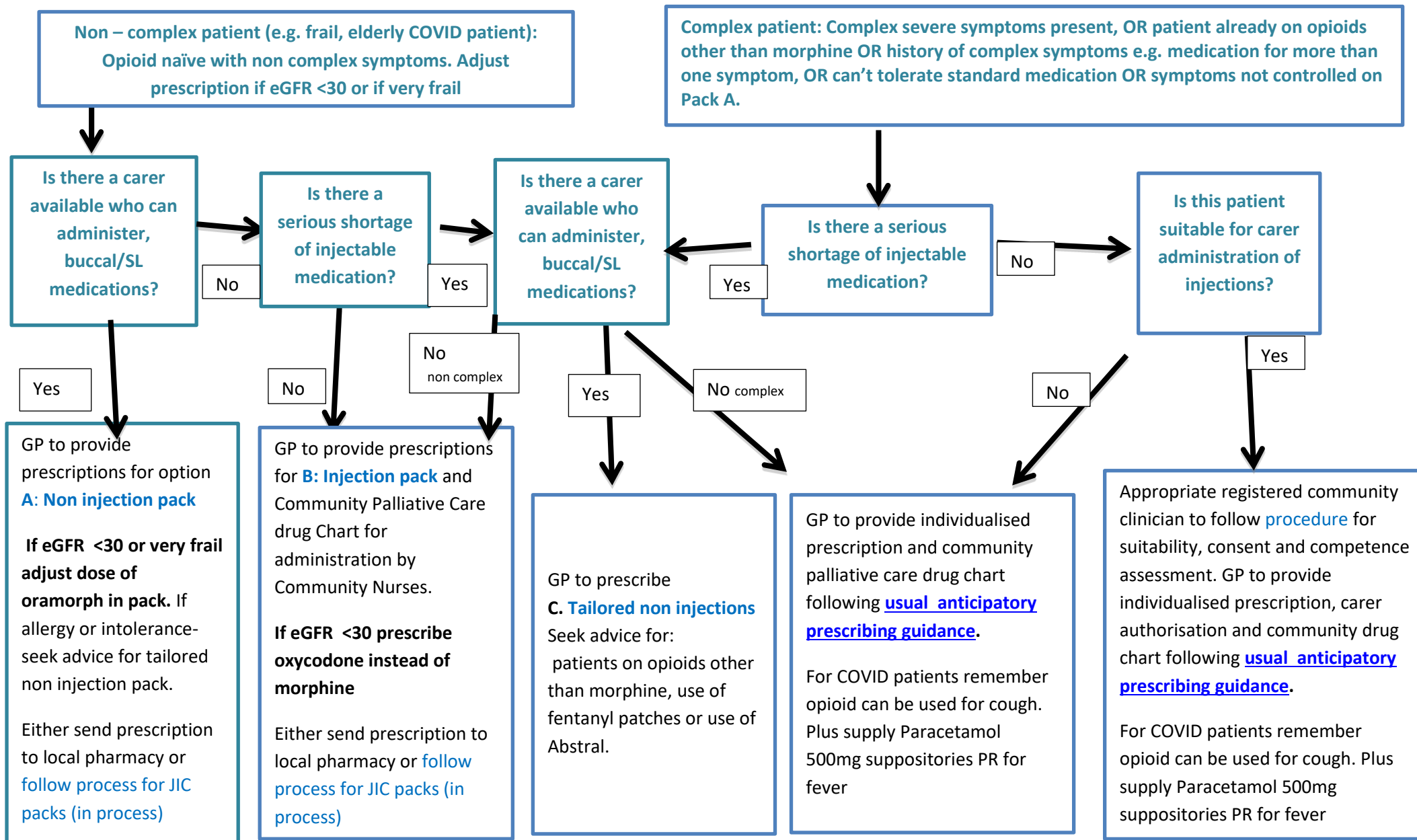


Anticipatory Prescribing for Patients in last weeks or days of life due to any diagnosis including COVID – Community setting



BNSSG Clinical Cabinet

Community Anticipatory Prescribing Guidance for non-complex patients during the COVID-19 Pandemic

Non-complex patients

This guidance is for patients in their last weeks or days who may be dying of COVID-19 or other causes. It should be followed for non-complex patients i.e. opioid naïve who do not have severe symptoms and who are not already on a range of medicines for symptom control.

Choose one of the following options below:

Table A: Non injection pack: If a carer can administer medications: (adjust morphine dose if eGFR <30 or if very frail) OR

Table B: Injection pack: If no carer to administer medications (adjust opioid according to eGFR)

Process: Either Prescribe on FP10, send to local or designated pharmacy and authorise on Community Palliative Care Drug Chart or use process for Just in Case Packs (in development)

For complex patients i.e. those on regular opioids or with complex symptoms please see the tables below.

