Guidance on Prescribing Anticipatory Drugs and Syringe Drivers in the Community for Adults

Prescribing Anticipatory Drugs

'Anticipatory' drugs in a palliative setting are those drugs that are prescribed for use on an 'as required' basis to manage common symptoms that can occur at the end of life. In most cases these drugs will be prescribed as a subcutaneous injection and will usually include four key drugs: an opioid (for management of pain or breathlessness), an antiemetic, an antisecretory drug (for respiratory secretions) and a sedative. Drug choice needs to be based on an individualised patient assessment and it is important to discuss the rationale for these medications with patients and relatives prior to discharge.

All patients who are being discharged home or to a care home from hospital for terminal care, and whose condition may require the use of anticipatory medication (e.g. Fast Track discharges, patients in the last days of life) should have a small amount of all four key drugs prescribed as part of their TTO. Readily available anticipatory drugs can prevent inappropriate readmissions to hospital. **It is especially important to ensure that drugs are available over weekends and bank holidays.** In addition to their inclusion on a TTO and documentation within the discharge letter, these medications should also be prescribed on a **Community Palliative Care Prescription Chart**. This allows the district nurse to administer the drugs without delay (rather than having to get a GP to visit the patient to write up the drugs on the form at a later stage).

Drugs that are commonly used as anticipatory drugs

	Standard 'PRN' dose	**Repeat doses**	**Comments**
PAIN and BREATHLESSNESS			
Morphine (for pain or breathlessness)	1 to 2.5mg SC (if opioid naïve) **or** $^1/_6$ of the 24 hour SC syringe driver morphine dose	Can be repeated after 30-60 minutes. Effective for 3-4 hrs. Max dose usually 6 doses within 24 hours.	Consider prescribing Oxycodone PRN if patient is taking Oxycodone MR. Seek advice if patient requiring rapidly escalating doses or in renal/liver failure
NAUSEA and VOMITING			
Haloperidol **(First line for nausea)**	500 micrograms SC	Can be repeated after 2-4 hrs (Max TDS) Effective for up to 24 hrs.	Max of 5mg over 24 hours
Cyclizine	50mg SC	Can be repeated after 6-8 hrs (Max TDS)	Max of 150mg over 24 hours
Metoclopramide (in the absence of colic)	10mg SC	Can be repeated after 4 hrs (Max TDS)	Max of 30mg over 24 hours Higher doses may be used – seek specialist advice
Levomepromazine	3 to 6.25mg SC	Can be repeated after 4-6hrs (Max QDS) Effective for up to 24 hrs.	Max of 25mg over 24 hrs for nausea. Higher doses may be used – seek specialist advice

	Standard 'PRN' dose	Repeat doses	Comments
AGITATION – consider Haloperidol if the patient is suffering from agitation and delirium			
Midazolam **(First line for agitation)**	2.5 to 5mg SC for distress.	Repeat after 30-60 minutes. Effective for 2-3 hrs.	Max of 80mg over 24 hours If ineffective please seek specialist advice
Haloperidol	500 micrograms SC	Can be repeated after 2-4 hrs (Max TDS) Effective for up to 24hrs.	Max of 5mg over 24 hours
RESPIRATORY SECRETIONS			
Hyoscine butylbromide (Buscopan)	20mg SC	Can be repeated after 1-2 hrs.	Max of 120mg over 24 hours for secretions.
SEIZURES			
Midazolam	10mg SC/IM for prolonged seizure.	Can be repeated if necessary – seek specialist advice	

Recommended quantities of anticipatory drugs for PRN use on TTOs

*** Morphine**	**10 x 1ml ampoules (10mg/1ml) (larger quantities of higher concentration ampoules will be required for patients on higher doses of Morphine via syringe driver)**
*** Midazolam**	**5 x 2ml ampoules (10mg/2ml)**
Haloperidol	**5 x 1ml ampoules (5mg/1ml)**
Cyclizine	5 x 1ml ampoules (50mg/1ml)
Metoclopramide	5 x 2ml ampoules (10mg/2ml)
Levomepromazine	5 x 1ml ampoules (25mg/1ml)
Hyoscine Butylbromide	**5 x 1 ml ampoules (20mg/ml)**
Water for injection	**5 x 10ml ampoules (in case a syringe driver is needed)**

** Morphine and Midazolam are controlled drugs and need to be prescribed in words and figures.*
Note: additional quantities of drugs for any syringe driver will also be required and a larger supply may be required before Bank Holidays or if the patient is requiring frequent stat doses of a particular drug prior to discharge .

The medications in **bold** are the suggested first line anticipatory drugs but there may be individual clinical reasons why alternatives are used. Please check with the Specialist Palliative Care Team if you are unsure or if the patient has impaired renal/liver function.

Prescribing on the Community Palliative Care Prescription Chart

It is essential that syringe driver medicines and anticipatory drugs are prescribed on both the discharge TTO and on the Community Palliative Care Prescription Chart. This allows the drugs to be administered in the community by a district nurse without delay. **Please complete and sign all relevant prescriptions and ensure the Community Palliative Care Prescription Chart is sent with the patient on discharge.** Ensure that the TTO prescription requests a 7 day supply of any syringe driver medication required.

For further advice or information please contact:
Medicines Information via Hospital Switchboard
Specialist Palliative Care Team Tel 01924 543801 (Mon-Fri 9am – 5pm)
Out of hours contact the On-call Palliative care consultant via Hospital Switchboard