

MEDICATION GUIDELINES FOR MANAGING END OF LIFE CARE

Palliative Care is the active total care of patients with the principal intent to ameliorate symptoms and maximise the quality of the patient's remaining life

SYMPTOM	DRUG	DOSE	ROUTE / FREQUENCY
Severe intractable pain	Morphine Sulphate 10mg/ml	<i>Opioid naive</i> 2.5 -10 mg	Subcutaneous injection 2 hourly when required
and/or for Respiratory distress/ dyspnoea		<i>Ongoing Opioid Management</i> Sub-cutaneous: 1/6 th of total 24hr s.c. opioid dose Oral: 1/6 th of total 24hr oral opioid dose	Subcutaneous injection 2 hourly when required Oral 2 hourly when required
Nausea and vomiting	Metoclopramide Hydrochloride 10mg/2ml	10 mg	Subcutaneous or intramuscular injection 4 hourly when required
Nausea and vomiting Delirium	Haloperidol Injection 5mg/ml	2.5 mg stat then 1.25-2.5 mg	Subcutaneous injection 2-4 hourly when required
Anxiety, agitation, Terminal restlessness Seizure activity	Midazolam hydrochloride 5mg/ml	5-10 mg	Subcutaneous Injection 2 hourly when required
Seizure activity	Clonazepam 2.5mg/ml oral liquid	2.5 mg	Sublingual 2 hourly when required (max. 10mgs in 24hrs)
Excessive respiratory tract secretions	Hyoscine Hydrobromide 0.4mg/ml	0.4 mg stat then 0.2 mg	Subcutaneous or intramuscular injection 2-4 hourly when required

If more than four "prn" doses of medication required in a 24 hour period, consider commencing continuous subcutaneous infusion.

References: Therapeutic Guidelines Palliative Care 2005; Cancer Pain, IMS Issue 2/2005; SCDHS Pain Management Guidelines in the Terminally Ill Patient

*Adapted from QH SC-WBHS Interim Standing Order
Reviewed 01/2011 - Dr Louise Welch*

Disclaimer: While information has been formulated in good faith, the contents may not take into account all factors that need to be considered before putting the information into practice. Accordingly, no person should rely on anything contained in this publication as a substitute for specific advice.