


SMH ECHO Anticipatory Medicine Protocol

12th March 2026

Welcome

Teamnet - [Anticipatory Medicine](#)

Introduction

- New prescribing recommendations – PCN's only for community patients
 - Hospital discharges not within current scope
- Updated clinical administration charts
- Improve symptom control for patients
- Medicine dose ranges – more timely administration
- Reduce administration errors
- Small pilot 18.3.26  Full adoption Herefordshire & Worcestershire
- Dose range recommended for syringe pump medicine prescription
- A new Page 5 for administration of PRN medicines from midnight is required – reduce calculation errors
- Total maximum medicine dose/24hrs on PRN prescription chart includes syringe pump dose
- **SEEKING SUPPORT & GUIDANCE IS ENCOURAGED** – Page 1 of Guidance provides key contact information

SLIDING SCALE - SYRINGE DRIVER - Amanda

- Anticipatory, flexible prescribing method allowing nurses to adjust the daily syringe driver dose.
- Set range based on the patient's symptoms (pain & breathlessness, agitation, nausea & vomiting, respiratory secretions)
- Adjusted every 24 hours based on number of PRN doses required
- Must be written up for PRN doses as well as syringe driver doses (PR.95 WVT Policy)
- PRN dose typically calculated $-1/6^{\text{th}}$ (Opioids) of total 24-hour dose in syringe driver.

Where to Access

Patient documents for medicine administration – use links only for current version

Teamnet - [Anticipatory Medicine](#)

Patient & Family Information

Patient Leaflet - [Anticipatory Medicines Patient Leaflet.pdf](#)

Patient Video - [Herefordshire and Worcestershire - Dying Well](#)

Anticipatory Medicines (just in case medicines)



What are anticipatory medicines (just in case medications)?

Anticipatory medicines (also known as just in case medicines) are a small supply of medicines for you to keep at home. They may be useful for treating symptoms related to your condition, that you might need in the future. This includes pain, anxiety or sickness.

Sometimes it's hard to get these medicines quickly, at night or a weekend. By giving them to you now, they are in your home if you need them.

Your medical professional may arrange a supply of these medicines for you. The medicines will come with paper forms, called medicine administration charts. The charts help your doctor or nurse give you medicines as needed. This is in addition to your usual medicine.

Why you need anticipatory medicines (just in case medications)?

Anticipatory medicines are used if you can't swallow medicines in liquid or tablet form, for example, if you are drowsy or being sick and may include medication for:

- Pain
- Nausea and/or sickness
- Shortness of breath
- Secretions in the throat or chest that may cause noisy breathing
- Anxiety or restlessness

The medicines you are given are tailored to your needs and depend on your condition. Your doctor or nurse will explain this to you. You may not need all or any of the medications that are prescribed.

How are these medicines given?

These medicines are usually given as injections just under the skin (the subcutaneous route). This is in case you can't take your usual medication by mouth. Anticipatory medicines (just in case medicines) can only be given by a trained healthcare professional. You cannot give yourself these medicines, nor can a friend or family member although in exceptional circumstances we may be able to train a family member.

You will be referred to the district nurses, who will give you a nursing folder. Keep your folder with the medication. It will include the medicine administration charts that the nurses will use to record what they have given. This is to make sure your treatment is effective and safe.

Can I keep taking my other medication?

It can be helpful to see if any of your other medicines can be stopped without causing a problem, especially if you find it difficult to take things by mouth. It may be important to continue with some medicines taken by mouth, patch, or injection. Other medications may need to be adjusted. Your doctor or nurse will discuss this with you.

How do I store these medicines?

As with any medicine follow these important safety steps:

- Store your medicine in the original boxes at room temperature, away from direct heat or light.
- Store your medicines in a safe, secure place. Make sure it is out of the sight and reach of children, vulnerable people, visitors and animals.
- Tell at least one close family member or friend where your medicines are stored. This helps to find them when needed.
- Do not share your medicines with anyone else. They are only prescribed for you.
- Take care of the paper forms that come with your medicines. Your nurse or doctor will need this information to give the medicines to you.

What if I need more medicines?

Your district nurse will arrange to get a prescription from your doctor for more supplies. It is best to do this before supplies run out. If you notice supplies are running low, please let your nurse know.

The nurses can't collect medication from the community pharmacy. A friend or family member will need to be available to collect the medication or the community pharmacy may be able to deliver to you at home.

What should I do with my medicine if it's no longer needed or out of date?

If medicines are no longer needed or are out of date, take them back to any community pharmacy or your GP surgery. It doesn't have to be the same community pharmacy that the medicines came from. Try and do this as soon as possible.

The nurses are unable to return medicine to for you. You can ask a friend or family member to do this on your behalf.

Who can I speak to if I have more questions?

If you have any questions about your anticipatory medicines, please ask. You can talk to:

- Your GP
- Specialist palliative care nurse
- Your community nurse
- Your pharmacist
- Other health care professional



Please share this leaflet with your next of kin and carers so they can support you if anticipatory medication (just in case medication) are required.

What is a Hospice?

What is a specialist palliative care nurse?

What is Palliative Care?



