



End of Life Care Prescribing Guidance

This guidance is for patients who are felt to be in the final hours to days of life and care is being supported by the Care Decisions for the Last Days of Life Guidance (CDG). Or, as anticipatory prescribing for those approaching the end of their life.

The symptoms most commonly experienced by patients are:

- Pain
- Nausea and/or Vomiting
- Respiratory Secretions
- Breathlessness
- Agitation

Anticipate these symptoms by prescribing one subcutaneous (SC) option for each symptom on the PRN side of the paper drug chart or by selecting the appropriate HEPMA Last Days of Life Care Protocol for electronic prescribing.

eGFR > 30

Pain and/or Breathlessness: PRN Morphine 2.5mg, SC, Hourly

Nausea and/or Vomiting: PRN Haloperidol* 0.5mg, SC, 4 Hourly

Agitation: PRN Midazolam 2.5mg, SC, Hourly

Respiratory Secretions: PRN Glycopyrronium 200microgram, SC, 4 Hourly

eGFR 10 to 30

Pain and/or Breathlessness: PRN Oxycodone 1.5mg, SC, Hourly

Nausea and/or Vomiting: PRN Haloperidol* 0.5mg, SC, 4 Hourly

Agitation: PRN Midazolam 2.5mg, SC, Hourly

Respiratory Secretions: PRN Glycopyrronium 200microgram, SC, 4 Hourly

eGFR < 10

Pain and/or Breathlessness: PRN Alfentanil 100 microgram, SC, Hourly

Nausea and/or Vomiting: PRN Haloperidol* 0.5mg, SC, 4 Hourly

Agitation: PRN Midazolam 2.5mg, SC, Hourly

Respiratory Secretions: PRN Glycopyrronium 200microgram, SC, 4 Hourly

Contact the Hospital Palliative Care Team on 39244 (Monday to Friday 8.30am to 5pm) and OOH via switchboard.

For further advice, uncontrolled symptoms, liver and/or renal failure, patients already taking morphine or other opioids.

*If Haloperidol contraindicated, PRN Cyclizine 50mg, SC, TDS