

# Management of BREATHLESSNESS in the last days of life – ADULT

IF OPIOID PRESCRIBED FOR PAIN, SAME ORDER MAY BE USED FOR BREATHLESSNESS. SIMILARLY, IF BENZODIAZEPINE PRESCRIBED FOR RESTLESSNESS & AGITATION, ADDITIONAL ORDER NOT REQUIRED

Assess patient in the last days of life at least every 4 hours: to allow existing and emerging symptoms to be detected, assessed and treated effectively  
Assess breathlessness & if present: instigate non-pharmacological measures (eg reassurance, repositioning, fan, open windows, calm environment), give medication as below and assess effectiveness  
For the majority of patients in the last days of life, MORPHINE should be used as the first line subcutaneous opioid

Patient has NOT been on a regular opioid  
(not on regular opioid in the last 7 days)

Patient is NOT breathless

Patient IS DISTRESSED by Breathlessness

Prescribe PRN subcut morphine  
MORPHINE

2.5 mg subcut 1 (one) hourly PRN  
max PRN dose in 24hrs = 15mg (6 PRN doses)

If anxiety present, also pre-emptively prescribe PRN subcut benzodiazepine

MIDAZOLAM 2.5mg subcut 2 hourly PRN  
max PRN dose in 24hrs = 15mg (6 PRN doses)

Assess response and initiate further intervention if symptoms remain uncontrolled

Review symptom control at least daily

If 3 or more effective PRN doses required in previous 24 hours,  
prescribe regular MORPHINE +/- regular BENZODIAZEPINE

Prescribe regular subcut morphine

(to calculate, add together all PRN doses of subcut morphine used in previous 24 hrs)

EITHER

MORPHINE

Dose =  $\frac{1}{6}$  total PRN dose used in last 24 hours subcut regularly 4 hourly  
(max: 2.5mg subcut regularly 4 hourly)

OR

MORPHINE

Dose = total PRN dose used in last 24 hours subcut in 24 hr syringe driver  
(max: 15mg subcut in 24 hr syringe driver)

If anxiety present, also prescribe regular subcut benzodiazepine

EITHER

MIDAZOLAM 10mg subcut in 24 hr syringe driver

OR

CLONAZEPAM 0.5mg subcut regularly 12 hrly  
subcut regularly 12 hrly

Patient HAS been taking a regular ORAL opioid  
(regular opioid use during the last 7 days)

Convert regular dose of oral opioid to subcutaneous morphine

See guidelines for switching from oral to subcutaneous opioids on reverse of pain flowchart.  
Use table of common opioid conversions to determine dose of subcut morphine

Discontinue regular oral opioid AND Prescribe regular subcut morphine

MORPHINE

Dose = see opioid conversion chart subcut regularly 4 hourly

OR

MORPHINE

Dose = see opioid conversion table subcut in 24 hr syringe driver

If anxiety present, also prescribe regular subcut benzodiazepine

MIDAZOLAM 10mg subcut in 24 hr syringe driver

OR

CLONAZEPAM 0.5mg subcut regularly 12 hrly

Also prescribe PRN subcut morphine

MORPHINE

PRN dose =  $\frac{1}{6}$  daily subcut dose (see opioid conversion chart) subcut 1 (one) hourly PRN

max PRN dose in 24hrs = equivalent to 6 PRN doses

If anxiety present, also prescribe PRN subcut benzodiazepine

MIDAZOLAM 2.5mg subcut 2 hourly PRN

max PRN dose in 24hrs = 15mg (6 PRN doses)

Review symptom control at least daily, or more often if symptoms uncontrolled

or more effective PRN doses required in previous 24 hours, increase regular and PRN doses of  
subcut MORPHINE by  $\frac{1}{3}$  and if anxiety present, increase regular benzodiazepine dose by 50%

Seek advice from local Specialist Palliative Care Team if breathlessness remains poorly controlled

If patient demonstrates clinical features of opioid side effects

Do NOT give an opioid antagonist (eg naloxone), as this will precipitate uncontrolled pain and/or  
opioid withdrawal symptoms, but seek URGENT advice from local Specialist Palliative Care Team

Patient IS on a regular TRANSDERMAL opioid  
(Buprenorphine or Fentanyl Patches)

LEAVE THE PATCH IN SITU

Prescribe patch at same dose and change as usual  
(NOTE: It is NOT appropriate to initiate patches in the last days of life)

If patient is breathless, prescribe regular  
subcut opioid in addition to patch

Seek advice regarding dose from local  
Specialist Palliative Care Team

If anxiety present, also prescribe  
regular subcut benzodiazepine

MIDAZOLAM 10mg subcut in 24hr syringe driver  
OR

CLONAZEPAM 0.5mg subcut regularly 12 hrly

Also prescribe PRN subcut morphine

MORPHINE

subcut 1 (one) hourly PRN

max PRN dose in 24hrs = equivalent to 6 PRN doses

PRN dose = see table below

Buprenorphine patch	PRN subcut morphine
≤10 microg/hr	2.5mg
20 microg/hr	5mg

Fentanyl patch	PRN subcut morphine
12.5 microg/hr	2.5mg
25 microg/hr	5mg
50 microg/hr	10mg

Discuss with local Specialist Palliative  
Care if on Fentanyl Patch > 50mcg/hr

If anxiety present, also prescribe  
PRN subcut benzodiazepine

MIDAZOLAM 2.5mg subcut 2 hourly PRN  
max PRN dose in 24hrs = 15mg (6 PRN doses)

