

ANTICIPATORY PRESCRIBING FOR PATIENTS WITH A TERMINAL ILLNESS

“Just in Case”

Patients with a terminal illness who are imminently dying often experience new or worsening symptoms for which they require medication. It is therefore important to anticipate the future needs of the patient, thus reducing the distress caused by not having the correct medicines readily available. This is particularly important after hours and for weekend planning when specialist palliative care services are less available.

Please ensure that:

1. Common symptoms in the terminal phase are anticipated (e.g. pain, nausea, secretions and agitation)
2. Appropriate medicines are prescribed for the patient on the QMR004
3. Family and patients are provided with information about the availability of these medications to manage symptoms should they be required

To assist the medical staff in the prescribing of the necessary medications refer them to the ‘Palliative Care Clinical Guidelines’ on the intranet.

Medications helpful for terminal care:

(All the medicines below can be given subcutaneously – it is inappropriate to use the intravenous or intramuscular route in the dying patient)

- **Morphine** or other appropriate opioid for pain and/or dyspnoea
- **Haloperidol** or **levomepromazine** for nausea and vomiting/confusion/delirium
- **Clonazepam** or **Midazolam** for agitation/anxiety/delirium/terminal restlessness
- **Hyoscine butylbromide** or **hyoscine hydrobromide** for oropharyngeal secretions

- The prescription and medicines prescribed should reflect the **individual** needs of each patient but should include one drug for each indication.
- The subcutaneous route is recommended for medication administration at the end of life when the oral route may be unreliable
- It is **not** usually appropriate to anticipate syringe driver doses in advance - predicting starting doses is often difficult but the Clinical Guidelines do give clear direction for charting infusions if it is appropriate to use one
- It is recommended that a bolus dose of each drug to be used in the 24 hour infusion be administered at the time of starting the syringe driver (except cyclizine), in order to gain control of symptoms as the syringe pump medications will not be fully effective for at least 2 hours.
- The patient's anticipated needs may change during the course of their illness. The medical and nursing team are responsible for ensuring that a regular review of required medication takes place (each shift) and changes made as appropriate or support obtained from the Palliative Care Service.
- **Remember, not ALL patients require a syringe driver. Many can be kept quite comfortable with only occasional doses of breakthrough medications**

See the Clinical Guidelines for further guidance.