** Anticipatory injectable prescribing guidance for the community -**

**EXTERNAL VERSION**

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**Guideline summary**

This guideline contains the guidance for anticipatory injectable prescribing in the community for community patients under the care of St Joseph’s Hospice Community Palliative Care Team.

**Guidance**

The guidance covers three situations, opioid naïve with egfr >30, opioid naïve and frail but egfr >30 and opioid naïve with renal impairment egfr <30. Seek advice if egfr <10.

If a patient is already taking an opioid then the doses for PRN injections and syringe drivers may be different – please seek advice

If a patient is on a transdermal opioid patch then leave the patch on.

If the patient may require a syringe driver in the next 48 hours then a syringe driver should be prescribed in addition to PRN injections.

If a patient requires 2-3 PRN doses in 24 hours then a syringe driver should be started

However, if the patient is very symptomatic or imminently dying you may need to start a syringe driver straight away

Please be aware in many nursing homes syringe drivers cannot be used as nursing staff are not trained. In this event 4 hourly regular injections may need to be prescribed, please seek advice.

In patients with nausea and vomiting consider the underlying cause, other drugs may be more suitable

IN ALL SITUATIONS IF YOU ARE UNSURE ABOUT RECOMMENDATIONS OR PRESCRIBING SEEK ADVICE

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| ***Anticipatory Injectable Prescribing Guidance: Opioid Naïve + eGFR >30*** |
|  |  |  |  |  |  |  |
|  |  | **AS REQUIRED PRN SUBCUT MEDICATION** |  | **24-HOUR SUBCUT PUMP** |  | **AMPOULE STRENGTHS** |
|  |  | ***Medication*** | ***Dose Range*** | ***Max Frequency / 24 hr dose*** |  | ***Medication*** | ***Dose Range*** |  |
|  |  |  |  |  |  |  |  |  |  |
| **PAIN / SOB** |  | Morphine Sulphate | 2.5 to 5mg PRN | Max 1 hourly |  | Morphine Sulphate | 5 to 30mg / 24hrs |  | 10mg/1ml amps |
|  |  |  |  |  |  |  |  |  |  |
| **NAUSEA / VOMITING** |  | Haloperidol\* | 0.5 to 1.5mg | Max 6mg / 24hrs |  | Haloperidol | 3 to 5mg / 24hrs |  | 5mg/1ml amps |
|  |  |  |  |  |
|  |  | *\* The choice of medication for use in nausea and vomiting will depend on the underlying cause for the symptom and the medications the patient is already taking. If the cause of the symptom is unclear or prescribing entirely in anticipation then use haloperidol 1st line. NOTE: haloperidol, metoclopramide and levomepromazine MUST NOT BE USED in Parkinson’s disease, and cyclizine can only be used with caution. Cyclizine should not be used in severe heart failure. Metoclopramide should not be used in mechanical bowel obstruction. Please seek advice from specialist palliative care for these patients or if you are unsure what anti-emetic to use.*  |
|  |  |  |  |  |  |  |  |  |  |
| **AGITATION / DISTRESS** |  | Midazolam | 2.5 to 5mg PRN | Max 1 hourly |  | Midazolam | 5 to 30mg / 24hrs |  | 10mg/2ml amps |
|  |  |  |  |  |  |  |  |  |  |
| **RESPIRATORY SECRETIONS** |  | Glycopyrronium | 200 to 400 micrograms PRN | Max 2400 micrograms / 24hrs |  | Glycopyrronium | 600 to 1200 micrograms / 24hrs |  | 200 micrograms/1ml amps600 micrograms/3ml amps |

If a patient requires more than 3 prn doses of a medication then please call for advice regarding the use of a syringe driver and starting doses. Not every patient will need to have a driver prescribed. Please seek advice if you are unsure how to proceed, this is guidance only. Please seek advice on drugs and doses for patients with an egfr of <10.