Advance Care Planning

NHS
Herefordshire
and Worcestershire



care planning - ICU



Unmute



Relieve symptoms of

- Pain
- Anxiety or restlessness
- Feeling sick
- Shortness of breath
- Noisy breathing

Prescription for Administration of Subcutaneous Drugs via Syringe Pump and as Required Bolus Drugs

Affix patient label here or record:
Name:
DoB:
NHS number:

GP:	Allergies:	
Is Fentanyl/Buprenorphine Patch in situ:	If Yes: Which Patch?	Dose:

SECTION 1 – AS REQUIRED DRUGS

Indication	As Required Drugs	Dose (Range)	Route	Frequency	Max 24-hour dose Inclusive of syringe pump	Prescribers name, Date & Signature
PAIN			Subcutaneous			
NAUSEA/VOMITING			Subcutaneous			
SECRETIONS			Subcutaneous			
AGITATION			Subcutaneous			
BREATHLESSNESS			Subcutaneous			

PLEASE PRESCRIBE AS REQUIRED DRUGS FOR ALL PATIENTS

Consider prescribing for: Pain/Nausea/Vomiting, Agitation, Secretions. Given by subcutaneous injection unless otherwise indicated.
Recommended maximum frequency: Analgesic 1-hour, Anti-emetic 2 hours, Anxiolytic 30-60 minutes, Antisecretory 1-2 hours

SECTION 2 – CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP

Affix patient label here or record:
Name:
DoB:
NHS number:

GP:	Allergies:	
Is Fentanyl/Buprenorphine Patch in situ:	If Yes: Which Patch?	Dose:

Drug (by continuous subcutaneous infusion)	Range of dose (if appropriate)	Commencement dose	Prescribers name, date, and signature	Please record commencement dose and any subsequent dose change by administering professional			
				Date/time:			
				Dose:			
				Sign:			
				Date/time:			
				Dose:			
				Sign:			
				Date/time:			
				Dose/time:			
				Sign:			
				Date/time:			
				Dose:			
				Sign:			

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	
BREATHLESSNESS	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

	Medicine	Ampoule strength	Dose/24hrs Via syringe pump	Dose PRN	PRN does frequency	Total Max dose/24hrs (inclusive of syringe pump)	Other considerations
RESPIRATORY SECRETIONS	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

Renal Prescribing Guidance eGFR < 30ml/min/1.73m²

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
	Haloperidol	5mg/ml	Seek advice from SPC team	0.5mg-1.5mg	2 hourly	10mg	Avoid in Parkinson's disease. Contact SPC team.
NAUSEA AND VOMITING	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	

Administration Record for Subcutaneous PRN Medicines – 1 Sheet Per 24 hours (from midnight) DATE:

Patient Name: _____

DoB: _____

NHS Number: _____

Caution: _____

Refer to Prescription for max dose

Date/Time cannula
Inserted: _____

SC cannula type: _____

SC cannula
position: _____

Date/Time cannula
inserted: _____

SC cannula type: _____

SC cannula
position: _____

Time	Medicine (strength mg/ml & ampoule size ml)	Dose Administered (mg/ml)	Dose Discarded (mg/ml)	Batch number/ Expiry date	Site Administered (if SC cannula not in use)	SC cannula site position check (Y/N)	Signature	Print name

If contact with clinician required before dose is given (e.g .for paramedics) please contact District Nurses in first instance (Contact details vary but should be available in the home)

Administration Record for Syringe Pump Medicines – 1 Sheet Per 24 hours (from midnight)

DATE: _____

Patient Name: _____

DoB: _____

NHS Number: _____

Caution: **Refer to Prescription for max dose**

Time	Medicine (strength mg/ml & ampoule size ml)	Dose administered (mg/ml)	Dose Discarded (mg/ml)	Batch number/ Expiry date	Administration Route	Signature	Print name

Syringe Pump Observation Chart

Patient Name: _____	Date/Time syringe pump commenced:	Date/Time SC cannula inserted:
DoB: _____	Syringe pump serial/barcode:	SC cannula type:
NHS Number: _____	Syringe type & size:	SC cannula position:
Infusion set type/date changed: _____	Syringe pump type:	

Date	Time	Battery %	Current Syringe VTBI (ml) Worcs 30ml syringe = 22mls HFDS 30ml syringe = 23mls H & W 20ml syringe = 17mls	Rate set (ml/24hrs)	Running to schedule (Y/N)	Serial/ barcode/ syringe type matches with the above box (Y/N)	Solution clear in syringe (Y/N)	Light flashing (Y/N)	Keypad locked (Y/N)	SC cannula condition check (Y/N)	Signature	Print name

Record of Medicine Stock

Patient Name: _____

DoB: _____

NHS Number: _____

Date	Time	Medicine (strength mg/ml & ampoule size ml)	Stock Received	Stock Used	Stock balance number (number & size of ampoule)	PRN or Syringe Pump	Print name	Signature

Patient Documents for Anticipatory Medicine Administration – ALL NEEDED – use Teamnet link for current version

A prescription chart is always required – Section 1 PRN & Section 2 Syringe Pump

- Both prescription sections prevent delay if syringe pump required at later stage
- Total maximum dose/24hours on PRN prescription chart includes syringe pump & PRN dose
- Prescription chart – GP/prescriber will complete
 - follow usual process

Guidance Information (Page 1-4)

- Extra information around recommended medicines & dose ranges seen by prescriber
- GP/prescriber may not choose from listed medicines or dose range
- Always seek guidance if unsure around increasing the dose within the prescribed range
- Always work within NMC medicine administration competency & guidance

Administration documents (Page 5-8)

Community nurses use updated documents

Nursing homes updated documents or own documentation

In Summary

- A valid prescription is always required
- Never administer outside of your knowledge or competency
- Contact SPC for support & guidance on dose range or symptom management if required
- If new administration documents are used a new page 5 (administration of PRN medicines) is recommended from midnight
 - Easier to see total dose of medicine given in a 24 hours period
 - More than 1 chart will be looked at to calculate full 24 hours (e.g 10am-10am= 2 charts)
- Total maximum dose/24 hours on PRN prescription chart includes PRN & syringe pump dose
- Individual patients may have dose range outside of recommendations if symptom are complex & difficult to manage
- Protocol designed to improve process

Feedback for Pilot **ONLY** closes 18.5.26

[Anticipatory Medicine Protocol Pilot Feedback Survey](#)