Pre-emptive Prescribing for the Last Days of Life

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1. Introduction:

1.1 Pre-emptive prescribing is the prescribing of subcutaneous medications for the last days of life for the common symptoms of pain, anxiety and restlessness, nausea/vomiting and secretions. The aim is to prescribe at least 3 days before the patient may need it.

1.2 It is for:
   - Dying patients in the last days of life
   - Those who may have sudden, severe or distressing symptoms i.e. those at high risk of a terminal bleed, terminal airways or terminal bowel obstruction.

1.3 It should be considered when the patient, family and health care professionals have decided that a patient is approaching the last days of life, and they want to stay at home. In these patients the team can also consider:
   - Completing a Do Not Attempt Resuscitation (DNA CPR) form
   - Using the Integrated Pathway of Care (IPOC) care of the dying (based on the Liverpool Care Pathway)

1.4 This advice is based on the already established systems in place in Doncaster from community nursing team (CMT) drug cards, to the pharmacies that have agreed to carry the medications listed in this document and the IPOC care of the dying.

Specialist palliative care prescribing locally is outlined in the 2010 specialist palliative care formulary. Our national guidance comes from the Palliative Care formulary version 4.

2. The Care of the Dying IPOC outlines the following:

   Page 2-3 Basic pre-emptive prescribing advice
   Page 5 Drugs, indications and instructions chart
   Page 6 Opioid conversion chart
   Page 7 Outline of the suggested process for pre-emptive prescribing
   Page 8-9 IPOC care of the dying algorithms, to help guide prescribing and administering medications
3. Pre-emptive prescribing

3.1 Prescribe the “core four” at least 3 days before the patient may need them:

- **ANALGESIC**  Diamorphine or alternative opioid
- **ANTIEMETIC**  Cyclizine or alternative
- **ANTISECRETORY**  Hyoscine hydrobromide
- **SEDATIVE**  Midazolam

3.2 Use palliative care drugs table page 5 and conversion chart page 6 to prescribe:

- If on regular opioid, an opioid via syringe driver over 24h
- The correct breakthrough dose of opioid (see section 5.1 for explanation)
- If opioid naïve, the doses of opioid suggested
- If Fentanyl patch in situ, leave on if well controlled and prescribe breakthrough medications

- **Prescribe other subcutaneous medications for at least 72 hours quantity** e.g. 5 to 10 ampoules of each initially
- **Include water for injections 10ml ampoules, 10**
- **Algorithms** from the IPOC care of the dying are included to guide prescribing and administration (pages 8 and 9)
- **If any uncertainty** specialist advice is available 24 h a day from the hospice and/or Consultants in Palliative Medicine via DRI switchboard

4. Syringe driver

4.1 A syringe driver may be needed if the patient is unable to take or absorb the oral route, or needs subcutaneous medications. Do not combine metoclopramide with cyclizine. The rest of the listed medications in combinations of up to 3 drugs are acceptable.
5. Breakthrough medications

5.1 In general, the dose of opioid for breakthrough is 1/6th of the total 24 hour dose. See the conversion chart. For example, for a patient on a Fentanyl patch 200mcg/h, we would consider prescribing 40mg of subcutaneous (sc) Diamorphine, as needed up to hourly use.

This medication can take up to half an hour to work and can last up to 4 hours. If it is needed more frequently e.g. 2-3 doses over 24 hours, the patient can be assessed by the DN and or GP if needed. An increase in the 24 hour/regular medication should be considered.

Uncontrolled pain or symptoms should be discussed with the specialist palliative care team. (Hospice or the consultants 24h a day via Doncaster Royal Infirmary switchboard)

6. Prescription

6.1 The team can consider calling the local pharmacy to check if all the medications are available for the family to collect. If not, some pharmacies provide a collect and delivery service on the same day.