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| ***Anticipatory Injectable Prescribing Guidance: Opioid Naïve + eGFR >30 + Frailty*** |
|  |  |  |  |  |  |  |
|  |  | **AS REQUIRED PRN SUBCUT MEDICATION** |  | **24-HOUR SUBCUT PUMP** |  | **AMPOULE STRENGTHS** |
|  |  | ***Medication*** | ***Dose Range*** | ***Max Frequency / 24 hr dose*** |  | ***Medication*** | ***Dose Range*** |  |
|  |  |  |  |  |  |  |  |  |  |
| **PAIN / SOB** |  | Morphine Sulphate | 1 to 2.5mg PRN | Max 1 hourly |  | Morphine Sulphate | 5 to 20mg / 24hrs |  | 10mg/1ml amps |
|  |  |  |  |  |  |  |  |  |  |
| **NAUSEA / VOMITING** |  | Haloperidol\* | 0.5 to 1mg | Max 5mg / 24hrs |  | Haloperidol | 1.5 to 3mg / 24hrs |  | 5mg/1ml amps |
|  |  |  |  |  |
|  |  | *\* The choice of medication for use in nausea and vomiting will depend on the underlying cause for the symptom and the medications the patient is already taking. If the cause of the symptom is unclear or prescribing entirely in anticipation then use haloperidol 1st line. NOTE: haloperidol, metoclopramide and levomepromazine MUST NOT BE USED in Parkinson’s disease, and cyclizine can only be used with caution. Cyclizine should not be used in severe heart failure. Metoclopramide should not be used in mechanical bowel obstruction. Please seek advice from specialist palliative care for these patients.* |
|  |  |  |  |  |  |  |  |  |  |
| **AGITATION / DISTRESS** |  | Midazolam | 1.25 to 2.5mg PRN | Max 1 hourly |  | Midazolam | 5 to 20mg / 24hrs |  | 10mg/2ml amps |
|  |  |  |  |  |  |  |  |  |  |
| **RESPIRATORY SECRETIONS** |  | Glycopyrronium | 200 micrograms PRN | Max 2400 micrograms / 24hrs |  | Glycopyrronium | 600 to 1200 micrograms / 24hrs |  | 200 micrograms/1ml amps600 micrograms/3ml amps |

If a patient requires more than 3 prn doses of a medication then please call for advice regarding the use of a syringe driver and starting doses. Not every patient will need to have a driver prescribed. Please seek advice if you are unsure how to proceed, this is guidance only. Please seek advice on drugs and doses for patients with an egfr of <10.

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| ***Anticipatory Injectable Prescribing Guidance: Opioid Naïve + Renal Impairment (eGFR 10 – 30)*** |
|  |  |  |  |  |  |  |
|  |  | **AS REQUIRED PRN SUBCUT MEDICATION** |  | **24-HOUR SUBCUT PUMP** |  | **AMPOULE STRENGTHS** |
|  |  | ***Medication*** | ***Dose Range*** | ***Max Frequency / 24 hr dose*** |  | ***Medication*** | ***Dose Range*** |  |
|  |  |  |  |  |  |  |  |  |  |
| **PAIN / SOB** |  | Oxycodone | 1 to 2mg | 1 hourly |  | Alfentanil | 500micrograms to 2mg |  | Oxycodone 10mg/ml 1ml and 2ml ampsAlfentanil 500microgram/ml 2ml amps |
|  |  |  |  |  |  |  |  |  |  |
| **NAUSEA / VOMITING** |  | Haloperidol\* | 0.5 to 1mg | Max 5mg / 24hrs |  | Haloperidol | 1.5 to 3mg / 24hrs |  | 5mg/1ml amps |
|  |  |  |  |  |
|  |  | *\* The choice of medication for use in nausea and vomiting will depend on the underlying cause for the symptom and the medications the patient is already taking. If the cause of the symptom is unclear or prescribing entirely in anticipation then use haloperidol 1st line. NOTE: haloperidol, metoclopramide and levomepromazine MUST NOT BE USED in Parkinson’s disease, and cyclizine can only be used with caution. Cyclizine should not be used in severe heart failure. Metoclopramide should not be used in mechanical bowel obstruction. Please seek advice from specialist palliative care for these patients.* |
|  |  |  |  |  |  |  |  |  |  |
| **AGITATION / DISTRESS** |  | Midazolam | 1.25 to 2.5mg PRN | Max 1 hourly |  | Midazolam | 5 to 20mg / 24hrs |  | 10mg/2ml amps |
|  |  |  |  |  |  |  |  |  |  |
| **RESPIRATORY SECRETIONS** |  | Glycopyrronium | 200 micrograms PRN | Max 2400 micrograms / 24hrs |  | Glycopyrronium | 600 to 1200 micrograms / 24hrs |  | 200 micrograms/1ml amps600 micrograms/3ml amps |

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