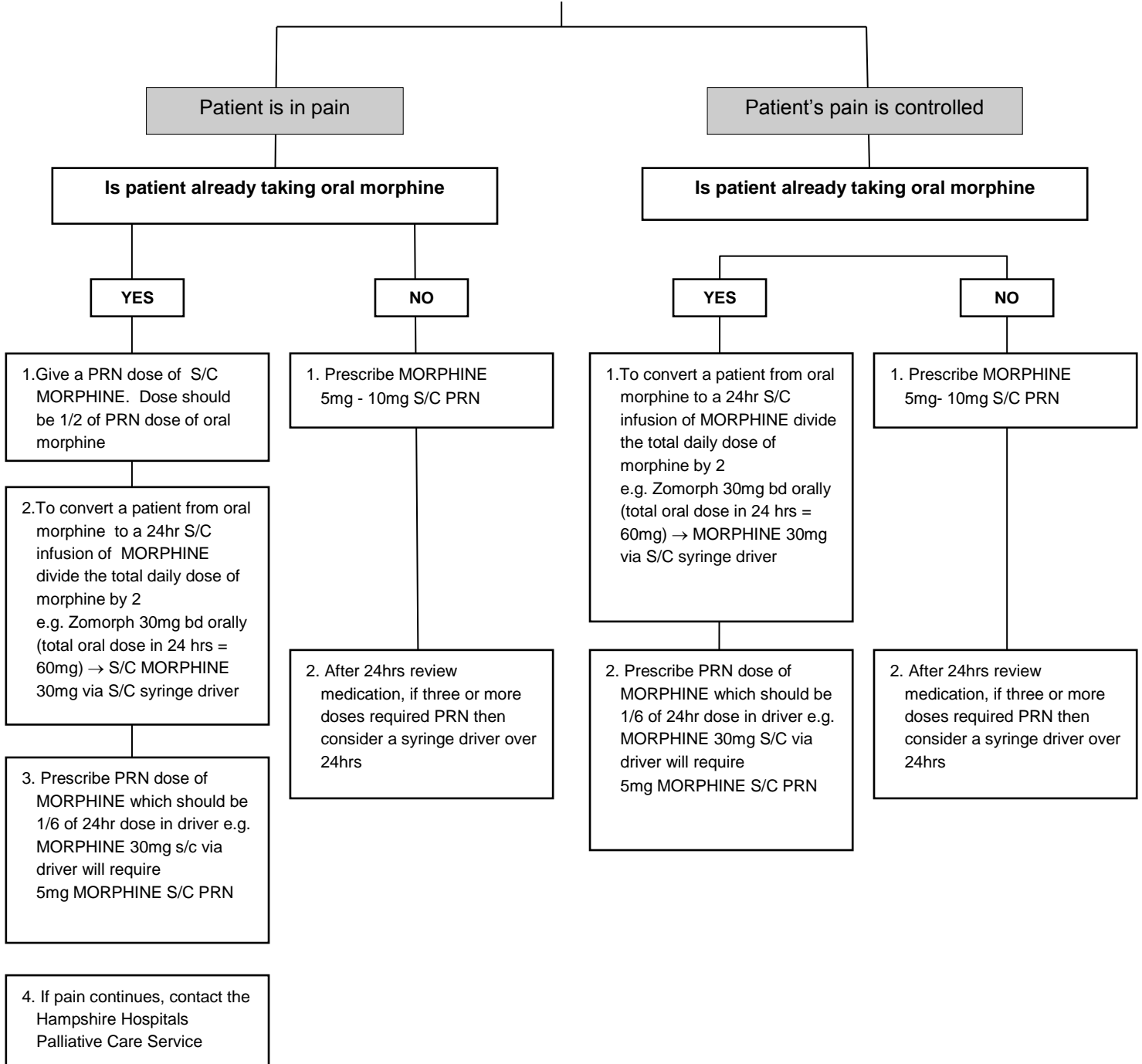


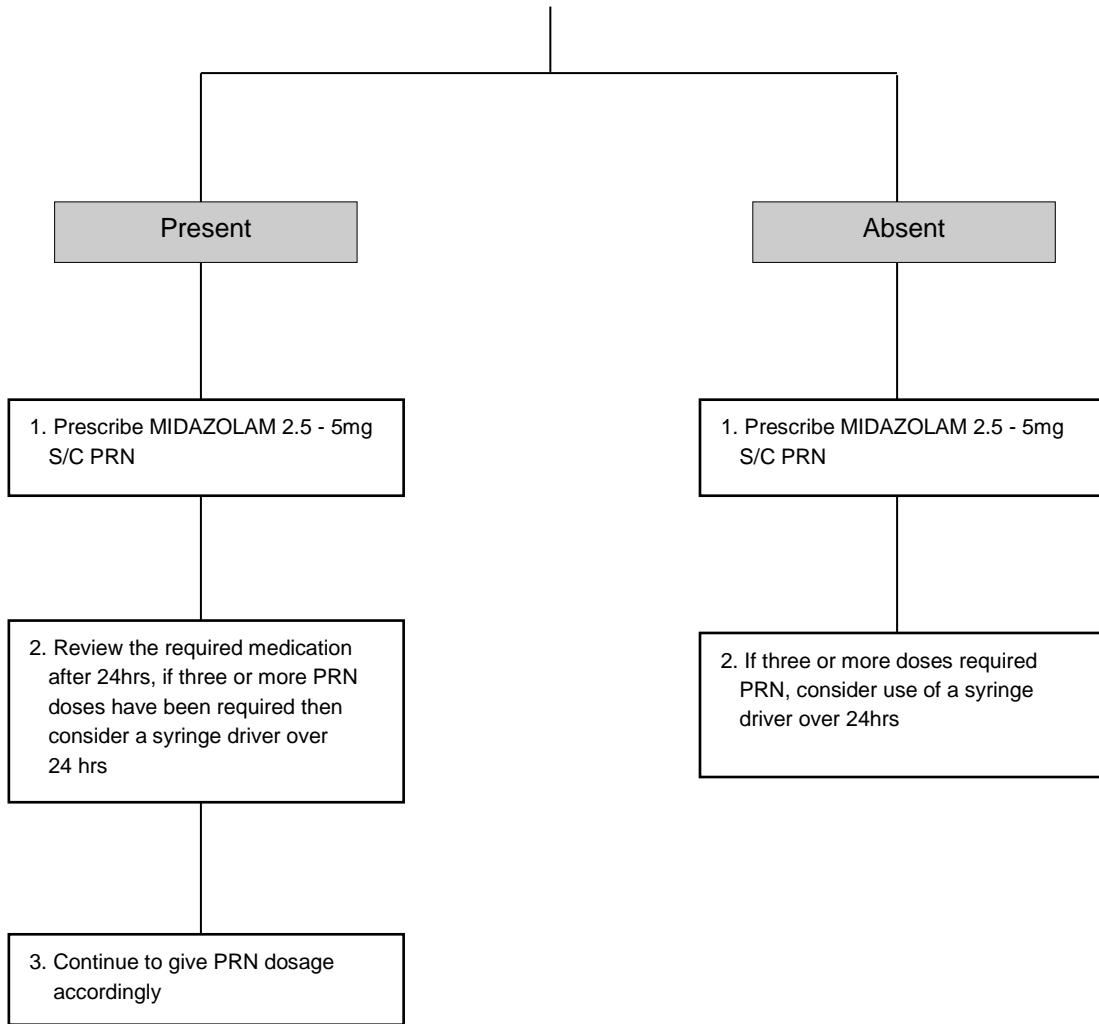
# Pain



## **SUPPORTIVE INFORMATION:**

- All syringe drivers should be prescribed on JAC electronic prescribing (CSCI = continuous subcutaneous infusion).
- For conversion of other strong opioids into a syringe driver infusion, please consult the opioid conversion chart in resource file or contact the Hampshire Hospitals Palliative Care Service.
- If patient has severe renal failure (GFR<10) use PRN morphine only and contact Hampshire Hospitals Palliative Care Service for advise on alternative opioids.
- If symptoms persist contact the Hampshire Hospital Palliative Care Service
- **Diamorphine 2.5 - 5mg s/c PRN may be utilized as an alternative to Morphine 5-10mg s/c PRN if unavailable**
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.

