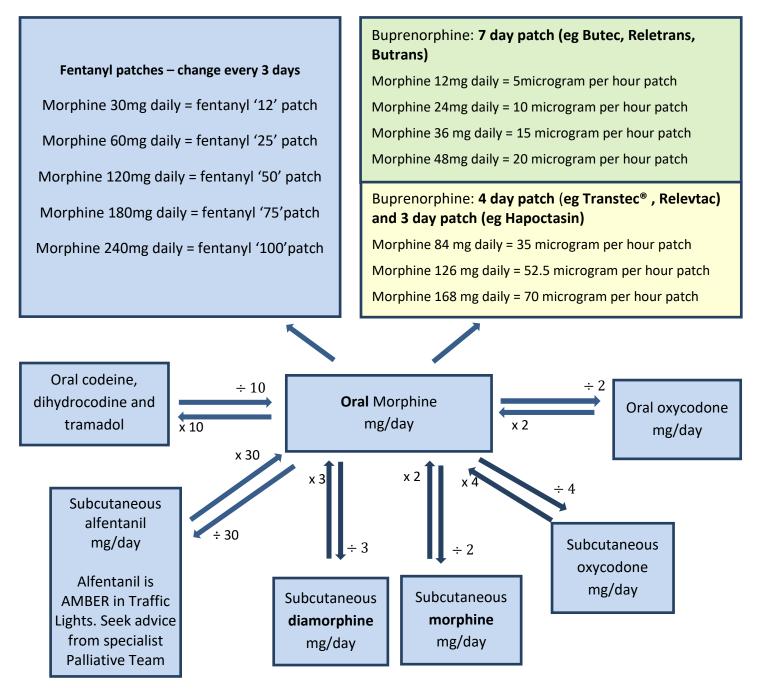
OPIOID DOSE CONVERSION:

If switching opioid consider a dose reduction, particularly at higher doses



Note:

- These conversions are a guide only
- Morphine equivalences for traditional preparations are approximated to allow comparison with available preparations of oral morphine
- The PRN dose of opioid is 1/6 of the 24 hour total opioid dose. PRN doses are usually given every 4 hours.
- If a patient already has a patch, and needs a syringe pump, the patch should be continued and changed as normal. Any additional opioids should be administered and titrated in a syringe pump.

Somerset CCG Palliative Care Resources (including Wessex Guidelines) http://www.somersetccg.nhs.uk/about-us/how-we-do-things/palliative-care/

Somerset Partnership Medicines Management Team - medicinesmanagement@sompar.nhs.uk

Version 2 - September 2019

Palliative Care Drug Chart

Only for authorisation of injectable (PRN) and syringe pump medication and record of administration for adult patients. The chart can be used by organisations outside Somerset Partnership at their discretion.



Any other medication to be administered by Trust staff must be prescribed on the MAR chart / electronic prescribing system

For specialist advice, contact:

 St. Margaret's Hospice 0845 0708 910 01934 423912 Weston Hospice Dorothy House Hospice 0345 0130 555



(Max dose may be increased

DATIENT DETAIL S.

Midazolam

Drug:	Subcutaneous (SC) as	Ampoule Strengths:	Starting dose range	Usual total maximum		
Just in case (JiC) medication: supply at least 5 doses when authorising PRN drugs only. More doses will be needed if complex symptoms, frequent PRNs or if authorising syringe pump: e.g. at least 3 day's supply.						
DOB: GP Practice:	NHS No:		No known alle	ergies		
First Name: Last Name:			Allergies/Sensitivitie	es:		
PATIENT DETAIL	ა.					

subcutaneous

10-20mg/24hr

indicated)

(5-15mg if lower dose | 30mg

			syringe pump:	with clinical discretion)
SYMPTOM 1: PAIN / DYSPNOEA				
Morphine 1st Line Unless already on an alternate opioid	2.5 - 5mg Dosing interval 2-4 hourly Usual max: 6 doses in 24 hours	10, 15, 20 or 30mg/ml in 1ml amps	10-15mg/24hr (If opioid naïve)	No upper limit but prescriber may indicate a max dose If patient is already on an opioid
Diamorphine Limited product availability – DO NOT USE	2.5 - 5mg Dosing interval 2-4 hourly Usual max: 6 doses in 24 hours	10 or 30mg amps	5–10mg/24hr (If opioid naïve)	see back page for conversion table If eGFR <30 seek guidance

Please prescribe an adequate volume of Water for injection for reconstituting diamorphine and for syringe driver

Levomepromazine	6.25mg Dosing interval 4 hourly Usual max: 4 doses in 24 hours	25mg/ml	6.25mg / 24hr	25mg	
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10mg/2ml

Can also be used at the same doses for colic or to reduce secretions in inoperable bowel obstruction

Dosing interval 2-4 hourly

Usual max: 6 doses in 24

	hours		indicated)			
SYMPTOM 4: RESP	SYMPTOM 4: RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE					
Hyoscine Butylbromide	20mg Dosing interval 2-4 hourly Usual max: 6 doses in 24	20mg/ml	60mg/24hr	120mg		

AS REQUIRED INJECTABLE DRUGS (in addition to syringe pump dosing) If four or more PRN doses are required in 24hrs you must seek clinical reassessment. For opioids the PRN dose is usually 1/6th of the total 24hr dose For dosing guidance see front page Drug: Date: Indication: Date: Time: Drug: Continuous subcutaneous infusion over 24 hours.

