



Northern Lincolnshire Area Prescribing Committee

PAIN AND SYMPTOM MANAGEMENT GUIDANCE IN THE LAST DAYS OF LIFE

Version:	1.0
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Approval/Ratification body	Area Prescribing Committee (Northern Lincolnshire)
CQC outcome:	Outcome 9 Management of medicines
Date Reviewed/ratified:	17 th February 2015
Subsequent Review date:	December 2017

1.0 Introduction

- **1.1** PRN (as required) medication for any potential symptom needs to be prescribed in anticipation immediately for care in the last days of life.
- **1.2** Drugs pre-emptively prescribed will vary according to the patient's existing medication, this guidance will help to provide general guidance for basic drug conversions to subcutaneous routes and prescribing for patients not on existing medications
- **1.3** All medication information is provided as a guide. Individual clinician's discretion should always be used when prescribing; this should take into account a comprehensive patient assessment which includes efficacy and adverse effects of medication choices.

Note: Within Palliative Care, medications are commonly used for conditions or in ways that are not specified on the licence and by other routes, for example medications may be given subcutaneously rather than Intravenously or intramuscular. Where there is off label use of medications within this guidance there is research and experience to support such use. Off label medications within this guideline are identified with ** for the prescribers awareness.

- **1.4** Always discuss the rationale for medications with the patient (where able) and the family.
- **1.5** Always consider non pharmacological approaches as per the patient's individual care plan.
- **1.6** For patients being discharged home from hospital please see Anticipatory Drug Prescribing Policy for the End of Life Care.

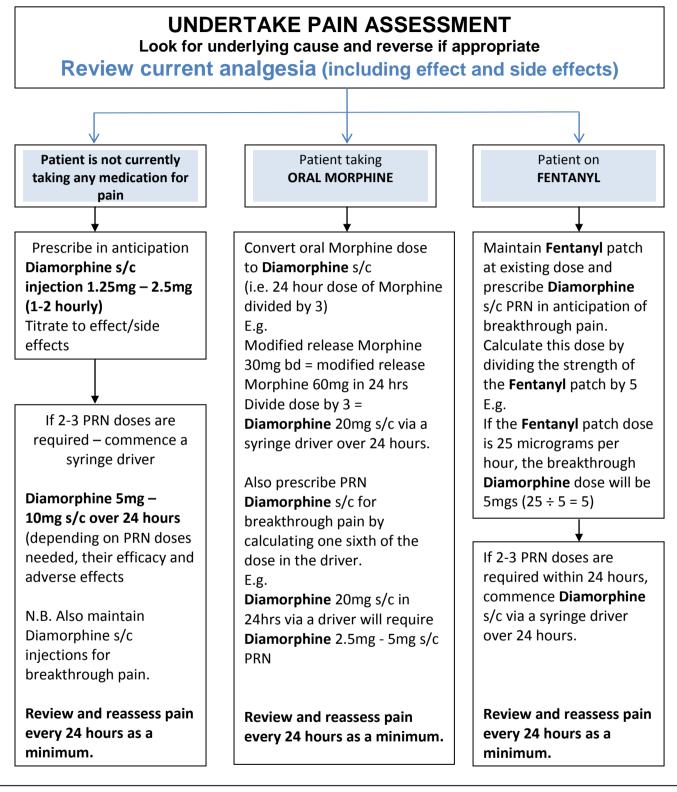
2.0 Aims and Objectives

The aim of this document is to ensure uniformity when considering/managing the patient's pain and other symptoms in the last days of life.

