

Prescriber and Administrator Guidance for Subcutaneous Anticipatory Medications PRN and Syringe Pump

Please refer to local policy and guidance for anticipatory medications administration and monitoring. Seek support and guidance from specialist palliative care (SPC).

- Anticipatory medication prescribing avoids delays in treating the most common symptoms at the end of life, improves symptom control and may avoid hospital admission.
- Prescription should include medication for pain, anxiety, respiratory secretions, nausea and vomiting.
- Prescribe and administer within your competencies – medication ranges should be limited to allow administrators to manage symptoms within their skill.
- Refer to local guidance and patient assessment protocols.
- Begin with lower dose unless otherwise indicated, review and titrate accordingly.
- Review doses and consider benefit of syringe pump at a minimum of every 24 hours.
- Water for injection (10ml) typically used for diluent or Sodium Chloride 0.9% (10ml) on advice.
- Further support, guidance and advice for poorly controlled symptoms is available through SPC teams.

Specialist Palliative Care (SPC) Team Contact Details

| Herefordshire | Contact details | Worcestershire | Contact details |
|---|-----------------|---|--------------------------------|
| St. Michael's Hospice (including OOH nursing & palliative consultant advice) | 01432 852080 | St Richard's Hospice | 01905 763963 |
| WVT SPC community team 9-5pm (7 days a week) | 01432 851356 | Worcestershire SPC community team 9-5pm 7 days a week North | 01527 488064 |
| WVT SPC Hereford Hospital 9-5pm (Monday-Friday) | 01432 364414 | SPC integrated community team 8-6pm Mon-Fri, 8-4pm Sat & Sun South | 01905 763963 |
| WVT neighbourhood team | 01432 808750 | Worcestershire OOH Palliative consultant advice | 01905 763333 – WRH switchboard |
| | | Worcestershire neighbourhood teams | 0300 7906253 |

Regional & National Prescribing Guidance

- [Anticipatory Prescribing for adults at end of life](#)
- [Prescribing in palliative care](#)
- [Relative doses of opioids](#)
- <https://www.westmidspallcare.co.uk/>
- <https://www.pharmaceuticalpress.com/products/palliative-care-formulary/>

Community Pharmacy Stockists – urgent access medicine service

- [Pharmacy - Herefordshire and Worcestershire ICS](#)

Links & Resources

- [H&W Advance Care Planning - ReSPECT My Wishes](#)
- [Anticipatory Medicines Patient Leaflet.pdf](#)
- [Care in the last year of life – H&W ICS](#)

Additional Symptom & Medicine Guidance – Prescribe PRN for all symptoms even if absent

Protocol management recommendations

| | Medicine | Ampoule strength | Dose/ 24hrs Via syringe pump | Dose PRN | PRN dose frequency | Total Max dose/24hrs (inclusive of syringe pump) | Other considerations | CAUTION – contact SPC team if guidance or advice required |
|---------------------|---|---------------------|------------------------------|--------------|--------------------|--|--|--|
| PAIN | Morphine sulphate | 10mg/ml 30mg/ml | 10mg-30mg | 2.5mg-5mg | 1 hourly | 30mg | Titrate opioids if used for breathlessness. | Refer to WMPCP guidance for opioid conversions. |
| | Oxycodone *Do not mix with cyclizine* | 10mg/ml 20mg/2ml | 5mg-20mg | 1mg-2.5mg | 1 hourly | 20mg | | |
| NAUSEA AND VOMITING | Levomepromazine | 25mg/ml | 5mg-25mg | 2.5mg-6.25mg | 2 hourly | 25mg | Broad spectrum – use if multiple possible causes | |
| | Cyclizine *not compatible with Hyoscine butylbromide or Oxycodone* | 50mg/ml | 75mg-100mg | 25mg | 2 hourly | 100mg | Drug induced, biochemical cause, central cause | Consider compatibility |
| | Haloperidol | 5mg/ml | 2.5mg-5mg | 0.5mg-1.5mg | 2 hourly | 10mg | Drug induced, biochemical cause | |
| BREATHLESS-NESS | Morphine sulphate | 10mg/ml | 5-10mg | 2.5mg-5mg | 1-2 hourly | 30mg | Avoid in renal impairment | Consider if opioid already prescribed |
| | Midazolam | 10mg/2ml | 5-30mg | 2.5mg-5mg | 1 hourly | 30mg | Breathlessness related to anxiety | Check if medicine prescribed for anxiety |

Additional Symptom & Medicine Guidance – Prescribe PRN for all symptoms even if absent

Protocol management recommendations

RESPIRATORY SECRETIONS

| Medicine | Ampoule strength | Dose/24hrs Via syringe pump | Dose PRN | PRN does frequency | Total Max dose/24hrs (inclusive of syringe pump) | Other considerations |
|---|--------------------------------------|--------------------------------|----------|--------------------|--|--|
| Hyoscine butylbromide* Not compatible with cyclizine* | 20mg/ml | 60mg-120mg | 20mg | 1 hourly | 120mg | Does not cross blood-brain barrier so prevents drowsiness or confusion |
| Glycopyrronium | 200micrograms/ml 600micrograms/ml | 0.6mg-1.2mg | 0.2mg | 2 hourly | 1.2mg | Does not cross blood-brain barrier so prevents drowsiness or confusion |
| Hyoscine hydrobromide | 400micrograms/ml | 1.2mg-2.4mg | 0.4mg | 2 hourly | 2.4mg | Crosses blood-brain barrier so risk of drowsiness or confusion |

Agitation

| | | | | | | |
|-----------|----------|----------|-----------|------------|------|---|
| Midazolam | 10mg/2ml | 5mg-30mg | 2.5mg-5mg | 30 minutes | 30mg | Delirium & agitation difficult to differentiate |
|-----------|----------|----------|-----------|------------|------|---|

Prescribe with caution - lower doses, increased intervals and seek SPC advice if uncertain or before commencing syringe pump

Protocol management recommendations

| | Medication | Ampoule strength | Dose/24hrs via syringe pump | Dose PRN | PRN dose frequency | Total maximum dose/24hrs (inclusive of syringe pump) | Other considerations |
|-------------------------------|--|--------------------------------------|-----------------------------|----------------|--------------------|--|--|
| PAIN | Oxycodone | 10mg/ml | Seek advice from SPC team | 1mg-2.5mg | 2-4 hourly | Seek advice from SPC team | Use if longer opioid duration required. May accumulate observe for toxicity consider reducing dose or increasing frequency of dose |
| NAUSEA AND VOMITING | Haloperidol | 5mg/ml | Seek advice from SPC team | 0.5mg-1.5mg | 2 hourly | 10mg | Avoid in Parkinson's disease. Contact SPC team. |
| | Levomepromazine | 25mg/ml | 5mg-25mg | 2.5mg-5mg | 2 hourly | 25mg | Broad spectrum – use if multiple possible causes |
| | Cyclizine *not compatible with Hyoscine butylbromide or Oxycodone* | 50mg/ml | Seek advice from SPC team | 12.5mg | 12 hourly | Seek advice from SPC team | Drug induced/biochemical cause/central cause |
| RESPIRATORY SECRETIONS | Hyoscine butylbromide | 20mg/ml | Seek advice from SPC team | 20mg | 1 hourly | 120mg | |
| | Glycopyrronium | 200 microgram/ml 600 microgram/ml | Seek advice from SPC team | 200 micrograms | 4 hourly | 1200 micrograms | |
| AGITATION | Midazolam | 10mg/2ml | Seek advice from SPC team | 1.25mg-2.5mg | 30 minutes | Seek advice from SPC team | |