

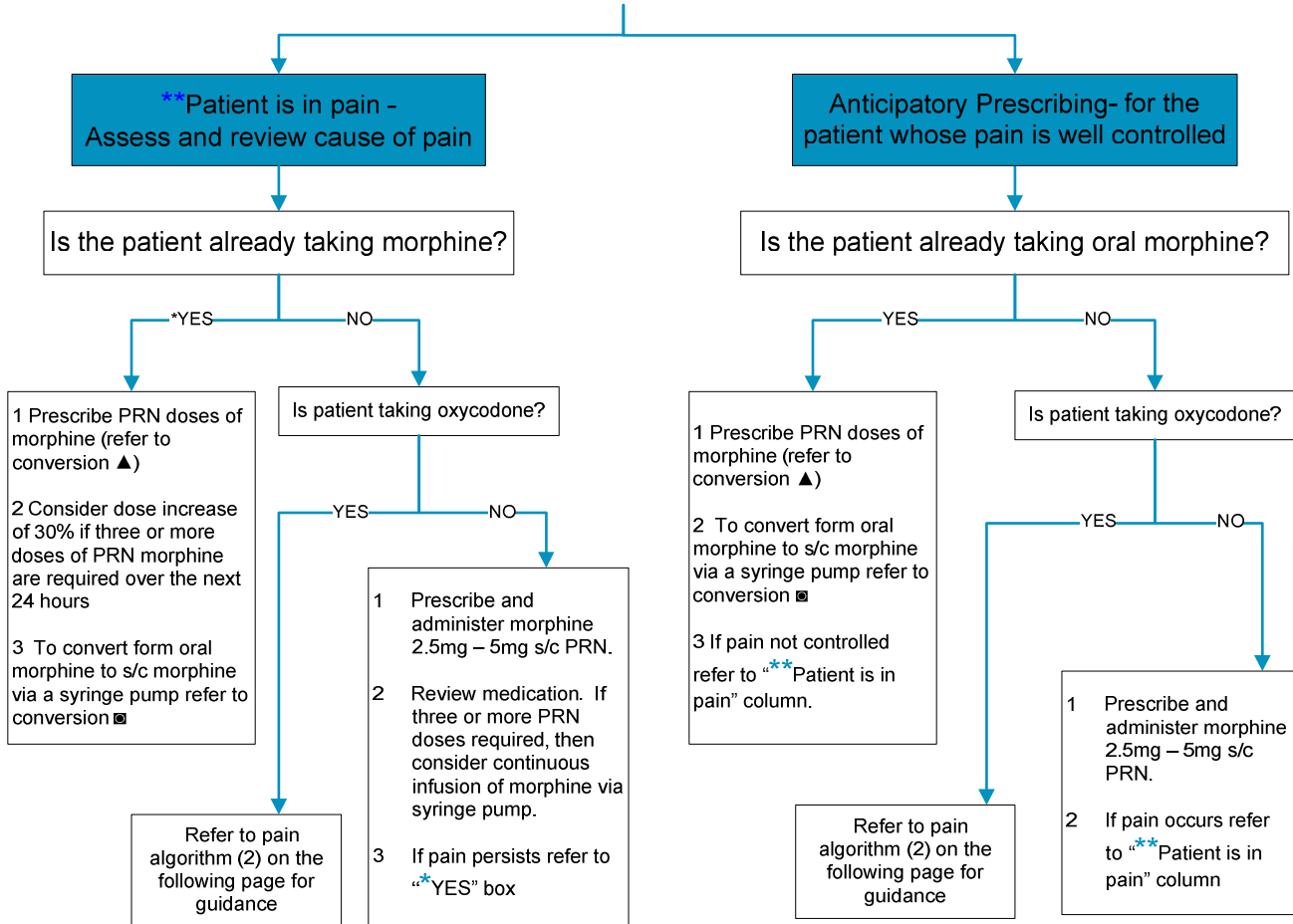


FORTH VALLEY ALGORITHMS FOR ANTICIPATORY PERSCRIBING AT THE END OF LIFE

Morphine is the opioid of choice in NHS Forth Valley

Pain (1)

