Anticipatory injectable prescribing guidance for the community – EXTERNAL VERSION

Guideline summary

This guideline contains the guidance for anticipatory injectable prescribing in the community for community patients under the care of St Joseph's Hospice Community Palliative Care Team.

Document Detail	
Document type	Guideline
Document name	Anticipatory injectable prescribing guidance for the community – **EXTERNAL VERSION**
Document location	X:\Public\Policies,procedures and guidelines\Clinical\Medication management
Version	4.0
Effective from	November 2019
Review date	November 2025
Owner	Medical Director
Author(s)	Thomas Osborne, Consultant Palliative Medicine Andrew Tysoe-Calnon, Medical Director
Approved by, date	Drugs and Pharmacy 14.10.19

Change History		
Date	Change details, since approval	Approved by
04.10.21	Reviewed by Andrew Tysoe-Calnon and Marianne Mestern. No changes required.	Noted at Drugs & Pharmacy Meeting Nov 21
26.04.2022	Due to the national changes in guidance, this local guidance has been updated. Changes are: Haloperidol 6mg/24hr reduced to 5mg/24hr in each table. Change in how Glycopyrronium is written in each table so that amounts over 1000mcg are written in mgs.	Dr Andrew Tysoe-Calnon - to ensure up-to date information is available for launch of new guidance on 03.05.2022.
October 2023	Reviewed by Andrew TysoeCalnon, Medical Director and Marianne Mestern Community Lead. No changes required.	November 2023 D&P

Guideline summary

This guideline contains the guidance for anticipatory injectable prescribing in the community for community patients under the care of St Joseph's Hospice Community Palliative Care Team.

Guidance

The guidance covers three situations, opioid naïve with egfr >30, opioid naïve and frail but egfr >30 and opioid naïve with renal impairment egfr <30. Seek advice if egfr <10.

If a patient is already taking an opioid then the doses for PRN injections and syringe drivers may be different – please seek advice.

If a patient is on a transdermal opioid patch then leave the patch on.

If the patient may require a syringe driver in the next 48 hours then a syringe driver should be prescribed in addition to PRN injections.

If a patient requires 2-3 PRN doses in 24 hours then a syringe driver should usually be started.

However, if the patient is very symptomatic or imminently dying you may need to start a syringe driver straight away.

Please be aware in many nursing homes syringe drivers cannot be used as nursing staff are not trained. In this event 4 hourly regular injections may need to be prescribed, please seek advice.

In patients with nausea and vomiting consider the underlying cause, other drugs may be more suitable.

Maximum 24 hour dose is now equal to PRN medications only (i.e. does not include medication administered via syringe pump)

IN ALL SITUATIONS IF YOU ARE UNSURE ABOUT RECOMMENDATIONS OR PRESCRIBING SEEK ADVICE.

Anticipatory Injectable Prescribing Guidance: ***Opioid Naïve + eGFR >30***

	AS REQUIRED PRN SUBCUT MEDICATION			24-HOUR SUBCUT PUMP		AMPOULE STRENGTHS
	Medication	***Dose Range***	***Max Frequency / 24 hr dose***	***Medication***	***Dose Range***	
PAIN / SOB	Morphine Sulphate	2.5 to 5mg PRN	Max 1 hourly	Morphine Sulphate	5 to 30mg / 24hrs	10mg/1ml amps
NAUSEA / VOMITING	Haloperidol*	0.5 to 1.5mg	Max 5mg / 24hrs	Haloperidol	3 to 5mg / 24hrs	5mg/1ml amps
AGITATION / DISTRESS	Midazolam	2.5 to 5mg PRN	Max 1 hourly	Midazolam	5 to 30mg / 24hrs	10mg/2ml amps
RESPIRATORY SECRETIONS	Glycopyrronium	200 to 400 micrograms PRN	Max 1.2mg / 24hrs	Glycopyrronium	600 micrograms to 1.2mg/ 24hrs	200 micrograms/1ml amps 600 micrograms/3ml amps

** The choice of medication for use in nausea and vomiting will depend on the underlying cause for the symptom and the medications the patient is already taking. If the cause of the symptom is unclear or prescribing entirely in anticipation then use haloperidol 1st line. NOTE: haloperidol, metoclopramide and levomepromazine MUST NOT BE USED in Parkinson's disease, and cyclizine can only be used with caution. Cyclizine should not be used in severe heart failure. Metoclopramide should not be used in mechanical bowel obstruction. Please seek advice from specialist palliative care for these patients or if you are unsure what anti-emetic to use.*

If a patient requires more than 3 PRN doses of a medication then please call for advice regarding the use of a syringe driver and starting doses. Not every patient will need to have a syringe driver prescribed. Please seek advice if you are unsure how to proceed, this is guidance only. Please seek advice on drugs and doses for patients with an eGFR of <10.

