

Community Palliative Care Prescribing Table: Injectable & Syringe Pump Medication for Symptom Control

(N.B. consider Just in Case (JiC) medication 1 PRN drug for each symptom 1-4)

Just in Case (JiC) medication: supply at least 10 doses when authorising PRN drugs only. More doses will be needed if complex symptoms requiring frequent PRNs or if authorising syringe pump: e.g. at least 3 days supply.				Starting dose range over 24 hours via subcutaneous syringe pump	Usual total maximum dose/24 hours
Symptom	Drug	Subcutaneous (SC) as required (PRN) dose:	Vial Strengths		
SYMPTOM 1: PAIN/DYSPNOEA					
If on oral opioids see table for conversion* If eGFR <30 seek guidance	Morphine 1st Line	2.5-5mg 1 hourly PRN if opioid naïve OR 1/6th 24 hour subcutaneous dose 1 hourly PRN	10, 15, 20 or 30mg/ml in 1ml or 2ml amps	10-15mg/24hr (if opioid naïve)	No upper limit but prescriber may indicate a max dose
	Diamorphine	2.5mg 1 hourly PRN if opioid naïve OR 1/6th 24 hour subcutaneous dose 1 hourly PRN	5, 10, 30 or 100mg amps	5-10mg/24hr (if opioid naïve)	
SYMPTOM 2: NAUSEA AND VOMITING					
Opioid or chemical	Haloperidol	1.5mg BD PRN	5mg/ml	2.5-5mg/24hr	5mg
Prokinetic	Metoclopramide	10mg QDS PRN	10mg/2ml	30-60mg/24hr	80mg
Centrally induced	Cyclizine*	50mg TDS PRN: if not on regular cyclizine. (Not 1st line for JiC)	50mg/ml	150mg/24hr	150mg
Broad Spectrum	Levomepromazine	5mg TDS PRN	25mg/ml	5-25mg/24hr	25mg
SYMPTOM 3: AGITATION IN LAST DAYS OF LIFE					
1st line	Midazolam	2.5-5mg 1 hourly PRN	10mg/2ml	10-20mg/24hr (5-15mg if lower dose indicated)	60mg
+ hallucinations or confusion	Haloperidol	1.5-3mg BD PRN	5mg/ml	2.5-5mg/24hr	10mg
2nd line	Levomepromazine	12.5-25mg QDS PRN	25mg/ml	12.5-25mg/24hr	100mg
SYMPTOM 4: RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE					
Noisy breathing	Hyoscine Butylbromide	20mg 2 hourly PRN	20mg/ml	60-100mg/24hr	240mg
	Can also be used at the same doses for colic/reduce secretions in inoperable bowel obstruction				
	Hyoscine Hydrobromide	400micrograms 4 hourly PRN	400 microgram/ml	1.2-2.4mg/24hr	2.4mg

¥Conversion of oral to subcutaneous opioids via syringe pump/24hrs

Oral morphine	➡	s/c morphine	Divide oral total 24hr dose by 2
Oral morphine	➡	s/c diamorphine	Divide oral total 24hr dose by 3
Oral oxycodone	➡	s/c oxycodone	Divide oral total 24hr dose by 2

*Cyclizine is incompatible with hyoscine butylbromide and has dose related incompatibility with oxycodone in a syringe pump

See guidance notes/seek advice for:

- Patients on opioid patches: do not discontinue, prescribe SC PRN opioid
- Opioids in renal failure (eGFR <30ml/min/1.73m²): consider SC fentanyl or alfentanil
- Antiemetics in Parkinson's Disease: avoid haloperidol and metoclopramide

For guidance notes and full guideline including anticipatory prescribing, plus pharmacies stocking palliative care drugs:
www.stpetershospice.org.uk/clinical-guidelines

24 hour telephone advice: St Peter's Hospice: 0117 915 9430
Weston Hospice: 01934 423912