Subcutaneous PRN Medication Prescriber Guideline

Prescriber instructions- Choose <u>ONE</u> medication from each group <u>(ABCD)</u> for optimal symptom control. Order medications for a 24-72hr period for the purpose of relieving anticipated or escalating end of life symptoms. **Send completed authority form to** <u>Nurses@hospiceebop.org.nz</u>

Prescriptions are sent to the patient's own pharmacy.

Prescriptions for subcutaneous medications are sent to Kawerau Pharmacy for pre-filled syringes.

For further guidance please contact Hospice on 07 3072244

	Medication	Indication	Ampoule strength / concentration	# ampoules or bottles	Route, Frequency, see page 2 for dosage guidance
Α	Morphine	Pain and dyspnoea	10mg/ml	10x 1ml + rpt	subcut q1hrly prn
	Oxycodone	Pain and dyspnoea	10mg/ml	10 x 1ml + rpt	subcut q1hrly prn
	Fentanyl (for use in renal failure)	Pain and dyspnoea	100mcg/2ml	10x2ml + rpt	subcut q1hrly prn
В	Haloperidol	Agitation/delirium, Nausea/vomiting	5mg/ml	5 x 1ml + rpt	subcut q4hrly prn
	Levomepromazine (Nozinan)	Agitation/delirium, Nausea/vomiting (anxiety and dyspnoea)	25mg/ml	5 x 1ml + rpt	subcut q4hrly prn
С	Midazolam	Seizures	15mg/3ml (Plastic ampoules)	5 x 3ml + rpt	subcut/sublingual stat, repeat q5min if seizure persists
	Midazolam	Dyspnoea, agitation/delirium	15mg/3ml	5 x3ml + rpt	subcut q1hrly prn
	Clonazepam drops	Anxiety, seizures	2.5mg/ml 1 drop = 100mcg	1 OP (original pack) =10ml	2-3 drops sublingual prn
D	Hyoscine butylbromide (Buscopan)	Upper airways secretions	20mg/ml	10 x 1ml + rpt	20mg subcut 2-4hrly prn

A	Morphine	one-tenth to one-sixth of total daily dose		
		ie. total daily subcut dose = total daily dose ÷ 2		
	Oxycodone	Given over 24hr via continuous subcut infusion PAIN OR DYSPNOEA		
	oxycouone -	· · · · · · · · · · · · · · · ·	one = 1.5-2mg morphine	
		•	prn dose is usually one-tenth to one sixth of total daily dose	
		total daily subcut dose = total daily dose ÷ 2 ven over 24hr via continuous subcut infusion		
	Fentanyl	PAIN OR DYSPNOEA		
	(for use in renal	Opioid naïve: 25-50mcg subcut q1hrly prn Start at lower dose		
	failure)	On current fentanyl transdermal patch: Leave existing patch on and prescribe subcut PRNs for breakthrough pain - prn dose is usually one-tenth of total daily dose		
		·	NALISEA (VONITING	
В	Haloperidol	AGITATION/DELIRIUM Mild: 0.5-1mg subcut q4h prn	NAUSEA/VOMITING 0.5-1mg q2-4hr prn	
		Moderate: 1-2mg q4hr prn	Consider commencing 1mg over 24hr via continuous subcut infusion (CSCI)	
		Severe: 2.5mg subcut q4hr prn	(****)	
		If symptoms not controlled, consider switch to another agent eg Nozinan		
	Levomepromazine	AGITATION/DELIRIUM	NAUSEA/VOMITING	
	(Nozinan)	Mild: 6.25mg subcut q4h prn	3.125 - 6.25 subcut q4hr prn	
	(/	Moderate: 6.25-12.5mg q4hr prn	Note: consider giving over 24hr via CSCI if using frequent doses or inability	
		Severe: seek advice	to administer frequent prns	
		Note: typically, more sedating than haloperidol		
С	Midazolam	AGITATION/DISTRESS/DELIRIUM	SEIZURE 5.10 in the second sec	
		2.5-5mg q1hr prn	5-10mg stat subcut, repeat every 5-10min to maximum of three doses if	
		Note: consider starting at lower 1mg dose if benzo-naïve, may be added to CSCI, consider ability to administer	seizure persists Note: notify doctor if 3 doses are used	
		Benzodiazepines usually reserved second line for delirium after anti-psycho		
	Clonazepam Drops	AGITATION/DISTRESS/DELIRIUM	SEIZURE	
	Cionazepani Diops	2-3 drops q4hr prn	3-5 drops stat, may repeat after 10min to a maximum of three doses	
		Benzodiazepines usually reserved second line for delirium after anti-psycho		
D	Hyoscine	UPPER AIRWAYS SECRETIONS		
	butylbromide	20mg sc q2-4hr prn		
	(Buscopan)	Max 120mg/24hrs		
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Adapted from Hospice Waikato 2023