

Guidance on prescribing anticipatory drugs

It is good practice to prescribe all 4 palliative care drugs in patients approaching the end of life, where symptoms of pain, respiratory distress, fitting, agitation, nausea or chest secretions can be anticipated. Only if these drugs are available and signed for can a nurse administer them without delay. For patients in the community, inappropriate readmission may then be avoided.

For patients with eGFR of <40, please see: Guidance on prescribing anticipatory drugs for patients with advanced kidney disease

It should be noted that not all anticipatory drugs may be required in all palliative care patients, and clinical judgement will be required. Parenteral palliative care drugs which have been required in hospital should always be included in TTOs. Patients at risk of fitting or acute respiratory distress for example, should have midazolam prescribed, and patients who have displayed confusion or paranoia should have haloperidol prescribed. **It is especially important to ensure that drugs are available over weekends and bank holidays.**

All patients who are being discharged home to die in their Preferred Place of Care should have all four drugs prescribed and a pink Community Palliative Care Prescription chart completed.

The standard drugs needed are:

	Standard dose	Repeat doses	Maximum dose per 24 hours
Morphine sulfate (for pain or dyspnoea)	2.5-5mg sc or 1/6 syringe driver morphine dose or 1/12 daily oral morphine dose	Can be repeated after 30-60 minutes. Effective for 3-4 hours.	No true ceiling dose (response dependent)
Midazolam (for respiratory distress, agitation or fitting)	2.5-10mg sc for distress. 10mg sc for fitting.	Repeat after 30-60 minutes. Effective for 2-3 hours.	80mg
Haloperidol (for nausea or hallucinations)	0.5-3mg sc	Can be repeated after 2-4 hours. Effective for up to 24 hours.	5mg (SPCT may endorse use up to 10mg)
Buscopan (hyoscine butylbromide) (for excess secretions or colic)	20mg sc	Repeat 1-2 hours. Effective for 1-2 hours.	120mg for death rattle. 300 mg for colic.

Recommended quantities of dispensed drugs in TTOs (for PRN usage):

Morphine sulfate 5 x 5mg ampoules
 Midazolam 5 x 10mg in 2ml ampoules
 Haloperidol 5x5mg ampoules
 Buscopan 5x20mg ampoules
 Water for injection 5x10ml ampoules

Additional quantities of drugs for existing syringe driver prescriptions will also be required.

Morphine sulphate and midazolam must be prescribed in words and figures on a controlled drug (CD) prescription.

Ensure the Community Palliative Care Prescription Chart goes home with the patient.

If a patient is on unusual drugs/dosages or you need advice please ring:

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