

## Anticipatory Medication Guidelines

### St Giles Hospice is signed up to West Midlands Palliative Care Guidelines

**Please note the below table is a guideline only, and clinical judgement should be used when prescribing for patients. The guidelines are written in general for patients with advanced cancer. We have identified some cautions, but these are not exhaustive, so ALWAYS consider the following:**

- Hepatic and renal function – when did you last check bloods?
- Reducing doses in cachectic patients and the elderly frail
- Diagnosis – does this have a potential interaction with the drugs you are prescribing?
- Poly pharmacy

Drug	Dose	Route	Frequency	Indication	Comments  APPLY CAUTION WITH ALL PALLIATIVE PRESCRIBING  – IF IN DOUBT CHECK
Oral Morphine Solution (Oramorph)	2.5 – 5mg	Oral	PRN	Pain	This dose is only appropriate for patients who are opioid naive and have no regular opioid. For patients who have regular opioids please calculate appropriate breakthrough dose using the West Midlands Palliative Care Guidelines – Step 3 Pain Relief For patients with renal impairment or the older adult please reduce dose or consider alternative opioid  * Use 1-2 mg PRN for shortness of breath.
	1 – 2 mg	Oral	PRN	Shortness of breath*	

Drug	Dose	Route	Frequency	Indication	Comments <b>APPLY CAUTION WITH ALL PALLIATIVE PRESCRIBING</b> <b>– IF IN DOUBT CHECK</b>
Morphine	2.5 - 5mg	Sub-cutaneous	PRN	Pain	This dose is only appropriate for patients who are opioid naive and have no regular opioid. For patients who have regular opioids please calculate appropriate break through dose using the West midlands palliative care guidelines. For patients with renal impairment or the older adult please reduce dose or consider alternative opioid
	1.25 – 2.5 mg	Sub-cutaneous	PRN	Shortness of breath	
Alfentanil	-	CSCI	Over 24 h	Pain	This is the second line opioid via the CSCI
Lorazepam	0.5 - 1mg	Sub-lingually	PRN	Anxiety (Anxiety associated with shortness of breath)	Usual maximum dose 4mg/ 24 hours (can be higher)  (2mg / 24 hours in the Elderly)
Midazolam	2.5 - 5mg	Sub-cutaneous	PRN	Agitation/Fear	
Haloperidol 2nd line	1.5 - 3mg	Oral / Sub-cutaneous	PRN	Nausea and vomiting Drug induced and biochemical cause	<b>CAUTIONED USE IN EPILEPSY</b> <b>AVOID IN PATIENTS WITH PARKINSONS DISEASE</b> Discuss with consultant if exceeding doses of 6 mg in a 24 hour period. Not exceeding 10 mg. If more than 3 mg is required seek advice. <b>HIGH COST DRUG – therefore 2<sup>nd</sup> line presently</b>
Metoclopramide 1 <sup>st</sup> line	10-20mg	Oral/Sub-cutaneous	PRN	Nausea and vomiting  (Evidence of gastric stasis as cause)	<b>AVOID IN PATIENTS WITH PARKINSON DISEASE.</b> <b>AVOID IN PATIENTS WITH COMPLETE BOWEL OBSTRUCTION</b>  Oral:10-20mg TDS before meals                      SC:30-100mg/24hr  Not for long term use

Drug	Dose	Route	Frequency	Indication	<b>Comments</b>  <b>APPLY CAUTION WITH ALL PALLIATIVE PRESCRIBING</b>  <b>– IF IN DOUBT CHECK</b>
					NB try and avoid metoclopramide and cyclizine as they antagonize each other in GI tract motility
Cyclizine 1 <sup>st</sup> line	50mg	Oral/Sub-cutaneous	PRN	Nausea and vomiting  (If GI Tract involvement or cerebral tumour/metastases)	<b>CAUTIONED USE IN EPILEPSY.</b>  <b>MAY CAUSE TACHYCARDIA</b>  <b>AVOID IN HEART FAILURE WHERE POSSIBLE.</b>  Oral: 50mg TDS SC: 150mg/24hr  NB try and avoid metoclopramide and cyclizine as they antagonize each other in GI tract motility
1 <sup>ST</sup> LINE Anti-emetic Levomepromazine Broad Spectrum Anti-emetic	6.25 - 12.5mg	Sub-cutaneous/oral	PRN	Nausea and vomiting/ terminal agitation	<b>CAUTIONED USE IN PARKINSONS DISEASE.</b> <b>CAUTIONED USE IN EPILEPSY.</b> Sedating and increased risk of falls.  If needing more than 25 mg in 24 h for nausea seek advice (larger doses can be used for agitation).
Hyoscine Butylbromide	20mg	Oral /Sub-cutaneous	PRN	Respiratory Secretions / colic	Max dose in 24 hour period 120mg

Drug	Dose	Route	Frequency	Indication	<b>Comments</b>  <b>APPLY CAUTION WITH ALL PALLIATIVE PRESCRIBING</b>  <b>– IF IN DOUBT CHECK</b>
					<b>CAUTIONED USE IN CARDIAC DISEASE</b>  (Hyoscine butylbromide injection remains contraindicated in patients with tachycardia if used IV/IM)
Peptac	10-20ml	Oral	PRN	Gastric reflux	After meals and at bedtime
Zopiclone	3.75-7.5mg	Oral	Nocte	Insomnia	Consider need as will not be appropriate for all patients
Sorbaderm	1 application	Topical	PRN	Red skin-due to pressure / moisture damage	
Balneum Cream	1 application	Topical	PRN	Dry skin-emollient	
Bisacodyl suppositories	(10-20mg)	PR	PRN	Constipation	<b>AVOID IN COMPLETE BOWEL OBSTRUCTION</b>
Glycerol suppositories	4g	PR	PRN	Constipation	
Consider - Docusate Sodium	100mg-200mg	PO	PRN	Constipation	If not on regular laxative-max dose 500-600mg in Palliative medicine
BioXtra Moisturising Gel	1 application	Topical to oral mucosa	PRN	Dry Mouth (Xerostomia)	For Dry Mouth

Drug	Dose	Route	Frequency	Indication	<b>Comments</b> <b>APPLY CAUTION WITH ALL PALLIATIVE PRESCRIBING</b> <b>– IF IN DOUBT CHECK</b>
<b><i>Glandosane / Xerotin</i></b>  <i>Aerosol Spray</i>	As directed	Oral-pharyngeal mucosa	PRN	Dry Mouth (Xerostomia)	Artificial saliva spray
SENNA	15-30 mg	PO	od-bd	Opioid induced constipation	Stimulant laxative, may cause colic. See PCF for dose titration for patients with opioid induced constipation.