officer or specialist nurse with appropriate knowledge and experience prior to administration.
- LHD policy and procedure must be followed when prescribing and administering medications via a subcutaneous syringe driver.
- If required, seek advice regarding drug combinations, compatibility data, and volumes used in subcutaneous syringe drivers from Specialist Palliative Care Team.
- See Palliative Care Therapeutic Guidelines (http://www.tg.org.au) for further advice on drug compatibilities.

**SPECIALIST PALLIATIVE CARE TELEPHONE ADVICE:** see overleaf for FWLHD and WNSWL contacts.

### SYMPTOM MANAGEMENT IN THE LAST DAYS OF LIFE: Supporting Information

#### PRINCIPLES OF SYMPTOM MANAGEMENT IN THE LAST DAYS OF LIFE

1. **Assess patient at least every four hours:** to allow existing and emerging symptoms to be detected, assessed and treated effectively.
2. **If symptom(s) present:**
   - Instigate non-pharmacological measures in the first instance.
   - If non-pharmacological measures ineffective, give PRN medication and review to assess response.
3. **If medication ineffective, reassess and instigate further intervention to manage symptom:**
4. **Communicate:** explain likely cause and management of symptom to patient and family.
5. **Escalate:** seek advice from Specialist Palliative Care Team regarding starting doses.

**PAIN** – see CEC Last Days of Life Toolkit Symptom Management Flowchart

**BREATHELESSNESS** – see CEC Last Days of Life Toolkit Symptom Management Flowchart

**RESTLESSNESS and/or AGITATION** – see CEC Last Days of Life Toolkit Symptom Management Flowchart

**RESTRICTIVE TRACT SECRETIONS** – see CEC Last Days of Life Toolkit Symptom Management Flowchart

**NAUSEA and/or VOMITING** – see CEC Last Days of Life Toolkit Symptom Management Flowchart

- See Palliative Care Therapeutic Guidelines (http://www.tg.org.au) for detailed information and medication recommendations for specific causes.

For further symptom management and prescribing advice, see Palliative Care Therapeutic Guidelines (http://www.tg.org.au)