Table A: NON INJECTION PACK contains 8 - 14 doses of each PRN medication More doses may be needed if complex symptoms requiring frequent PRNs – seek advice *				Always check for allergy/ intolerance to medications and seek advice if needed*
Line	Drug and preparation	Dose and frequency	Route	Comments
SYMPTOM – FEVER /MILD PAIN				
1 st	Paracetamol 500mg suppositories <i>Supply: 20x500mg</i>	Insert TWO suppositories rectally up to every 4 hours when required for pain or fever. Do not use more than 4g (8 suppositories) per 24hr	PR	Paracetamol may help to reduce agitation when fever is present.
SYMPTOM – PAIN/SHORTNESS OF BREATH/COUGH				
	Morphine oral solution 10mg/5ml (Oramorph) <i>Supply: 100ml</i>	5mg-10mg up to once every hour. Squirt 2.5ml into one cheek and allow to absorb without swallowing up to once every hour when required for pain, breathlessness or cough. This can be increased to 2.5ml into both cheeks if needed	Buccal	Maximum volume for each cheek is 2.5mls. For eGFR <30 or if very frail. Prescribe 2mg – 5mg (1mls – 2.5mls) up to once every hour.
SYMPTOM – NAUSEA AND VOMITING prescribe one antiemetic depending on availability				
1 st	Prochlorperazine maleate 3mg buccal tablets <i>Supply: 8 tablets depending on product availability</i>	3-6mg (one to two tablets) twice daily for nausea or vomiting. Max 12 mg/day (4 tablets/day). To be placed in the buccal cavity, high up along the top gum under the upper lip, until dissolved. Do not chew or swallow the tablet.	Buccal	Buccastem M Buccal tablet brand (OTC or POM pack depending on product availability)
2 nd	Ondansetron tablets orodispersible 4mg <i>Supply: 10x4mg tablets</i>	Place ONE tablet on your tongue, and allow to dissolve, up to every 8 hours when required to relieve nausea	Melts on tongue	Use if supply issue with prochlorperazine buccal tablets.
SYMPTOM – AGITATION IN LAST DAYS OF LIFE				
1 st	Lorazepam tablets 1mg NB: Genus brand	Place HALF to ONE tablet under your tongue and allow to dissolve, up to every	SL	Sublingual – moisten mouth if dry

	Supply: 14 tablets	6 hours when required for anxiety or agitation. Do not swallow for 2 minutes after this.		
SYMPTOM – RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE				
1 st	Hyoscine hydrobromide 300 microgram Tablets Supply: 12 tablets	150-300 micrograms as required. Suck or chew HALF to ONE tablet up to every 8 hours when required for secretions. Can also be placed under the tongue	SL	Kwells (brand) tablets can be used SL
<p>*Advice is available 24 hours a day from your local hospice: St Peter's Hospice 01179159430. Weston Hospice: 01934423900</p> <p>SL: sublingual. PR: rectal PRN: As required.</p>				

Table B. INJECTION PACK supply 5 doses of each injection More doses may be needed if complex symptoms requiring frequent PRNs – seek advice *				Always check for allergy/ intolerance to medications and seek advice if needed*
SYMPTOM – FEVER				
1 st	Paracetamol 500mg Suppositories Supply: 20x500mg (10 doses)	Insert TWO suppositories rectally up to every 4 hours when required for pain relief. Do not use more than 4g (8 suppositories) per 24hr	PR	Paracetamol may help to reduce agitation when fever is present.
SYMPTOM – PAIN/SHORTNESS OF BREATH/COUGH				
1 st	Morphine injection 10mg/1ml	Dose 2.5mg-5mg PRN up to hourly	SC	See usual guidance if on regular opioids https://www.stpetershospice.org.uk/userfiles/files/Palliative%20Prescribing%20table.pdf
eGFR <30	Oxycodone injection 10mg/1ml	Dose 1mg-2.5mg PRN up to one hourly	SC	See usual guidance if on regular opioids
SYMPTOM – NAUSEA AND VOMITING				
1 st	Ondansetron 4mg/2ml injection	4mg up to 8 hourly PRN	SC	Alternatives are available. See guidance or seek advice if symptom not controlled.
SYMPTOM – AGITATION IN LAST DAYS OF LIFE				
1 st	Midazolam injection 10mg/2ml	2.5mg-5mg 1 hourly PRN	SC	Alternatives are available. See guidance or seek advice if symptom not controlled.
SYMPTOM – RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE				
1 st	Hyoscine butylbromide 20mg/1ml	20mg up to 2 hourly PRN	SC	
<p>* Advice is available 24 hours a day from your local hospice: St Peter's Hospice 01179159430. Weston Hospice: 01934423900</p> <p>SC: subcutaneous PR: rectal PRN as required</p> <p>For advice on syringe pumps see https://www.stpetershospice.org.uk/userfiles/files/Palliative%20Prescribing%20table.pdf</p>				

BNSSG Palliative Care Consultants and CCG pharmacists – for BNSSG clinical cabinet V4 community 8.4.20.

