

EXCESSIVE UPPER AIRWAY SECRETIONS
(Rattly Noisy Breathing)

HYOSCINE BUTYLBROMIDE
20mg s/c 4hrly prn

If more than occasional dose consider CSCI* 80-120mg/4hrs

DYSPNOEA

MORPHINE
2.5 - 5mg s/c 2-4 hrly prn

Review morphine requirement hourly. Review required dose after 24hrs. If 3 or more doses required, consider a CSCI* at 5-10mg/24hrs

Plus consider adding midazolam at 5-10mg/24hrs

NAUSEA & VOMITING

METOCLOPRAMIDE
(Not usually suitable for patients with Parkinson's disease or total bowel obstruction with colic)

10mg IV/IM or oral 4 hrly prn (s/c not preferred due to volume of dose)

Review antiemetic requirement hourly. Review required dose after 24hrs. If more than 3 doses needed, consider a CSCI*.

TERMINAL RESTLESSNESS AND AGITATION

MIDAZOLAM
2.5 - 5mg s/c 2-4 hrly prn

Review Midazolam requirement hourly. Review required doses after 24hrs. If 3 or more doses required consider a CSCI* at 5-15mg/24hrs

Plus continue to give 4hrly prn doses

PAIN

Patient not previously taking any opioid

MORPHINE
2.5 - 5mg s/c 2-4hrly prn

Review morphine requirement hourly. Review required dose after 24hrs. If 3 or more doses required consider a CSCI* at

Plus continue breakthrough morphine 2.5-5mg

Patient previously taking oral morphine or oxycodone

CONVERT TO CSCI*

by dividing total equiv. oral morphine dose/24hrs by 3. Two examples are:

- a) MS Contin 30mg bd
= CSCI* Morphine 20mg/24hrs
- b) Oxycotin 20mg bd
= 60mg oral morphine /24hrs (approx)
= CSCI* Morphine 20mg/24hrs

Plus s/c 4hrly prn breakthrough of ~1/6th of the 24hr dose

Reassess daily

If needing multiple breakthroughs, increase CSCI* by 50% and continue breakthroughs as needed

Patient on any other opioid

CONSULT

- Therapeutic Guidelines in Palliative Care
- Clinical Pharmacist
- Consultant

NOTES

*CSCI = Continuous Sub-cutaneous Infusion.

In **severe renal impairment**, morphine metabolites may accumulate and is associated with increase risk of side effects and narcosis. Consider using other opioids. Fentanyl or hydromorphone may be better alternatives. Consult the clinical pharmacist or the consultant.

All the **drugs listed should** be compatible in the same syringe driver, however, if any signs of incompatibility becomes evident, for example cloudiness or precipitation, do not proceed with the infusion until you have sought advice from the Medical Officer or Pharmacist.