Where morphine is the preferred opiate



SUPPORTIVE INFORMATION:

Conversions:

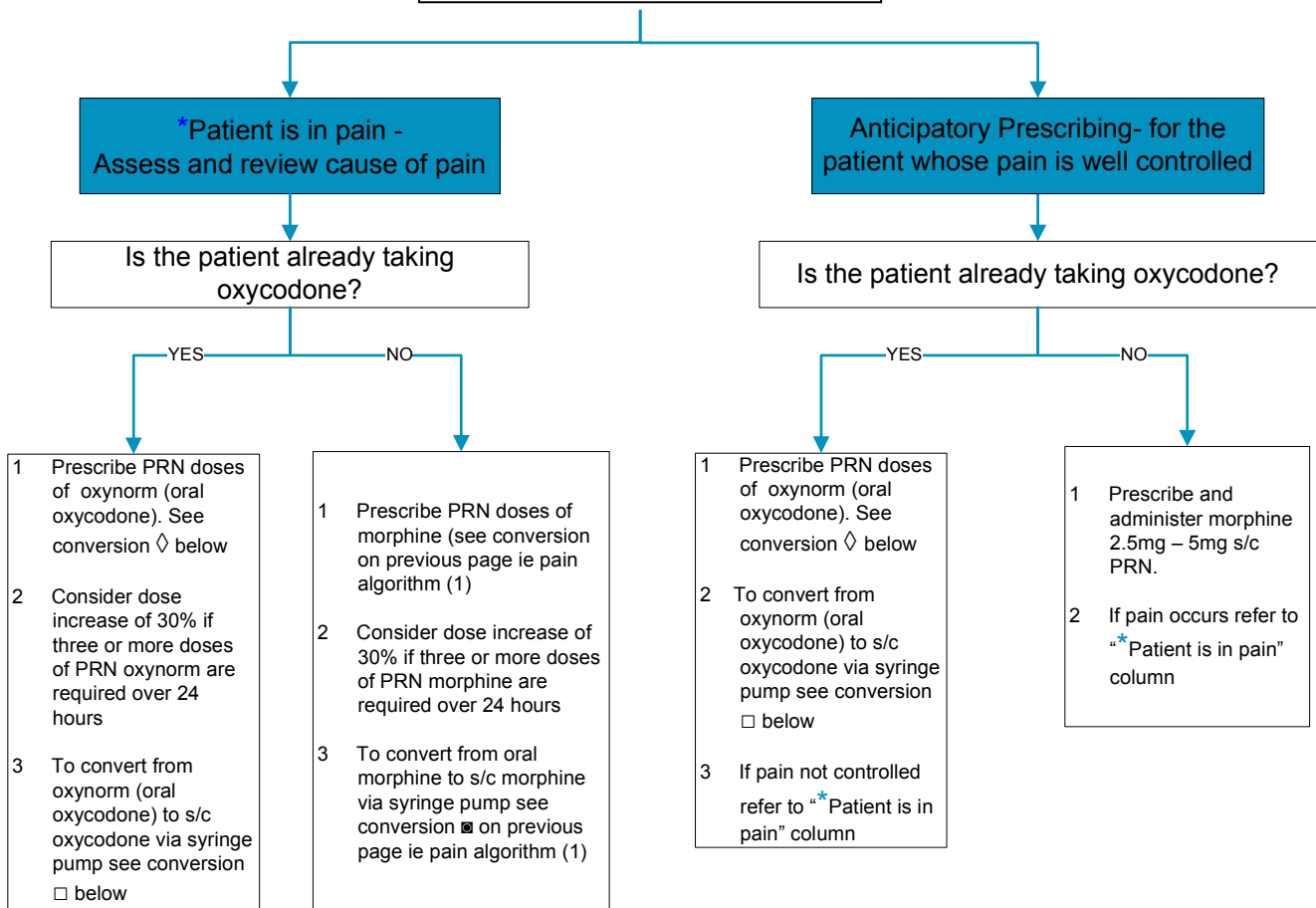
▲ When prescribing PRN doses of morphine, calculate **one sixth** of the **total 24 hour dose**. e.g. oral morphine 30mg will require doses of oral morphine 5mgs PRN for breakthrough pain or s/c morphine 2.5mgs

