

PRESCRIBING GUIDELINES FOR SYMPTOM MANAGEMENT IN THE LAST FEW DAYS AND HOURS OF LIFE

Palliative care team, Countess of Chester NHS Hospital 01244 366086 (9am to 5pm)

24/7 PALLIATIVE CARE ADVICE LINE FOR HEALTH PROFESSIONALS based at Hospice of the Good Shepherd, Chester: 01244 852520

Acknowledgement to Halton, St Helens and Knowsley palliative care teams for permission to adapt their guidelines

Resources

Cheshire and Merseyside Palliative & End of Life Care Strategic Clinical Network Standards and Guidelines 'Symptom control medication & the dying person (Oct 2015);

North West Coast Strategic Clinical Networks `Clinical Practice Summary for Palliative Care Symptoms` (March 2017) Palliative Care Formulary 6th Ed (2018) Palliativedrugs.com Ltd

Version 2 June 2018

PRESCRIBING GUIDELINES FOR SYMPTOM MANAGEMENT IN THE LAST FEW DAYS AND HOURS OF LIFE

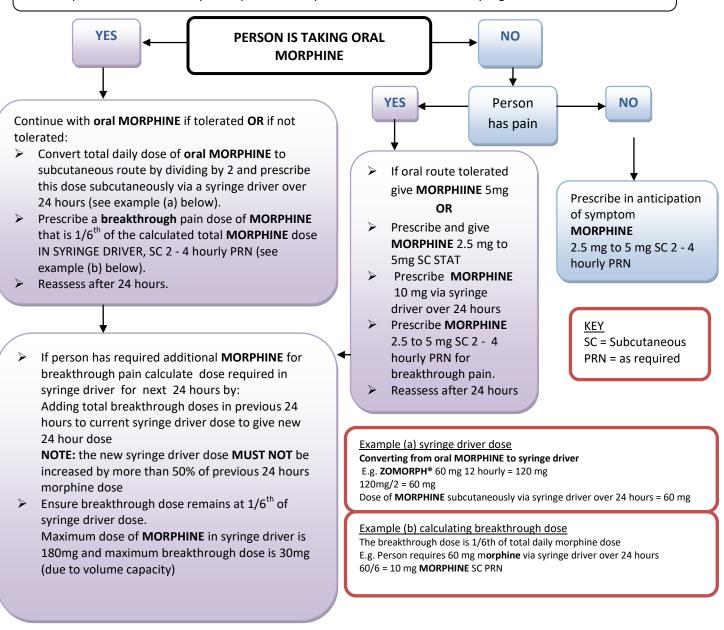
PAIN MANAGEMENT

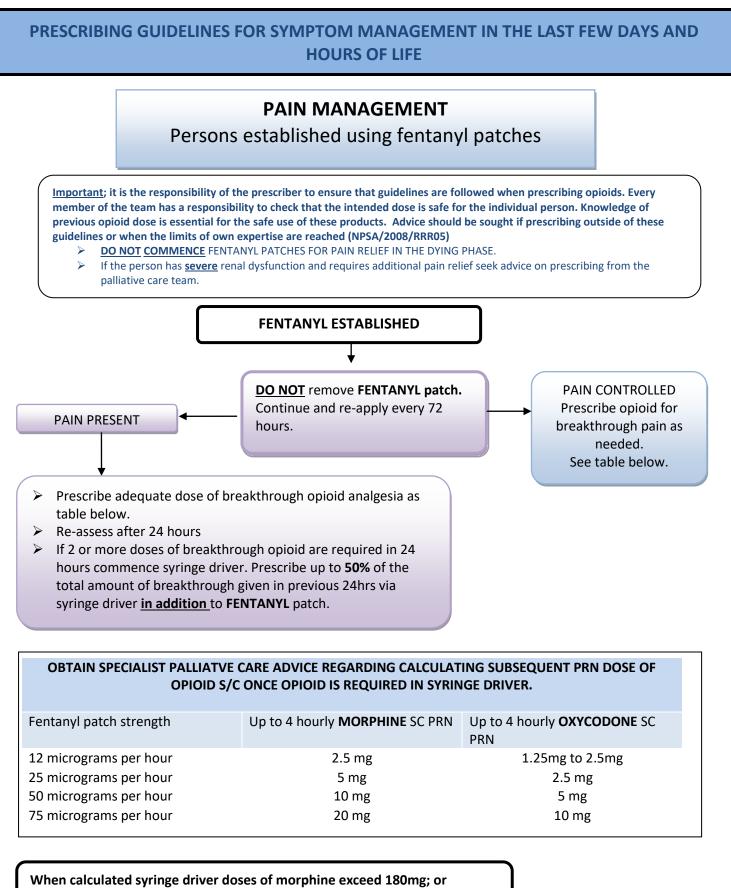
Person established taking oral morphine or opioid naive.

Important; it is the responsibility of the prescriber to ensure that guidelines are followed when prescribing opioids. Every member of the team has a responsibility to check that the intended dose is safe for the individual person. Knowledge of previous opioid dose is essential for the safe use of these products. Advice should be sought if prescribing outside of these guidelines or when the limits of own expertise are reached (NPSA/2008/RRR05)

CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE IF:

- The person has moderate to severe renal failure (ie if eGFR < 30mls/minute).</p>
- > The person has new severe pain or pain that has persisted after 24 hours on a syringe driver.





morphine breakthrough doses exceed 30mg, diamorphine will need to be considered. Contact specialist palliative care team for advice.

PRESCRIBING GUIDELINES FOR SYMPTOM MANAGEMENT IN THE LAST FEW DAYS AND HOURS OF LIFE

PAIN MANAGEMENT

For people established taking oral oxycodone

<u>Important</u> It is the responsibility of the prescriber to ensure that guidelines are followed when prescribing opioids. Every member of the team has a responsibility to check that the intended dose is safe for the individual person. Knowledge of previous opioid dose is essential for the safe use of these products. Advice should be sought if prescribing outside of these guidelines or when the limits of own expertise are reached (NPSA/2008/RRR05)

- **BOTH 3:2 AND 2:1 CONVERSIONS FROM ORAL OXYCODONE TO THE SUBCUTANEOUS ROUTE ARE USED.**
- > IN THE DYING PHASE USE 3:2 AS BELOW