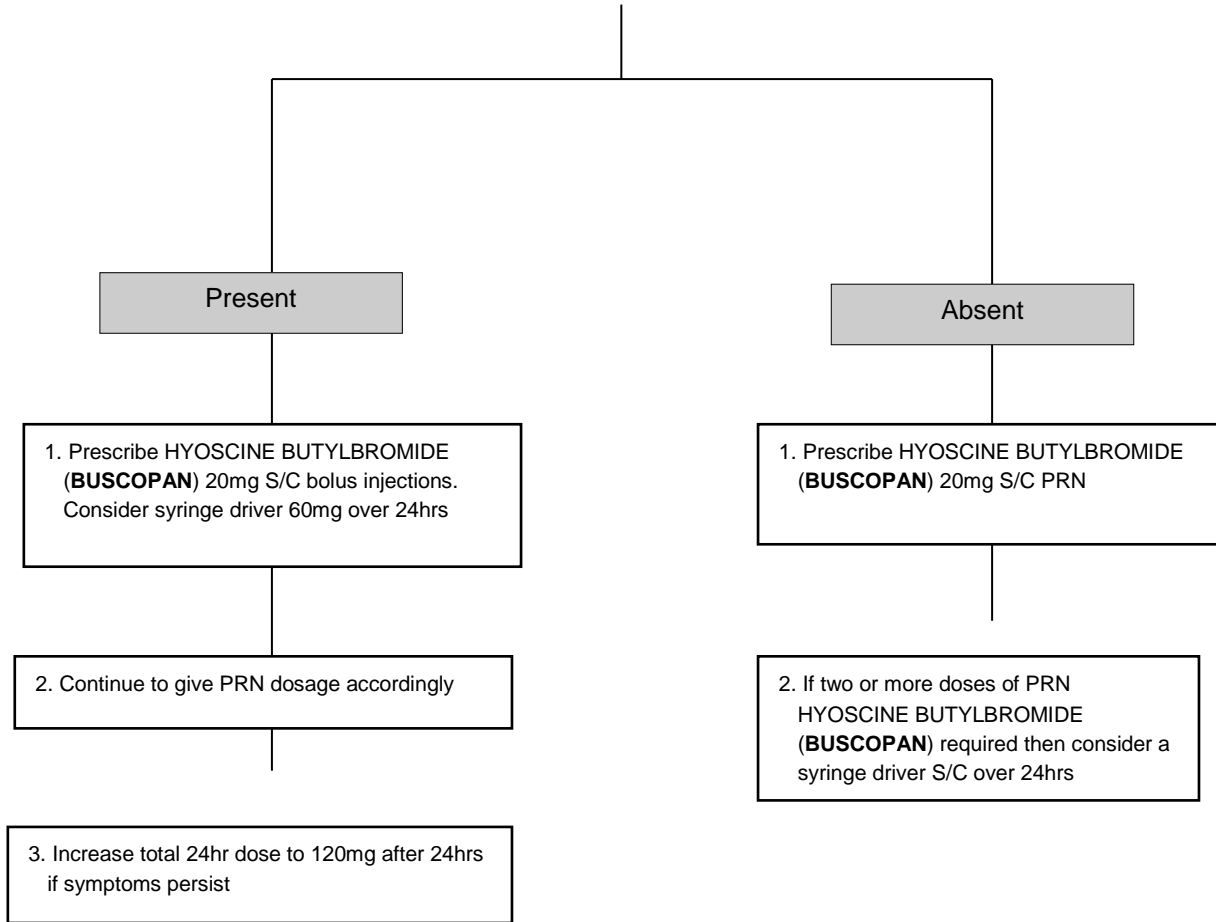
## Terminal restlessness and agitation



### **SUPPORTIVE INFORMATION:**

- All syringe drivers should be prescribed on JAC electronic prescribing (CSCI = continuous subcutaneous infusion).
- If symptoms persist contact the Hampshire Hospitals Palliative Care Service.
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.
- When prescribing a syringe driver add up the PRN doses used over the last 24 hours as a *minimum* starting dose.

