

End of Life Care Prescribing

- All patients recognised as dying must have pre-emptive medication prescribed PRN for control of common symptoms
- Ensure a dose is administered if symptomatic
- If PRN not controlling symptoms (≥ 3 doses in 24-hour period) seek specialist advice or consider syringe pump
- See Microguide for further prescribing guidance under palliative care section

Symptom	Drug	Dose	Frequency		Contacts Palliative care Team 9-5 Mon-Fri • Bleep 8420 • Ext 3021 RSCH OOH – Martlets • 01273964164 PRH OOH St Peters and St James • 01444471598 Medicine information • EXT 8153/8566
Pain / breathlessness	1 st line: Diamorphine	2.5-5 mg SC	Pain 1 hourly	Dyspnoea 4 hourly	
	2 nd line: Morphine	5 mg SC	1 hourly	4 hourly	
Known severe renal failure eGFR <30 mL/min:	Alfentanil	0.25-0.5 mg SC	1 hourly	4 hourly	
Nausea	Haloperidol	1.5 mg SC	4 hourly		
Distress from anxiety	Midazolam	2.5-5 mg SC	1 hourly		
Distress/agitation from delirium	Haloperidol	1-2.5 mg SC	4 hourly		
Respiratory secretions	Glycopyrronium	0.2 mg SC	4 hourly		

- If patient on **existing regular opioids or other symptom control medication** consult online guidance for conversions and advice on starting a regular SC infusion (syringe pump)
- **Review and discontinue non-essential medication.** For essential medication which cannot be taken orally (e.g. anti epileptics) see online guidance

Consult palliative care team or pharmacist for complex symptom management