NHS Dorset

Top TIPs for **Anticipatory Prescribing** for adults at the end of **life in the community**

Prescribe carefully to balance benefits over **RISKS:**

- **Inappropriate drug or dose** (prescription not altered when situation changes).
- **Wastage** of medications if drugs not used.
- Excessive amounts of or **multiple drugs** in the home (lack of drug reconciliation/ disposal).
- **Access** to controlled drugs by other householders.

Best practice to minimise risk

- Consider anticipatory prescription for patients thought to be **last days or short weeks (<4 weeks) of life***
- **Discuss** with the patient and relative – misconceptions common.
- **Caution** is needed when there is a **history of drug misuse** by the patient/ household member or visitors.
- The prescription should be **regularly reviewed and updated** to reflect changes in the clinical situation.
- When a patient **transfers between settings it is essential to review the prescription.**
- Anticipatory medications should be stored separately from the usual medications in a box with a lid.

***Send prescription to usual pharmacy in first instance**

Don't forget to prescribe a diluent/ flush– 10mls of water OR sodium chloride 0.9% for injection!

Consider prescribing oral immediate release opioid and/ or Lorazepam (genus brand for sublingual use) – it means Marie Curie nurses can administer them.

! Anticipatory syringe drivers !

Consider prescribing an anticipatory syringe driver in the following situations *only*:

The patient is deteriorating, has been reviewed by an experienced clinician *and*

1. is thought to be in the **last days of life** *or*
2. is in the last weeks of life and at **risk of a sudden change** *or*
3. will lose the oral route and are on **regular medication** that will need to be continued

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Best practice to minimise risk and be effective

When prescribing an anticipatory syringe driver it should be ensured that:

1. **sufficient amounts** are prescribed to fill a syringe driver at the required dose for a **minimum 72 hours**
2. **dose ranges** of anticipatory syringe drivers should be **limited to allow for two possible increases** representing a total increase of up to 50% of the original total dose.
3. the prescription is **reviewed at least every 4 weeks**.

Is it a weekend/ bank holiday?

Recommended Anticipatory Medications

Symptom	Drug	Starting Dose if opioid naïve*	Considerations
Pain	Morphine Oxycodone	2.5-5mg po OR 1-5mg SC 1.25-5mgs po OR 1-5mg SC	Continue their current opioid. Adjust dose for renal and liver failure Oxycodone indicated for severe renal failure*
Breathlessness **..with anxiety**	Morphine Lorazepam (Genus/ blue brand)	2.5-5mg po OR 1-5mg SC 0.5-1mg SL 4-6 hourly	Or usual prn dose
Restlessness/ agitation	Midazolam Haloperidol	2.5-5mgs SC prn 0.5-5mgs po/SC 4 hourly	Use antipsychotic rather than midazolam alone if delirium Haloperidol max 10mgs in 24 hrs
Respiratory Tract secretion	Glycopyrronium Hyoscine Butylbromide	200-400mcg 4 hourly 20mgs SC 4 hourly	Max 1200 mcg in 24 hrs Max 120mgs/ 24 hrs
Nausea and vomiting	Haloperidol Levomepromazine	0.5-5mgs po/SC 4 hourly (max 10mgs/24hrs) 6.25-12.5mgs SC 4 hourly (max 25mgs/ 24 hrs)	Higher doses of both may be used for delirium Continue regular antiemetic if effective
Diluent/ flush	Water for injection Sodium chloride 0.9% solution for injection	10X 10ml ampoules 10X 10ml ampoules	

***Seek specialist advice if eGFR <30 or signs of opioid toxicity**

Useful Contacts:

24 hour helpline: Weldmar Hospice care: 01305 215300
Forest Holme: 0300 019 8115
MacMillian Unit: 0300 019 5470

Palliative Care Drugs Community pharmacies:
https://www.dorsetformulary.nhs.uk/chaptersSub.asp?FormularySectionID=21

Consultant Connect advice and guidance: https://www.consultantconnect.org.uk/

References:

1. The Palliative Care Handbook. Wessex Palliative Physicians 2019.

N.B. This document was developed by Dorset Palliative Care working group, in collaboration with Dorset LPC