▣ To convert from oral morphine to s/c morphine via a syringe pump, **divide the total 24 hour dose of oral morphine by two**. E.g. 60mg oral morphine over 24 hours = 30mg of subcutaneous morphine over 24 hours.

- Anticipatory prescribing in this manner will ensure that in the last hours/days of life there is no delay responding to a symptom if it occurs.
 - **Please refer to the Forth Valley Palliative Care Resource Manual for other symptom control guidance**
 - **If symptoms persist consider referral to Specialist Palliative Care**
- When care episode is complete, please do not file algorithm sheets in patient case notes.**

Pain (2)

Algorithm for when Morphine is not suitable



SUPPORTIVE INFORMATION:

Conversions:

◊ When prescribing PRN doses of oxycodone, calculate one sixth of the total 24 hour dose. e.g. oxynorm (oral oxycodone) 30mg will require doses of oxynorm (oral oxycodone) 5mg or s/c oxycodone 2.5mgs PRN for breakthrough pain

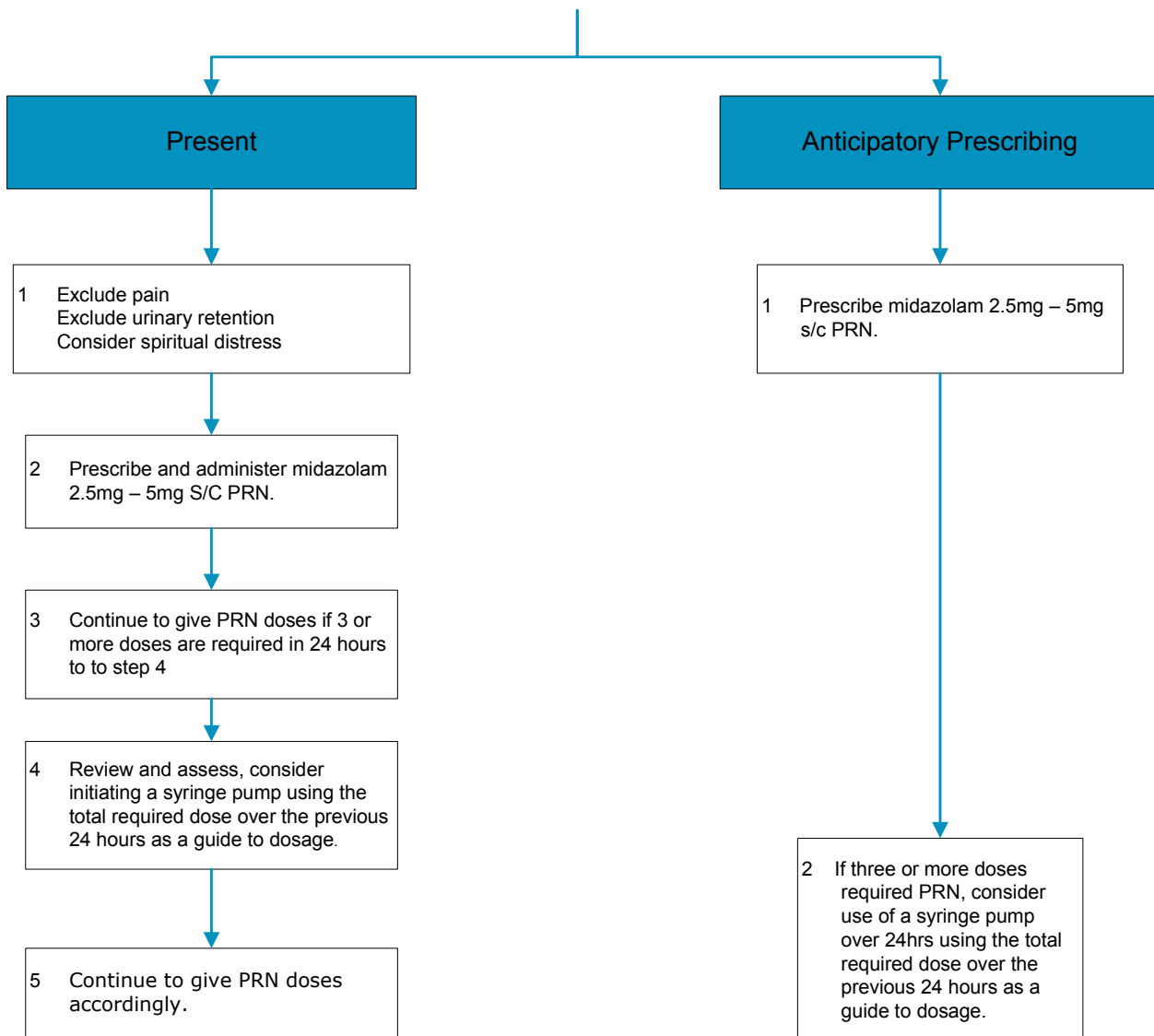
□ To convert from oxynorm (oral oxycodone) to s/c oxycodone via a syringe pump, divide the total 24 hour dose of oxynorm (oral oxycodone) by two. E.g. oxynorm (oral oxycodone) 60mgs over 24 hours = s/c oxycodone 30mgs over 24 hours.