3.0 Area

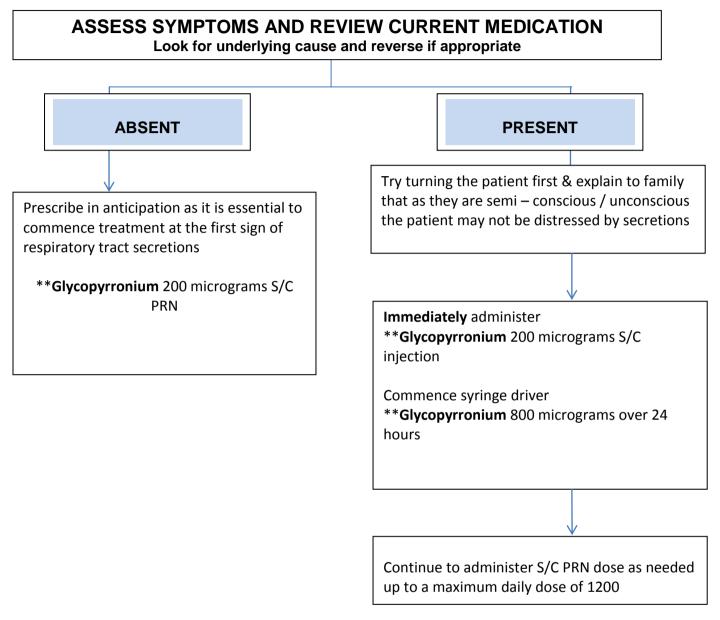
This guidance is for use across Northern Lincolnshire within all areas where end of life care is provided.

PAIN



IF patient is receiving other strong opioids or SYMPTOMS PERSIST – Please contact the Macmillan / Palliative Care Team