7. Pharmacies taking part in the out of hours palliative medications LES are:

- Asda Pharmacy High Street Carcroft
- Alchem Vermuyden Centre, Thorne
- Lloyds Thorne Rd, Doncaster
- Tesco Balby
- Boots Frenchgate, Doncaster
- Boots Wheatley Hall Rd, Doncaster
- Weldricks East Laith Gate, Doncaster
- Sainsbury's Thorne Rd, Edenthorpe
- Asda Bawtry Road Bessacarr
- Balby Late Night Balby Road Balby
8. Communication

- Complete the community nursing team drug card for as needed medications and for a syringe driver, if required
- Complete the out of hours communication form (page 12)
- Community nursing team will document plans in the community nursing notes in the house.
- Community nursing team will give the patient/family advice and leaflets about what to do if problems and what to do after death.
- Community nursing team will assess every day and discuss with the GP about starting using the medications and use the IPOC care of the dying algorithms to guide them.

9. After death

9.1 **The community nursing teams will destroy any controlled medications at the home as per their protocol. If family are able to they can return any remaining medications to the pharmacy.**
<table>
<thead>
<tr>
<th>DRUG and ampoule strength</th>
<th>Indications</th>
<th>Initial sc dose</th>
<th>How often</th>
<th>Maximum dose in 24 h / special notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamorphine 10mg/ml or 30mg/ml injection [dose per amp]</td>
<td>Pain, Dyspnoea</td>
<td>2.5-5mg if opioid naïve. Note-use conversion chart if on regular opioid</td>
<td>Up to hourly, usually 2-4 h</td>
<td>See conversion chart for alternative strong opioids</td>
</tr>
<tr>
<td>Oxycodone 10mg/ml [1ml &amp; 2ml amp] or 50mg/ml injection [1ml amp]</td>
<td>Pain, Dyspnoea, if already on oral oxycodone</td>
<td>2.5-5 mg if opioid naïve. Note-use conversion chart if on regular opioid</td>
<td>Up to hourly, usually 2-4 h</td>
<td>See conversion chart for alternative strong opioids</td>
</tr>
<tr>
<td>Alfentanil 500mcg/ml injection or 5mg/ml injection [1ml amp]</td>
<td>Pain in renal failure</td>
<td>0.25-0.5 mg . If opioid naïve. Note-use conversion chart if on regular opioid</td>
<td>Up to hourly, usually 2-4 h</td>
<td>See conversion chart for alternative strong opioids</td>
</tr>
<tr>
<td>Cyclizine 50mg/ml Injection [1ml amp]</td>
<td>1st line anti-emetic</td>
<td>50mg</td>
<td>8h prn</td>
<td>150 mg/ 24h</td>
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<tr>
<td>Haloperidol 5mg/ml injection [1ml amp]</td>
<td>2nd line antiemetic, or agitation</td>
<td>2.5 -10mg</td>
<td>Suggested over 24h via syringe driver</td>
<td>10mg/24h</td>
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<tr>
<td>Levomepromazine 25mg/ml Injection [1ml amp]</td>
<td>3rd line via syringe driver antiemetic</td>
<td>6.25-12.5mg</td>
<td>Suggested over 24h in syringe driver</td>
<td>Above 25 mg/24 h seek specialist advice</td>
</tr>
<tr>
<td>Metoclopramide 5mg/ml [2ml amp]</td>
<td>Syringe driver antiemetic</td>
<td>10mg</td>
<td>Up to hourly, usually 2-4 h</td>
<td>120 mg/24h</td>
</tr>
<tr>
<td>Hyoscine hydrobromide 400cg/ml Injection (Respiratory secretions) [1ml amp]</td>
<td>Anti-secretory</td>
<td>400 mcg</td>
<td>4h prn</td>
<td>2.0 mg/24h</td>
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<tr>
<td>Hyoscine butylbromide 20mg/1ml Injection (Bowel colic) [1ml amp]</td>
<td>Colic, alternative for respiratory secretions</td>
<td>20mg</td>
<td>4h prn</td>
<td>120 mg /24h</td>
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<tr>
<td>Midazolam 10mg/2ml Injection [2ml amp]</td>
<td>2.5-5mg for Restlessness, agitation, dyspnoea</td>
<td>Up to hourly, usually 2-4 h</td>
<td>60mg in 24h</td>
<td>Levomepromazine can be added, seek specialist advice if needed</td>
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### Prescribing of Alternate Opioids