**NB Oxycodone is double the potency of Morphine
ie 10mg Oxycodone = 20mg Morphine**

- Anticipatory prescribing in this manner will ensure that in the last hours/days of life there is no delay responding to a symptom if it occurs.
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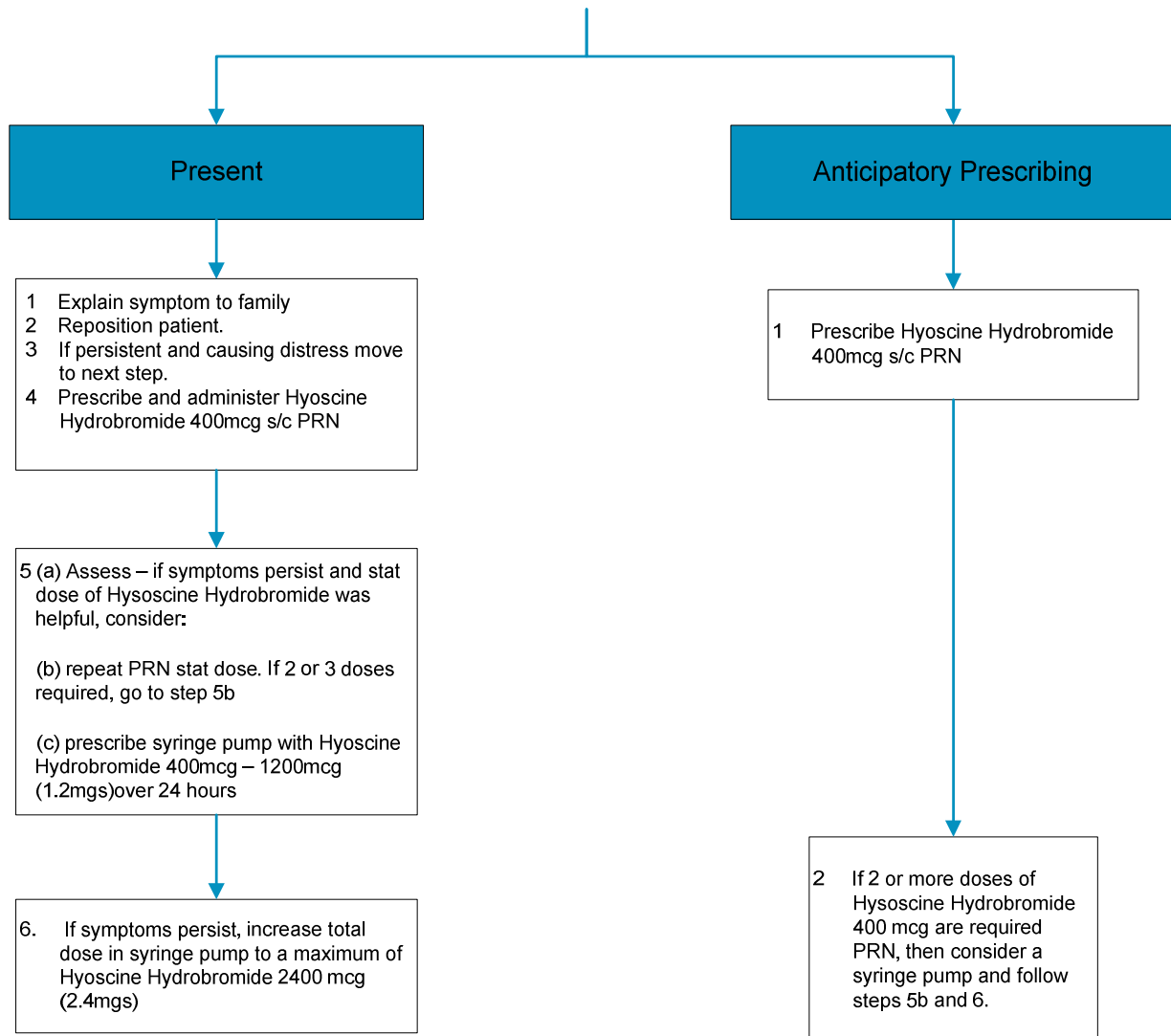
Terminal Restlessness and Agitation