Respiratory Tract Secretions

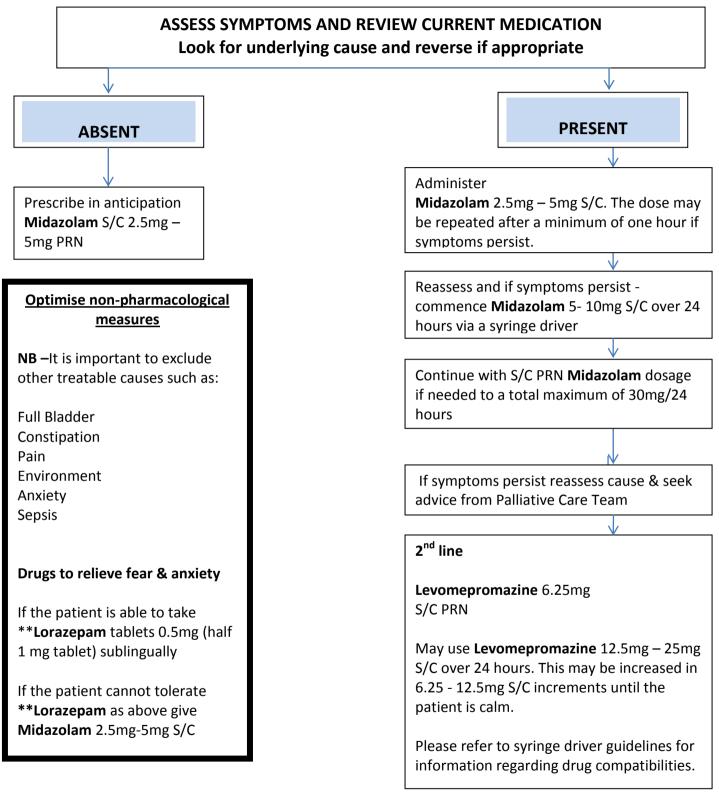


IF SYMPTOMS PERSIST – Please contact the Macmillan / Palliative Care Team

PLEASE REFER TO SYRINGE DRIVER GUIDELINES

Printed copies valid only if separately controlled

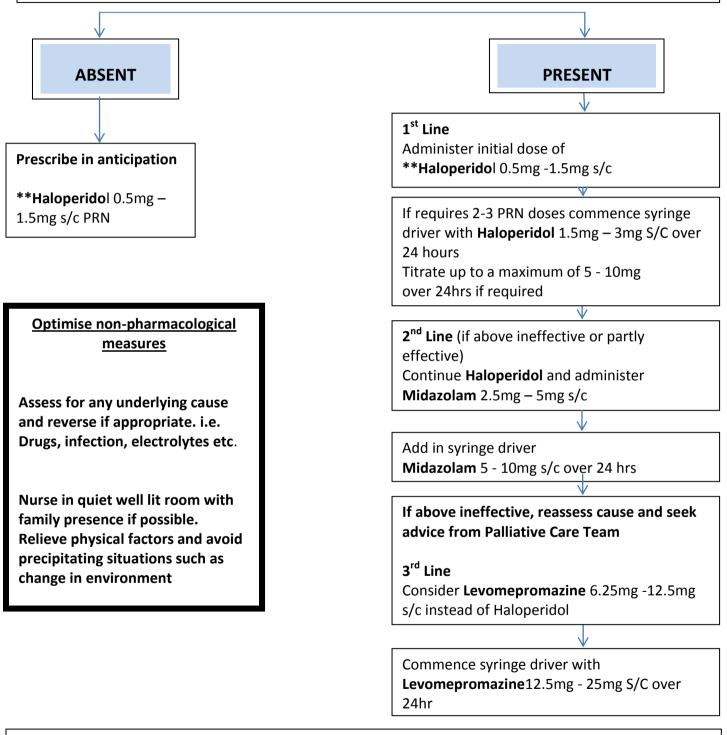
RESTLESSNESS AND AGITATION



IF SYMPTOMS PERSIST – Please contact the Macmillan Palliative Care Team

DELIRIUM

Acute confused state characterised by cognitive impairment and mental clouding (may include hallucinations, aggression, plucking and increased or decreased psychomotor activity)



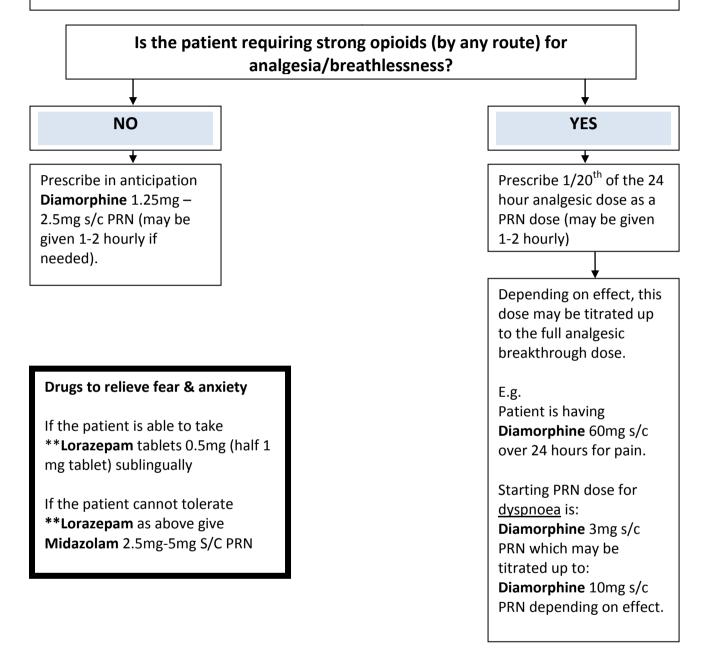
IF SYMPTOMS PERSIST – Please contact the Macmillan Palliative Care Team

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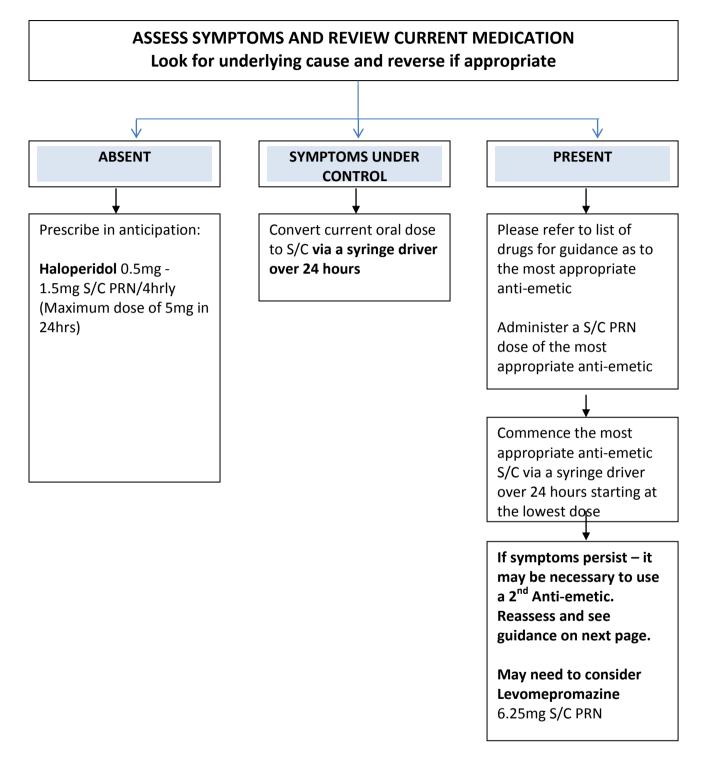
DYSPNOEA

