Cambridgeshire Community Services NHS Trust

Patient Name	Date of Birth
Address	NHS Number

Allergies / Sensitivities (or state if none known)

Number of syringe pump charts in use
(If 2 syringe pumps are in use, use a separate chart for each one and cross reference)

Continuous Subcutaneous Syringe Pump Prescription 1				
Medicine	Initial dose over 24 hours	Dose/ Range over 24 hours		
Diluent Water for Injection / Sodium Chloride 0.9% Injection (*delete*)	Route SC	Additional instructions		
Cross through any blank lines A to D to prevent changes to prescription after signing. **If a change to the medicines / doses is required rewrite in a new prescription section**				
Prescriber's signature	Print Name			
Date / Time	Discontinue date	Time	Sign	

Administration Record	Syringe pump asset number:					
Date						
Start Time						
Dose A						
Dose B						
Dose C						
Dose D						
Total volume in syringe (ml)						
Syringe size						
Line primed Y / N						
Rate displayed (ml / hr)						
Battery %						
Site check (tick)						
Sign / Print						

Continuous Subcutaneous Syringe Pump Prescription 2				
Medicine	Initial dose over 24 hours	Dose/ Range over 24 hours		
Diluent Water for Injection / Sodium Chloride 0.9% Injection (*delete*)	Route SC	Additional instructions		
Cross through any blank lines A to D to prevent changes to prescription after signing. **If a change to the medicines / doses is required rewrite in a new prescription section**				
Prescriber's signature	Print Name			
Date / Time	Discontinue date	Time	Sign	

Administration Record	Syringe pump asset number:					
Date						
Start Time						
Dose A						
Dose B						
Dose C						
Dose D						
Total volume in syringe (ml)						
Syringe size						
Line primed Y / N						
Rate displayed (ml / hr)						
Battery %						
Site check (tick)						
Sign/ Print						

Luton Children & Adults Community Health Services

LUTON END OF LIFE ANTICIPATORY PRESCRIBING GUIDANCE FOR ADULTS

NHS Luton Clinical Commissioning Group

Principles of anticipatory prescribing

- This guidance provides general recommendations for the pharmacological management of common symptoms in the last days of life.
- Reversible causes of symptoms should be treated where appropriate.
- Non-pharmacological methods should also be considered e.g. re-positioning to manage respiratory secretions, ensuring adequate hydration, where appropriate.
- Involve the dying person and those important to them in making decisions about symptom control in the last days of life where possible.
- Use an individualised approach to prescribing anticipatory medicines for people who are likely to need symptom control.
- Assess what medicines the person might need to manage symptoms likely to occur during their last days of life (e.g. pain, breathlessness, nausea and vomiting, anxiety/agitation/delirium and respiratory secretions)
- When deciding which anticipatory medicines to offer take into account:
  - The likelihood of specific symptoms occurring
  - The likely cause of symptoms
  - The dying person's preferences
  - The benefits and harms of prescribing or administering medicines
  - The benefits and harms of not prescribing or administering medicines
  - The possible risk of the person suddenly deteriorating (for example catastrophic haemorrhage or seizures) for which urgent symptom control may be needed
  - The place of care and the time it would take to obtain medicines.
  - Ensure that suitable anticipatory medicines are prescribed as early as possible.
- Specify the indications for use and the dosage of any medicines prescribed and start with the lowest effective dose.
- Specify an appropriate route for administration. If the person is unable to take or tolerate oral medication, give subcutaneous injections.
- Consider giving continuous medication via a syringe pump if more than 2 or 3 doses of 'as required' medicines have been given within 24 hours.
- Review these medicines as the dying person's needs change and regularly reassess symptoms to inform appropriate titration of medicine
- If anticipatory medicines are administered, monitor for benefits and any side effects at least daily, and adjust the individualised care plan and prescription as necessary.

References

NICE NG31 Care of Dying Adults in the Last Days of Life Dec 2015
NICE CG140 Palliative Care for Adults: Opioids for Pain Relief May 2012 (updated Aug 16)
Palliative Care Formulary
https://www.medicinescomplete.com/#/content/palliative
Palliative Care Adult Network Guidelines Accessed 29/5/20
https://book.pallcare.info/index.php
DHSC Supply Disruption Alert – Update SDA/2020/003(U)
https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103005

N.B This Guidance is to be used in parallel with the **BLMK Information to support GPs managing patients who are or will become Palliative and require EOL care due to COVID 19**

Medication supply – updated in line with CAS Supply Disruption alert SDA/2020/003(U)

Drug	Supply	Strength
Morphine sulphate if opioid naïve†	TEN	10mg/1ml ampoules
Midazolam	TEN	10mg/2ml ampoules
Lorazepam tablets (Genus brand)	TEN	1mg tablets (used sublingually)
Cyclizine	TEN	50mg/1ml ampoules
Haloperidol	TEN	5mg/1ml ampoules
Glycopyrronium	TEN	200 micrograms/1ml ampoules
Water for injection	TWENTY	10ml ampoules

†Seek advice on appropriate quantity for patients already taking regular opioids or alternative opioids.

Quantities prescribed are at the clinical discretion of the prescriber as stated quantities may not be suitable for all patients.

For community patients, all drugs should be transcribed onto the community authorisation and administration forms.

Specialist Palliative Care (SPC) Advice

Seek advice if there is uncertainty about the cause of symptoms, if symptoms do not improve with treatment or there are undesirable side effects.