SUPPORTIVE INFORMATION:

- Anticipatory prescribing in this manner will ensure that in the last hours/days of life there is no delay responding to a symptom if it occurs.
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Respiratory tract secretions

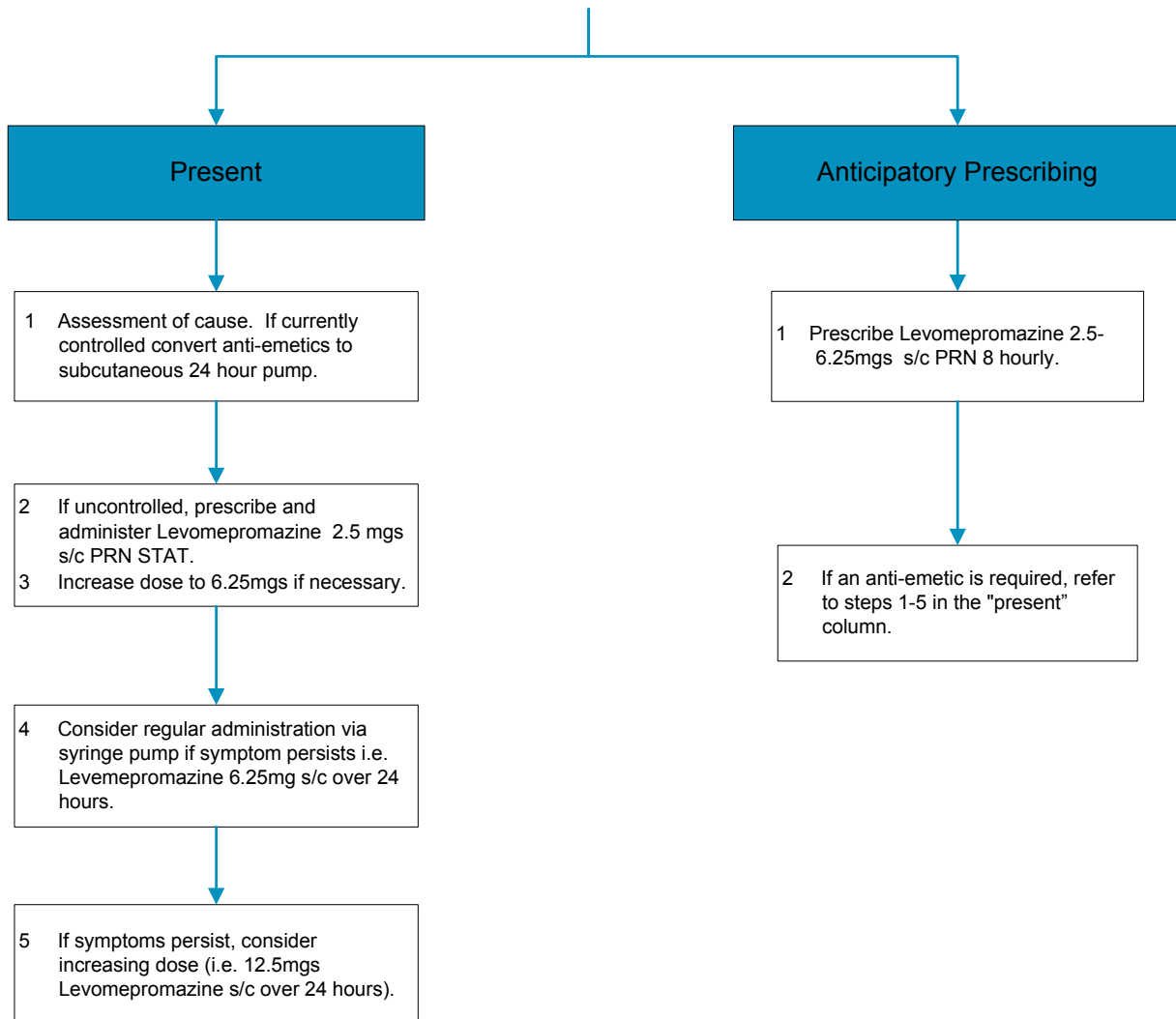


SUPPORTIVE INFORMATION:

- Hyoscine Butylbromide 20 mgs s/c prn may be used as an alternative to hyoscine hydrobromide if sedation is undesirable
- Glycopyrronium 200 mcg s/c prn may be used as an alternative but seek specialist palliative care advice for prescribing guidance
- Anticipatory prescribing in this manner will ensure that in the last hours/days of life there is no delay responding to a symptom if it occurs.
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Nausea and Vomiting

