GUIDANCE FOR SYMPTOM CONTROL IN END OF LIFE CARE

As health care professionals, acceptance of a diagnosis of dying can be difficult but it is one that must be considered and anticipated.

For any 'unwell patient', the MDT should be asking 'would we be surprised if this person dies during this admission/episode of illness?' If the answer is NO, ensure that this is recognised as part of the differential diagnosis, communicated to the family and patient where appropriate, and planned for.

The principles of good end of life care are:

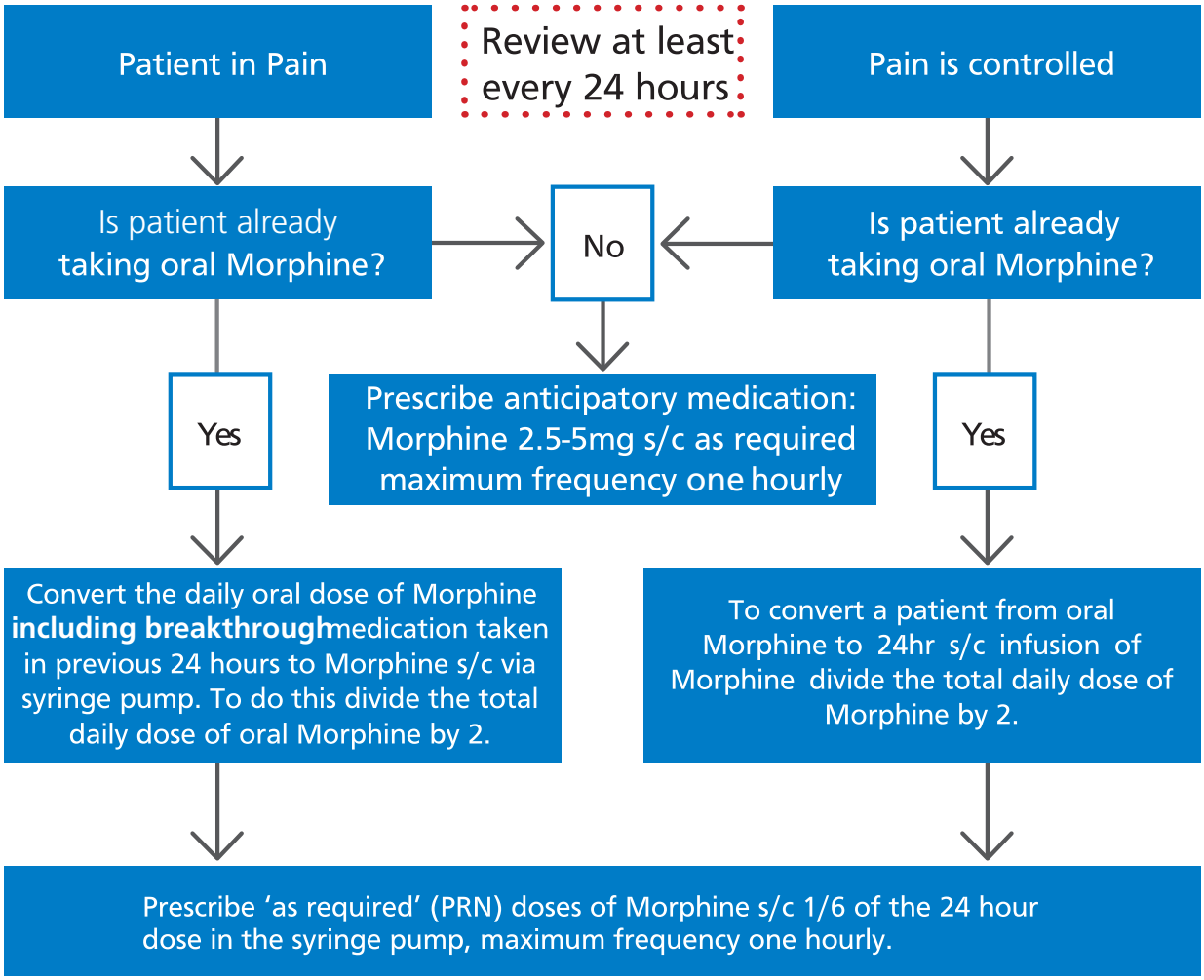
- → effective communication with patients and their families
- → regular assessment
- → management of symptom control
  e.g. ensure anticipatory medications prescribed (see below)
- → avoid unnecessary interventions e.g. ensuring DNACPR status, the need for ongoing observations/investigations/blood tests reviewed
- → provision of psychological, social and spiritual support
- → food/fluids as desired – may be appropriate for comfort even if unsafe swallow. Parenteral fluids may be continued/commenced if appropriate.

SYMPTOM	USUAL "AS REQUIRED" (PRN) STARTING DOSE	STARTING DOSE FOR SYRINGE PUMP IF NEEDED (Consider if 2 or more PRN doses needed in last 24hrs)
PAIN / TACHYPNOEA	Must be individualised see algorithm opposite	
NAUSEA	Levomepromazine 6.25mg s/c 6 hrly	Levomepromazine 6.25mg s/c over 24 hours * *Due to long half life drug single daily injection often adequate.
AGITATION / DISTRESS	Midazolam 2.5-5mg s/c every 60 mins until settled	Midazolam 5-10mg s/c over 24hrs
SECRETIONS (Review parenteral fluids)	Glycopyrronium 200-400mcg s/c 2-4hrly	Glycopyrronium 600-1200mcg s/c over 24 hrs

For palliative care advice

In hours: GRH 0300 422 5179, CGH 0300 422 3447,
Community single point of access: 0300 422 5370.
For out of hours please call the hospital switchboard on 0300 422 2222.

PRESCRIBING SUBCUTANEOUS MORPHINE IN THE DYING PATIENT WHO CAN NO LONGER TAKE ORAL MEDICATIONS



Approximate conversions of opioids	Oral Morphine 30mg = s/c Morphine 15mg Oral Morphine 30mg = s/c Diamorphine 10mg Oral Oxycodone 30mg = s/c Oxycodone 15mg Oral Morphine 30-45mg/24hrs = Fentanyl Patch 12mcg/hr

TRANSDERMAL PATCHES:
If already on a Buprenorphine or Fentanyl patch, leave on and add in additional analgesia via syringe pump as above. Remember to include patch strength when calculating PRN doses of Morphine.
NB: Transdermal analgesic patches should **not** be commenced in the dying phase as there is a long time lapse to reach peak plasma concentrations.

RENAL FAILURE:
Neither Morphine or Diamorphine are advised if eGFR<30mL/min.
Contact specialist palliative care/renal team for advice on appropriate opioid prescribing.