Service	Daytime	24/7 Advice Line
Luton and Dunstable Hospital SPC Team	01582 497522 Monday - Friday	0808 180 7788
Keech Hospice	01582 492339	
Luton Community SPC Team (CCS)	0333 405 3000 Everyday 9-5	

Extended hours pharmacies:

Community pharmacies who will stock anticipatory medication: https://pcm.prescqipp.info/

*CSCI = continuous subcutaneous infusion

Version 2: Approved by CCS NHS Trust Medication Safety and Governance Group 8th June 2020
Luton Prescribing Committee 11th June 2020 Review date: June 2023

Indication	Drug	PRN subcutaneous (s/c) dose	Syringe pump dose (CSCI* / 24 hours)	Think box
Pain *If opioid naïve*	1st line Morphine for all patients	2.5 – 5mg s/c 2-4 hourly	10 -20mg / 24 hours	Treat reversible causes e.g. urinary retention. Consider co-analgesics e.g. Paracetamol. Consider reducing dose and frequency or using an alternative opioid in renal failure or frailty. If the patient is already on an alternative opioid or analgesic patch seek specialist advice or review opioid conversion guidance. The SC prn dose should be 1/6th - 1/10th of total 24h intake SC Remember to take account of Fentanyl patches **Reserve diamorphine for situations in which its greater solubility is required**
	Diamorphine **Reserved Only** for specific clinical circumstances in which its greater solubility is required	2.5 – 5mg s/c 2-4 hourly	10 – 20mg / 24 hours	
Pain *If already on regular oral Morphine*	1st line Morphine for all patients	Divide the total oral Morphine dose by 12 and administer this dose subcutaneously e.g. 30mg MST BD = 60mg divide by 12 = 5mg s/c 2-4 hourly	Half of the total oral Morphine dose e.g. 30mg MST BD 60mg divide by 2 30mg Morphine/ 24 hours	
	Diamorphine **Reserved Only** for specific clinical circumstances in which its greater solubility is required	Divide the total oral Morphine dose by 18 and administer this dose subcutaneously e.g. 30mg MST BD = 60mg divide by 18 = 2.5-5mg s/c 2-4 hourly	Divide the total oral Morphine dose by 3 and administer this dose over 24 hours subcutaneously e.g. 30mg MST BD = 60mg divide by 3 20mg Diamorphine / 24 hours	
Breathlessness	1st line Morphine for all patients	2.5mg s/c 2-4 hourly (if opioid naïve)	5-10mg/ 24 hours (if opioid naïve)	Only offer oxygen for hypoxaemia. May need both an opioid and benzodiazepine. Genus brand of Lorazepam is preferred as it dissolves faster when given sublingually.
	Diamorphine **Reserved Only** for specific clinical circumstances in which its greater solubility is required	2.5mg s/c 2-4 hourly (if opioid naïve)	10mg / 24 hours (if opioid naïve)	
	Midazolam	2.5mg s/c 2-4 hourly	5-15mg / 24 hours	
	Lorazepam	500 micrograms - 1mg sublingual 6 hourly Tablets used off label sublingually	N/A	
Nausea and vomiting	1st line Cyclizine	50mg s/c 8 hourly	100-150mg / 24 hours	Caution in heart failure. For bowel obstruction seek specialist advice. Caution with haloperidol in Parkinson's.
	2nd line Haloperidol	500 micrograms -2.5mg s/c 2 – 4 hourly	1.5-5mg / 24 hours	
Anxiety, delirium and agitation	Midazolam	2.5 – 5mg s/c 2 hourly	10 – 30mg / 24 hours	Treat reversible causes e.g. pain, urinary retention. Consider level of sedation required. Consider benzodiazepines for anxiety / agitation and anti- psychotics for delirium / agitation. Caution with haloperidol in Parkinson's.
	Lorazepam (Genus brand)	500micrograms – 1mg sublingual 6 hourly Tablets used off label sublingually	N/A	
	Haloperidol	500micrograms – 3mg s/c 2 hourly	1.5mg – 10mg / 24 hours	
Noisy respiratory secretions	Glycopyrronium Bromide	200 micrograms – 400micrograms s/c 6 hourly	600 micrograms – 1.2mg / 24 hours	Reposition patient. Reassure relatives and only use medications if secretions are causing distress. Consider switching / stopping if no benefit after 24 hours.
Seizures	Midazolam	10mg s/c stat (repeat once after 15-20 minutes if seizures persist)	20-30mg / 24 hours	Replace oral anticonvulsive drugs with midazolam in syringe pump if no longer able to swallow. If on oral steroids for cerebral disease seek specialist advice on converting these to parenteral route.
	Buccal Midazolam	10mg buccally stat	N/A	
Severe haemorrhage	Midazolam	10mg s/c/IM or bucally stat	N/A	Manage distress in acute, severe bleeding. For on-going bleeding, treat any distress or pain as detailed.

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Cambridgeshire Community Services
NHS Trust

Patient Name	Date of birth	Allergies / Sensitivities (or state if none known)	
Address	NHS Number		**Number of charts in use ....**

As required ' PRN' breakthrough medicines / Anticipatory medicines (Just in Case)

Suggested indication	Medicine	Dose or range	Frequency	Route	Maximum prn dose in 24 hours (in addition to pump if in place)	Additional Instructions / indications for use	Prescriber's Signature	Print Name	Date
PAIN									
ANXIETY AGITATION									
RESPIRATORY SECRETIONS									
NAUSEA VOMITING									
OTHER e.g. colic, breathlessness									

Administration Record

Date	Time	Medicine	Dose	Route	Reason / symptom	Sign	Print