BNSSG Clinical Cabinet

Community Anticipatory Prescribing Guidance for complex patients during the COVID-19 pandemic

Complex patients

This guidance is for patients in their last weeks or days who may be dying of COVID-19 or other causes. It should be followed for **complex patients** e.g. those who are on regular opioids, have severe symptoms or may be on a range of medicines for symptom control or who are unable to use the first line option.

Choose one option:

Table C: Usual injectable guidance: for most complex but include paracetamol suppositories for fever if COVID

<https://www.stpetershospice.org.uk/userfiles/files/Palliative%20Prescribing%20table.pdf>

Table D: Tailored non injections: for less complex if a carer can administer or if injections may not be possible

Prescribe one PRN for each symptom. Consider patches or MR preparation (MST) if PRN drugs have been needed

Table D: Tailored non injections Supply 7- 14 doses when prescribing PRN drugs only. More doses may be needed if complex symptoms requiring frequent PRN doses – seek advice*				Always check for allergy/ intolerance to medications and seek advice if needed*
Line	Drug and preparation	Dose and frequency	Route	Comments
SYMPTOM – FEVER/MILD PAIN ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS				
1 st	Paracetamol 500mg suppositories	Insert TWO suppositories rectally up to every 4 hours when required. Max 8/24h	PR	Paracetamol may help to reduce agitation when fever is present.
SYMPTOM – PAIN/SHORTNESS OF BREATH/COUGH ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS				
1 st	Morphine oral solution 10mg/5ml OR Concentrate Morphine 20mg/ml for higher doses.	Opioid naïve: 5-10mg PRN up to once every hour Patient on opioids 1/6 th of total oral daily morphine dose. PRN dose up to once every hour either orally or buccally by squirting into cheek and allowing to absorb.	Buccal or oral if able	Opioid naïve: eGFR<30/very frail: 2mg-5mg as required once every hour. Maximum volume for each cheek is 2.5mls. Dose can be split and delivered into each cheek. If on opioids other than morphine seek advice. <i>Caution when using concentrate potential for error in doses</i>

2 nd	Fentanyl sublingual tablets (Abstral®)*	100 micrograms up to once every hour PRN. Can be titrated to effect	SL	If patient already on background opioid of ≥60mg oral morphine. Suitable if eGFR<30
Background	Buprenorphine patches**	Starting dose 5-10microgram/hr every 7 days in opioid naïve patients	TD	Check – frequency of patch change varies with preparation
	Fentanyl patches*	Seek advice*	TD	Caution needed in patients with fever
	Morphine sulphate MST Continus	Convert from total daily oral morphine dose using 1:1 conversion given in 2 divided doses every 12 hours.	PO/PR	Note MST® brand for PR use
SYMPTOM – NAUSEA AND VOMITING ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS				
1 st	Prochlorperazine maleate 3mg buccal tablets	3-6mg (one to two tablets) twice daily. PRN/regular. Max 12 mg/day (4 tablets/day).	Buccal	Buccastem M Buccal tablet brand (OTC or POM pack depending on product availability)
2 nd	Ondansetron 4mg orodispersible tablets	Place ONE tablet on to tongue, and allow to dissolve, up to every 8 hours PRN/regular to relieve nausea	Melts on tongue	Use if supply issue with prochlorperazine buccal tablets.
3 rd	Olanzapine 5mg orodispersible tablet	5 mg at night PRN/regular. Allow to dissolve under the tongue.	SL	Moisten mouth if dry.
SYMPTOM – AGITATION/ANXIETY IN LAST DAYS OF LIFE ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS				
1 st	Lorazepam tablets 1mg	HALF to ONE tablet under tongue and allow to dissolve, up to every 6 hours PRN	SL	Genus brand. Moisten mouth if dry. Seek advice if higher doses needed*
2 nd	Olanzapine 5mg orodispersible tablet	5 mg at night and every 4 hours PRN	SL	Maximum 20mg/day Supply: 14 tablets
Or	Diazepam suppositories	5-10mg up to 4-6 hourly PRN	PR	Maximum 30mg/day
3 rd	Buccal midazolam	5mg up to 1 hourly PRN	Buccal	Buccolam® (2.5mg/0.5mL) or Epistatus® (10mg/mL) brands
SYMPTOM – RATTLEY CHEST SECRETIONS IN LAST DAYS OF LIFE ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS				
1 st	Hyoscine hydrobromide 300microgram tablets	0.5-1mg (HALF to ONE tablet) every 8 hours when required	SL	Kwells® brand tablets can be used SL Can also be sucked or chewed
2 nd	Hyoscine hydrobromide patch 1mg/72hours	2 patches every 72 hours regularly	TD	Scopaderm® brand. Use 2 patches on hairless skin behind the ear
<p>* Advice is available 24 hours a day from your local hospice: St Peter's Hospice 01179159430. Weston Hospice: 01934423900</p> <p>**Opioid conversion tables advice available at https://www.stpetershospice.org.uk/userfiles/files/Pain%20Guidelines%20v4FINAL17web.pdf</p>				
SL: sublingual, TD: transdermal, PR: rectal. PRN: as required.				

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