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<thead>
<tr>
<th>Subcutaneous Morphine</th>
<th>Subcutaneous Diamorphine</th>
<th>Oral Morphine</th>
<th>Oral Oxycodone</th>
<th>Subcutaneous Oxycodone</th>
<th>Subcutaneous Alfentanil</th>
<th>Fentanyl Patch</th>
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**NB:** For prescribing of alternate opioids see dose conversion table below.
THE LAST DAYS OF LIFE AT HOME

Patient is discussed at palliative care meetings:
- Is the patient approaching the end of life?
- Do the team know the patient’s preferred place of care at the end of life, their families view and views about DNA CPR?
- Does the patient need to be considered for pre-emptive prescribing and IPOC care of the dying

Dying patient identified by the team at home:
- The GP, community nursing team (CNT), patient and family decide that the patient is dying and that there are no reversible causes
- The decision is reached that the patient wishes to be cared for at home

Dying patient sent home from the hospital/hospice team:
- Pre-emptive prescribing, DNA CPR and/or IPOC care of the dying as a documented plan.
- Phone discussion with GP and community nursing team
- Medications sent and Community nursing team drug card completed

At GP surgery or on visit to patient:
- GP or nurse prescriber prescribes pre-emptive prescribing as per guidance for as needed medications and syringe driver if needed
- Aim for at least 3 days before the patient may need the medications
- Script to local chemist only if all medications available, otherwise a pharmacy service that collects and delivers can be sought by the team
- Family/carers asked to contact CNT as soon as medications arrive at home
- CNT drug card completed
- Out of hours handover form completed
- IPOC care of the dying considered
- DNA CPR completed if not already done

CNT visits patients home:
- Give pre-emptive prescribing advice leaflets and support
- Advice what to do if problems
- What to do after death
- Pre-emptive prescribing medications logged as per policy in the patients home
- CNT notes, drug card and case left with pre-emptive prescribing medications and documentation of all decisions and discussions between GP and CNTs

Patient has symptoms that require treatment:
- CNT or appropriate health care practitioner assesses the patient and understands the patient’s concerns
- The IPOC care of the dying algorithms are used by the CNT team to guide the use of as needed subcutaneous medications
- This is discussed with the GP and documented at home in the CNT notes
- A clear care plan is left in the patient’s notes by the CNT team
- CNT reviews every 24h and as needed by the patient or family
- Patient to be discussed with GP by CNT every 72h or sooner if needed

More medication required after CNT assessment and discussed with the GP
- Advice available 24h via consultants in palliative medicine via DRI switch

Patient dies, family call GP in hours or out of hours service to certify death:
- CNT visits to collect equipment and support family, drugs that are not destroyed can be returned by the family to the chemist
- Audit proforma for pre-emptive prescribing /IPOC care of the dying, completed by CNT
APPENDIX 4

Treatment Protocols

**Pain**

Is the patient already taking oral morphine or other strong opioid?

- **YES**
  - **PAIN NOT CONTROLLED**
    - To convert a patient from oral morphine to a 24hr sic infusion of DIAMORPHINE, divide the total daily dose of MORPHINE by 3.
    - Give STAT/Breakthrough dose at 1/6th of daily dose (e.g. MST 90mg bd orally = diamorphine 50mg via sic syringe driver and STAT/Breakthrough dose 10mg).
    - If the patient is still in pain after 12 hours consider increasing the infusion by 30 - 50%.

- **NO**
  - **PAIN CONTROLLED**
  - Convert to a syringe driver using conversion chart and prescribe breakthrough dose (1/6th of daily dose)

Prescribe DIAMORPHINE (or alternative strong opioid) 2.5mg - 5mg pm sic for use if needed

Review medication after 24 hours if two or more doses required pm then consider a syringe driver over 24 hours.