ASSESS SYMPTOMS AND REVIEW CURRENT MEDICATION Look for underlying cause and reverse if appropriate OPTIMISE NON PHARMACOLOGICAL MEASURES



IF SYMPTOMS PERSIST – Please contact the Macmillan Palliative Care Team

NAUSEA AND / OR VOMITING



IF SYMPTOMS PERSIST – Please contact the Macmillan Palliative Care Team

PLEASE REFER TO SYRINGE DRIVER GUIDELINES

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PLEASE REFER TO SYRINGE DRIVER GUIDELINES FOR ANTI-EMETIC DRUG COMPATIBILITY

Following Assessment:		Recom	mended
Probable Cause of Nausea and / or Vomiting	Appropriate Drug	PRN	24 hr dose via syringe driver
 Chemical Causes, e.g. hypercalcaemia or opiate induced 	HALOPERIDOL (May be sedating)	0.5mg- 1.5mg S/C (maximum 5mg 24hrs)	1.5mg – 3mg (maximum 5mg 24hrs including PRN doses
 Gastric Stasis Peristaltic Failure Partial bowel obstruction (without colic) 	METOCLOPRAMIDE (Non-sedating)	10mg S/C	30mg – 60mg
• Bowel obstruction with colic and / or need to reduce gastric secretions	HYOSCINE BUTYLBROMIDE (Minimal sedation) OR	20mg S/C	60mg – 120mg
	GLYCOPYRRONIUM (Minimal sedation)	200 micrograms	800 micrograms
 Raised intracranial pressure* Complete bowel obstruction with colic (cyclizine inhibits the action of metoclopramide) 	CYCLIZINE (May be sedating)	Up to 50mg TDS If using a syringe driver - no PRN doses as 150mg is the maximum daily dose	150mg (Maximum 24 hour dose)
• Where the probable cause cannot be ascertained after assessment or other anti- emetic drugs are ineffective	LEVOMEPROMAZINE (May be sedating)	6.25mg S/C	6.25mg – 12.5mg
	re, high dose DEXAMETHASONE is or administer a once daily s/c dose		E has a long

4.0 Associated Documents

- 4.1 One Chance to Get It Right. National Leadership Alliance (2014)
- 4.2 Care in the Last Days of Life Aide Memoire Care Plus Group (2014)
- **4.3** Anticipatory Prescribing Sheet Care Plus Group & Yarborough Clee Care (2015)
- **4.4** Procedure For The Use Of The Syringe Driver In Palliative And End Of Life Care (Including Guidelines For Administration Of Drugs). 2013

5.0 References

All guidance adapted from:

- Palliative Care Adult Network Guidelines (2011)
- Dickman. A. (2011) Drugs in Palliative Care, Oxford University Press
- Twycross. R. Wilcock. A. (2011) Palliative Care Formulary, 4th Edition, Halstan Printing Group

6.0 Consultation

- 6.1 Dr Jason Boland, Consultant in Palliative Medicine. CPG & St Andrew's Hospice
- 6.2 Val Revill, Macmillan Lead Nurse & Clinical Lead for EoLC CPG
- 6.3 Rachel Staniforth, Pharmacy Advisor NEL CCG
- 6.4 Dr Anne Morris, Medical Director Lindsey Lodge Hospice.
- 6.5 Sue Cooper, Macmillan EoLC Clinical Care Facilitator NLAG
- 6.6 Northern Lincolnshire Area Prescribing Committee.
- 6.7 NEL CCG Clinical Leads Forum

7.0 Dissemination

- 7.1 Via the Northern Lincolnshire Area Prescribing Committee website.
- **7.2** All respective stakeholders including Care Plus Group, St Andrews Hospice, Lindsey Lodge Hospice, North and North East Lincolnshire CCGs
- 7.3 Via the NE Lincs CPG and End of Life Care website

- **7.4** Via the NLaG Trust Intranet.
- 7.5 Nursing & Midwifery Advisory Forum.

8.0 Document History

None as this is a new guidance.

9.0 Equality Act (2010)

- **9.1** In accordance with the Equality Act (2010), each organisation will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The organisation will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.
- **9.2** The organisation will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the organisation's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).