Health
Sydney
Local Health District

Prescribing Guidelines for End Of Life Symptoms

NOTE: The table is a guide for General Practitioners in managing end of life in the home. Drug doses are suggestions only. Doses should be adjusted up or down to cater to the needs of the individual patient. The prescriber is ultimately responsible for prescribing medications. If there are concerns about prescribing, please contact the local Palliative Care Service for advice.

Symptom	Drugs	Suggested starting dose	Ampoule strength	Comments
Agitation/ delirium	Clonazepam	0.5mg sublingual or subcut bd prn	2.5mg/mL bottle of 10mL for oral use (PBS authority if patient at risk of epilepsy or private script) 1mg/mL for injection (PBS – 5 ampoules only if has epilepsy or private script) (Often need to measure Clonazepam oral liquid 2.5mg/mL in drops, 1 drop = 0.1 mg clonazepam so 0.5 mg dose = 5 drops. If using 0.5 mg tablet then it can be administered sublingually)	• Midazolam and clonazepam more sedating and anxiolytic than haloperidol. They have anti-seizure activity. • Clonazepam can help with treating neuropathic pain. This can be given buccally and has a long half-life (so could be given as bd dosing). • Midazolam is given subcutaneously and has a very short half-life (better as a prn or in a syringe driver). • Haloperidol may be preferable if less sedation is the goal or there are features of hallucinations and/or paranoia. May exacerbate Parkinson's disease and have anticholinergic side effects.
	Midazolam	2.5mg subcut prn qid.	5mg/mL (private script, 10 ampoules)	
	Haloperidol	0.5mg subcut prn qid	5mg/mL (PBS - 10 ampoules)	

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Nausea/ vomiting	Metoclopramide (Maxolon)	10mg subcut prn qid	10mg/2mL (PBS 10 ampoules. Authority for larger quantities.)	• May cause akaethesia and extrapyramidal side-effects. • Haloperidol may cause adverse CNS effects including EPSE & restlessness. • Haloperidol is preferred for central nausea.
	Haloperidol	0.5mg subcut prn qid	5mg/mL ampoules (PBS - 10 ampoules)	
Noisy/ respiratory secretions	Glycopyyrolate (conscious patient)	400microgram subcut prn q4h	200microgram/mL (private script 5 ampoules = $64)	• Secretions are often more distressing to the family than the patient. • If the patient is in respiratory distress, an opioid and midazolam can be used to ease this. • Glycopyrrolate and Hyoscine hydrobromide can worsen dry mouth, constipation and urinary retention.
	Hyoscine hydrobromide (unconscious patient)	400microgram subcut prn q4h	400microgram/mL ampoules (private script 5 ampoules = $32)	
Pain/ dyspnoea	Morphine	2.5mg subcut prn q4h	10mg/mL, 15mg/mL, 30mg/mL, 120mg/1.5mL (PBS - 5 ampoules. Authority for larger quantities.)	• Choice of medication and dose will depend on the patient's current opioid requirements and comorbidites. • HYDROmorphone is preferred if the patient has renal impairment. • HYDROmorphone approximately FIVE times the potency of morphine. HYDROmorphone 1.5 - 2mg subcut/IM = 10 mg Morphine subcut/IM (Divide morphine dose by 5 - 7)
	HYDROmorphone (Dilaudid)	0.5mg subcut prn q4h	2mg/mL, 10mg/mL (PBS - 5 ampoules. Authority for larger quantities.) Dilaudid® HP (High potency) ampoule 10 mg/mL available as 1 mL, 5 mL and 50 mL ampoules	

Please contact local Palliative Care service if advice is needed on prescribing for end of life on 9767 6799 (Concord) or 9515 8782 (RPA)

References: (2nd edition Drugs in Palliative Care 2012 by Andrew Dickman, UK); NSW Health safety Alert number 004/11 HYDROmorphone: High-risk analgesic

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