Dose range:

Sub-cutaneous

Print Surname:

Indication:

Dose range:

Sub-cutaneous

Print Surname:

Prescriber Signature:

Route:

Drug

Indication

Dose Range:

Sub-cutaneous

Print Surname:

Indication:

Dose range:

Sub-cutaneous

Print Surname:

Prescriber Signature:

Route:

Drug:

Indication:

Dose range:

Sub-cutaneous

Print Surname:

Prescriber Signature:

Route:

Prescriber Signature:

Route

Drug:

Prescriber Signature:

Route:

Drug:

Max number

Max number

Max number

Max number

Max number

Dosing

interval

of doses in 24hrs:

Date:

Date:

Date:

Date:

Date:

Dose:

Route:

Initials:

Date:

Time:

Dose:

Route:

Initials:

Prescriber guidance:

- Authorisation of syringe pump drugs in advance is appropriate if:
 - likely to be needed in a number of days;
 - o The patient's deterioration is not reversible OR
 - Occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
- Where nursing staff do not have competency to manage syringe pumps (e.g. some nursing homes), ensure arrangements are in place before authorising syringe pump drugs in advance or with dose ranges.
- See prescribing table for usual maximum dose of drug in 24 hours, which includes PRN and syringe pump doses.
- When adjusting syringe driver dose, the PRN dose is also likely to change (opioids 1/6 of the 24hr opioid dose)

Administration guidance:

 Start on the lowest dose in the range, unless assessment of PRN requirements indicates the need for a higher dose.
 Document rationale for chosen dose.

Use these codes for any omitted dose:

- A Allergic Reaction
- © Clinical reason
- D Patient refused
- (E) Patient unavailable
- F Drug unavailable
- S Self administered
- P Parent administration
- (U) Carer administration

IF THE PATIENT HAS TWO SYRINGE PUMPS YOU MUST PRESCRIBE THEM ON SEPARATE PAGES **Allergies Patient Name:** Range in the syringe pump should be no more than 2 PRN doses. Seek specialist advice if considering a wider range or higher dose. NHS No: **Pharmacist** Consider existing oral medication when prescribing syringe pump. check Month Drugs to be mixed together in syringe pump (McKinley T34) for Year: Diluent is water for injection (WFI) unless otherwise instructed Drug: Diluent if not WFI Indication: Dose Range: DATE: To: From: ☐ Start today ☐ Start when needed Time: (refer to care plan) Start dose: Prescriber Signature: Dose: Print Surname: Date: Initials Drug: Diluent if not WFI: Indication: Dose Range: DATE: To: From: ☐ Start today ☐ Start when needed Time: Start dose: (refer to care plan) Dose: Prescriber Signature: Print Surname: Date: Initials: Drug: Diluent if not WFI: Indication: Dose Range: DATE: To: From: ☐ Start when needed ☐ Start today Time: (refer to care plan) Start dose: Prescriber Signature: Dose: Print Surname: Date: Initials: Drug: Diluent if not WFI: Indication: Dose Range: DATE: To: From: ☐ Start when needed ☐ Start today Time: (refer to care plan) Start dose: Prescriber Signature: Dose: Print Surname: Date: Initials:

IF THE PATIENT HAS TWO SYRINGE PUMPS YOU MUST PRESCRIBE THEM ON SEPARATE PAGES **Allergies Patient Name:** Range in the syringe pump should be no more than 2 PRN doses. Seek specialist advice if considering a wider range or higher dose. NHS No: Consider existing oral medication when prescribing syringe pump. Month: Drugs to be mixed together in syringe pump (McKinley T34) for continuous subcutaneous infusion over 24 hours. Prescriber guidance: Year: Diluent is water for injection (WFI) unless otherwise instructed by prescriber. Authorisation of syringe pump drugs in advance is Drug: appropriate if: olikely to be needed in a Diluent if not WFI: number of days; o The patient's deterioration Indication: is not reversible OR Occasionally for a patient Dose Range: DATE: who is at high risk of a From: To: specific symptom e.g. ☐ Start when needed ☐ Start today Time: vomiting. (refer to care plan) Start dose: Where nursing staff do not Prescriber Signature: Dose: have competency to manage syringe pumps Date: Print Surname: Initials: ensure arrangements are Drug: in place before authorising syringe pump drugs in Diluent if not WFI: advance or with dose ranges. Indication: See prescribing table for usual maximum dose of Dose Range: DATE: drug in 24 hours, which To: From: includes PRN and syringe ☐ Start today ☐ Start when needed Time: pump doses. Start dose: (refer to care plan) When adjusting syringe Prescriber Signature: Dose: driver dose, the PRN dose is also likely to change Date: Print Surname: Initials: (opioids 1/6 of the 24hr opioid dose) Drug: Administration guidance: Diluent if not WFI: Start on the lowest dose in the range, unless Indication: assessment of PRN requirements indicates the Dose Range: DATE: need for a higher dose. From: To: Document rationale for ☐ Start when needed ☐ Start today Time: chosen dose. Start dose: (refer to care plan) Prescriber Signature: Dose: Use these codes for any omitted dose: Print Surname: Date: Initials: A - Allergic Reaction Drug: © - Clinical reason Diluent if not WFI: D - Patient refused **(E)** - Patient unavailable Indication: F - Drug unavailable Dose Range: DATE:

From:

☐ Start today

Start dose: Prescriber Signature:

Print Surname:

To:

☐ Start when needed

Date:

(refer to care plan)

Time:

Dose:

Initials:

- (e.g. some nursing homes),

- S Self administered
- P Parent administration
- U Carer administration