End of life symptom control guidance for patients avoiding the need for subcutaneous syringe drivers

This advice gives brief general guidance on common symptom control issues. All patients need an individual assessment and individualised prescribing. Specialist palliative care advice is available 24/7 via the Palliative Care Advice line on 01736 757707 and you should seek advice if unsure about what drugs or dosages to prescribe.

Key points to consider:

- Medication for symptom control can be given orally, PR, topically, by regular and prn subcutaneous injections and in patch formulations.
- Where repeated or regular subcutaneous injections are needed a subcutaneous port (Insuflon) or s/c cannula will reduce discomfort for the patient.
- If the patient is currently on regular analgesia, benzodiazepines or antiemetic medications and can no longer take these by mouth please take this into account in prescribing as they may need higher or regular doses subcutaneously. Discuss with a member of the palliative care team if in doubt.
- This guidance addresses symptoms of pain, agitation, nausea and respiratory secretions. This is not an exhaustive list and individual patients may have other troublesome symptoms which need attention and may need specialist advice. All patients at end of life will need attention given to skin and mouth care, bladder and bowel symptoms and may need appropriate prescribing to address these.

Pain

- Consider topical NSAIDs for localised joint or back pain.
- Consider rectal NSAIDs
- If stronger analgesia is needed consider low dose transdermal patch opioids for persistent pain (Fentanyl 12mcg/hr or Buprenorphine 5-20mcg/hr)
- Consider the use of transmucosal oral fentanyl products but bear in mind that they are only short acting and it may be necessary to consider simultaneous prescribing of a transdermal patch for longer term symptom control.
- If the patient is in a setting where regular s/c injections can be given, consider inserting an insuflon or s/c cannula and following the Anticipatory Prescribing Guidelines for four hourly drug administration of analgesics, antiemetics and drugs for the management of secretions and agitation.
- If a patient who is already on regular analgesia loses the ability to take oral medication they are likely to continue to need regular analgesia. Convert to patch and s/c prn medication as above and, if needed, discuss conversions of higher doses with the palliative care team.
- Pain control should be reviewed regularly and poor pain control considered as a potential cause of agitation or distress.

Restlessness and agitation

- Treat pain and other treatable causes of distress.
- For agitation at the end of life prescribe Midazolam buccally, via an insuflon or s/c cannula four hourly or consider a once a day dose of rectal diazepam
- If these doses are ineffective discuss with consultant and/or palliative care team

Nausea and vomiting

- Treat treatable causes.
- Avoid oral medication if persistent nausea or vomiting as it will not be absorbed.
- For ongoing nausea prescribe regular antiemetics via an insuflon, s/c cannula or PR using the Anticipatory Prescribing Guidance.

Excessive respiratory secretions

- Noisy respiratory secretions are common at the end of life. They are often more distressing to family and staff than the patient and may be relieved by position change.
- If they are problematic prescribe glycopyrronium 400-600mcg 4 hourly via an insuflon or s/c cannula and if persistent a hyoscine hydrobromide (Scopaderm) patch 1mg/72 hrs.\

Written by Deborah Stevens, Medical Director at Cornwall Hospice Care, 20/3/2020