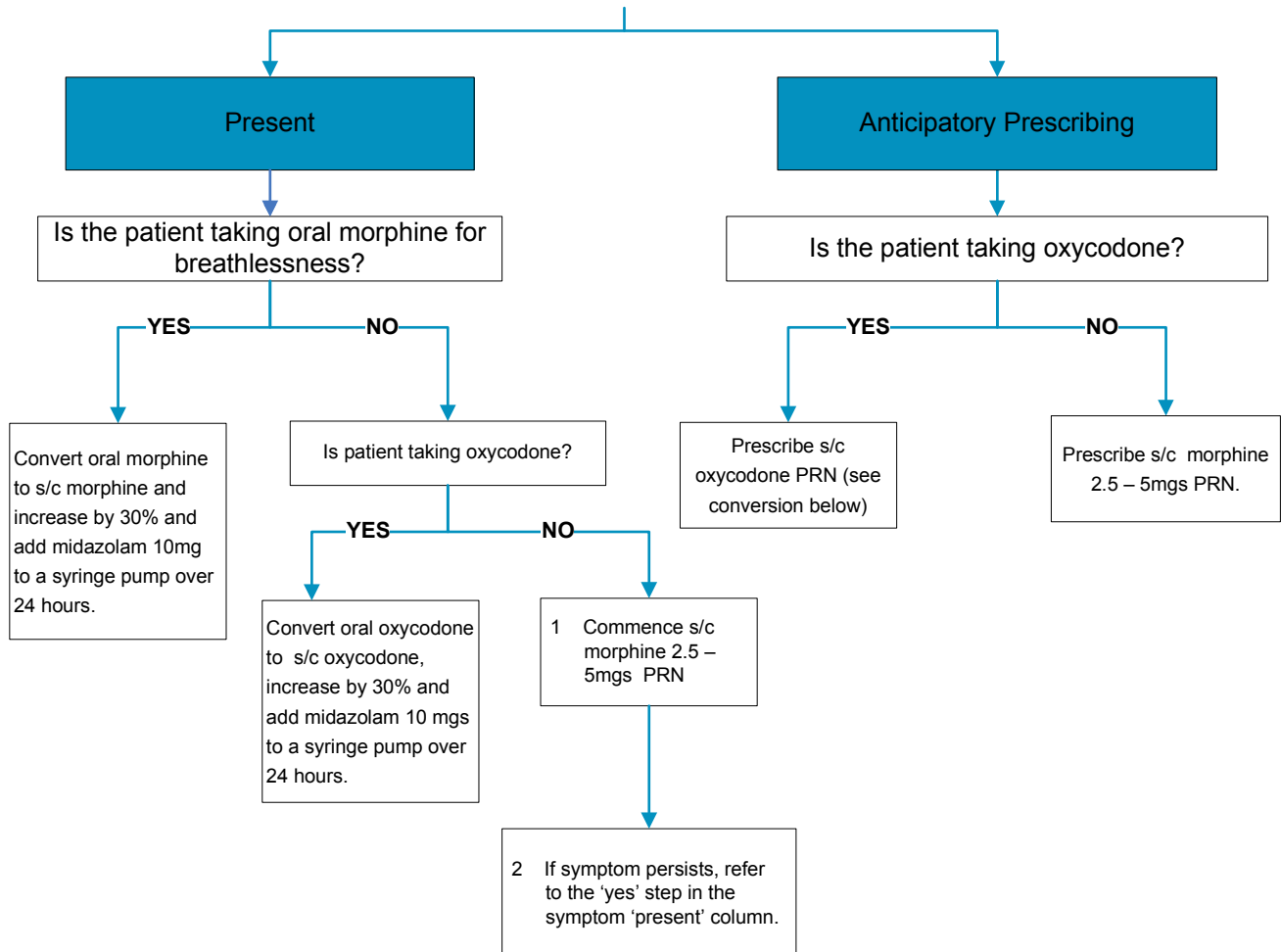


SUPPORTIVE INFORMATION:

- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- Be aware that levomepromazine can lower the seizure threshold. If there is a potential for this, a Benzodiazepine may be required eg midazolam
- **Please refer to the Forth Valley Palliative Care Resource Manual for other symptom control guidance**
- **If symptoms persist consider referral to Specialist Palliative Care**

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Dyspnoea



SUPPORTIVE INFORMATION:

Conversions:

- To convert from oral morphine to s/c morphine via a syringe pump, **divide** the **total 24 hour** dose of oral morphine **by two**. E.g. 60mg oral morphine over 24 hours = 30mg of subcutaneous morphine over 24 hours.
- To convert from oxynorm (oral oxycodone) to s/c oxycodone via a syringe pump, **divide** the **total 24 hour** dose of oxynorm (oral oxycodone) **by two**. E.g. oxynorm (oral oxycodone) 60mgs over 24 hours = s/c oxycodone 30mgs over 24 hours
- When prescribing PRN doses of oxycodone, calculate **one sixth** of the **total 24 hour dose**. e.g. oxynorm (oral oxycodone) 30mg will require doses of oxynorm 5mg (oral oxycodone) or s/c oxycodone 2.5mgs PRN for breakthrough pain.

- Anticipatory prescribing in this manner will ensure that in the last hours/days of life there is no delay responding to a symptom if it occurs.
 - **Please refer to the Forth Valley Palliative Care Resource Manual for other symptom control guidance**
 - **If symptoms persist consider referral to Specialist Palliative Care**
- When care episode is complete, please do not file algorithm sheets in patient case notes.**