- For alternative strong opioids see conversion chart
- If fentanyl patch in situ, continue to change every 72 hours

**Respiratory Tract Secretions**

- **PRESENT**
  - HYOSCINE HYDROBROMIDE 400mcg s/c bolus injection and commence syringe driver (1.2mg over 24hrs)
  - If symptoms persist, give 400mcg s/c HYOSCINE HYDROBROMIDE
  - If symptoms persist, increase total daily dose to 2.4mg via s/c syringe driver

- **ABSENT**
  - Prescribe HYOSCINE HYDROBROMIDE 400mcg s/c 4 hourly pm for use if needed
  - If two or more doses of pm HYOSCINE HYDROBROMIDE required then consider syringe driver s/c over 24hrs

- A maximum of three pm doses 400mcg in 24 hours can be given if required
- Glycopyrronium 400mcg s/c pm may be used as an alternative
PALLIATIVE CARE REFERRAL

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Preferred Name:</th>
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<tbody>
<tr>
<td>DOB:</td>
<td>NHS No:</td>
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Telephone No:

Address:

Next of Kin/Carer:

Contact number if different:

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<th>Referred by:</th>
<th>Own GP:</th>
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</thead>
<tbody>
<tr>
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<td>Name:</td>
</tr>
<tr>
<td>Contact No:</td>
<td>Practice:</td>
</tr>
<tr>
<td></td>
<td>Contact No:</td>
</tr>
</tbody>
</table>

Diagnosis:

Health situation to date:

Palliative Care Specific Medication:

Syringe Driver: Yes/No

Last seen by: Dr (Name):

GP/Hospital

Date:

Coroner to be informed: Yes/No

Specific Request:

Patient/Carer wishes to stay at home: Yes/No

Review Date for Out of Hours (by person referring):

Faxed to Our of Hours (date):

01302 553288

Date Out of Hours notified of death: By:
<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Address</th>
<th>Opening times</th>
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<tbody>
<tr>
<td>Asda Pharmacy</td>
<td>High Street Carcroft Doncaster DN6 8DN</td>
<td>Monday – Friday 8:00 – 23:00</td>
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<td></td>
<td></td>
<td>Tuesday – Friday 7:00 – 23:00</td>
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<td>Sunday 10:00 – 16:00</td>
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<tr>
<td>ALCHEM</td>
<td>The Vermuyden Centre Fieldside, Thorne Doncaster DN8 4BQ</td>
<td>Monday – Friday 8:00 – 0:00</td>
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<tr>
<td>Lloyds Pharmacy</td>
<td>83 Kings Road Town Centre Thorne Doncaster DN1 2NA</td>
<td>Monday – Saturday 8:00 – 23:00</td>
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<tr>
<td>Tesco Pharmacy</td>
<td>The Tesco Store Woodfield Way Balby Doncaster DN4 8EG</td>
<td>Monday – Saturday 9:00 – 13:00</td>
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<td>Boots UK LTD</td>
<td>13 – 15 Frenchgate Doncaster DN1 1QB</td>
<td>Monday – Wednesday 8:30 – 17:30</td>
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<td>Boots UK LTD</td>
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<td>Weldricks Pharmacy</td>
<td>40 – 42 East Laith Gate Doncaster DN1 1HZ</td>
<td>Monday – Saturday 09:00 – 22:00</td>
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<tr>
<td>Sainsbury’s Pharmacy</td>
<td>The Sainsbury Store Thorne Road Edenthorpe Doncaster DN2 5PS</td>
<td>Monday – Friday 7:00 – 23:00</td>
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<td>Asda Pharmacy</td>
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<td>Monday 8:00 – 23:00</td>
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<td>Sunday 10:00 – 16:00</td>
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<tr>
<td>Balby Late Night Pharmacy</td>
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<td></td>
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<td>Bank Holidays 8:00 – 12 noon</td>
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