Anticipatory Injectable Prescribing Guidance: Opioid Naïve + eGFR >30 + Frailty

	AS REQUIRED PRN SUBCUT MEDICATION			24-HOUR SUBCUT PUMP		AMPOULE STRENGTHS
	Medication	***Dose Range***	***Max Frequency / 24 hr dose***	***Medication***	***Dose Range***	
PAIN / SOB	Morphine Sulphate	1 to 2.5mg PRN	Max 1 hourly	Morphine Sulphate	5 to 20mg / 24hrs	10mg/1ml amps
NAUSEA / VOMITING	Haloperidol*	0.5 to 1mg	Max 4mg / 24hrs	Haloperidol	1.5 to 3mg / 24hrs	5mg/1ml amps
AGITATION / DISTRESS	Midazolam	1.25 to 2.5mg PRN	Max 1 hourly	Midazolam	5 to 20mg / 24hrs	10mg/2ml amps
RESPIRATORY SECRETIONS	Glycopyrronium	200 micrograms PRN	Max 1.2 mg / 24hrs	Glycopyrronium	600 micrograms to 1.2mg / 24hrs	200 micrograms/1ml amps 600 micrograms/3ml amps

** The choice of medication for use in nausea and vomiting will depend on the underlying cause for the symptom and the medications the patient is already taking. If the cause of the symptom is unclear or prescribing entirely in anticipation then use haloperidol 1st line. NOTE: haloperidol, metoclopramide and levomepromazine MUST NOT BE USED in Parkinson's disease, and cyclizine can only be used with caution. Cyclizine should not be used in severe heart failure. Metoclopramide should not be used in mechanical bowel obstruction. Please seek advice from specialist palliative care for these patients or if you are unsure what anti-emetic to use.*

If a patient requires more than 3 PRN doses of a medication then please call for advice regarding the use of a syringe driver and starting doses. Not every patient will need to have a syringe driver prescribed. Please seek advice if you are unsure how to proceed, this is guidance only. Please seek advice on drugs and doses for patients with an eGFR of <10.

Anticipatory Injectable Prescribing Guidance: ***Opioid Naïve + Renal Impairment (eGFR 10 – 30)***

	AS REQUIRED PRN SUBCUT MEDICATION			24-HOUR SUBCUT PUMP		AMPOULE STRENGTHS
	Medication	***Dose Range***	***Max Frequency / 24 hr dose***	***Medication***	***Dose Range***	
PAIN / SOB	Oxycodone	1 to 2mg	1 hourly	Alfentanil	500micrograms to 2mg	Oxycodone 10mg/ml 1ml and 2ml amps Alfentanil 500microgram/ml 2ml amps
NAUSEA / VOMITING	Haloperidol*	0.5 to 1mg	Max 4mg / 24hrs	Haloperidol	1.5 to 3mg / 24hrs	5mg/1ml amps
AGITATION / DISTRESS	Midazolam	1.25 to 2.5mg PRN	Max 1 hourly	Midazolam	5 to 20mg / 24hrs	10mg/2ml amps
RESPIRATORY SECRETIONS	Glycopyrronium	200 micrograms PRN	Max 1.2 mg / 24hrs	Glycopyrronium	600micrograms to 1.2mg / 24hrs	200 micrograms/1ml amps 600 micrograms/3ml amps

** The choice of medication for use in nausea and vomiting will depend on the underlying cause for the symptom and the medications the patient is already taking. If the cause of the symptom is unclear or prescribing entirely in anticipation then use haloperidol 1st line. NOTE: haloperidol, metoclopramide and levomepromazine MUST NOT BE USED in Parkinson's disease, and cyclizine can only be used with caution. Cyclizine should not be used in severe heart failure. Metoclopramide should not be used in mechanical bowel obstruction. Please seek advice from specialist palliative care for these patients or if you are unsure what anti-emetic to use.*

If a patient requires more than 3 PRN doses of a medication then please call for advice regarding the use of a syringe driver and starting doses. Not every patient will need to have a syringe driver prescribed. Please seek advice if you are unsure how to proceed, this is guidance only. Please seek advice on drugs and doses for patients with an eGFR of <10.