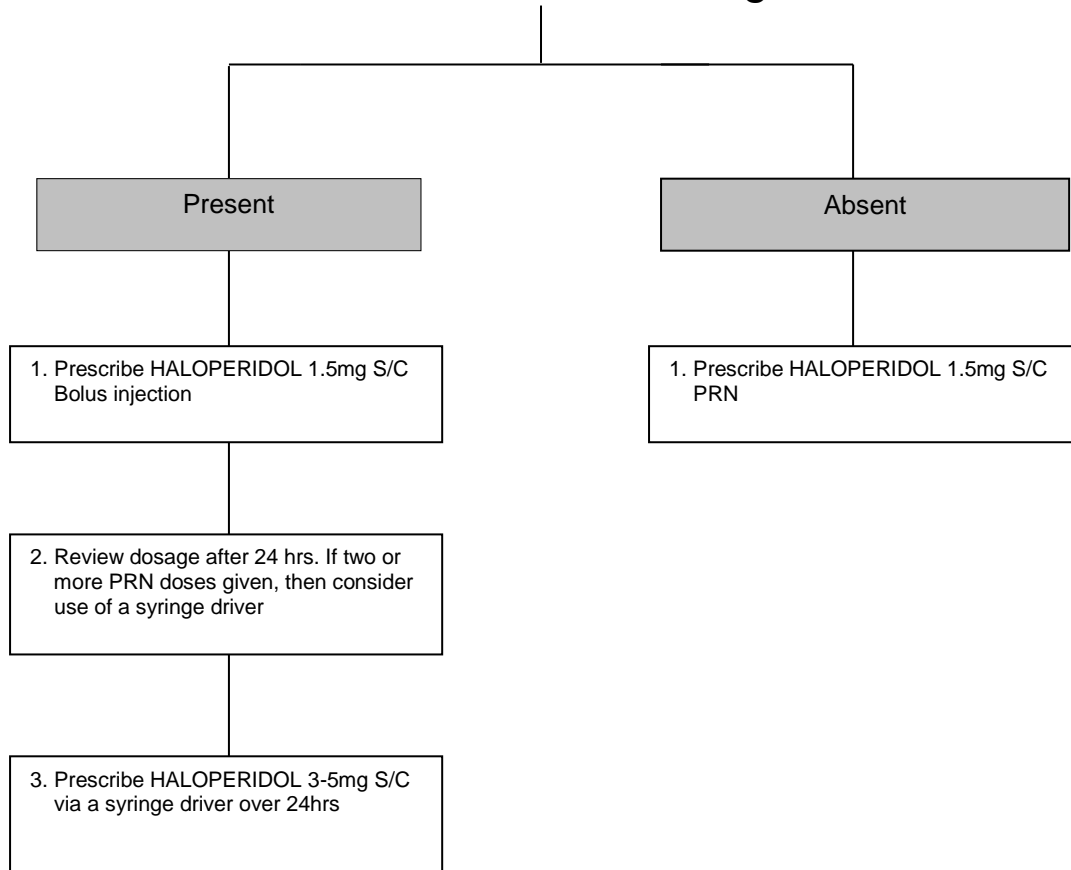
## Respiratory tract secretions



### SUPPORTIVE INFORMATION:

- All syringe drivers should be prescribed on JAC electronic prescribing (CSCI = continuous subcutaneous infusion).
- If symptoms persist contact the Hampshire Hospitals Palliative Care Service
- **Glycopyrronium 0.4mg s/c PRN (up to 1.2mg over 24 hours) may be used as an alternative**
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.

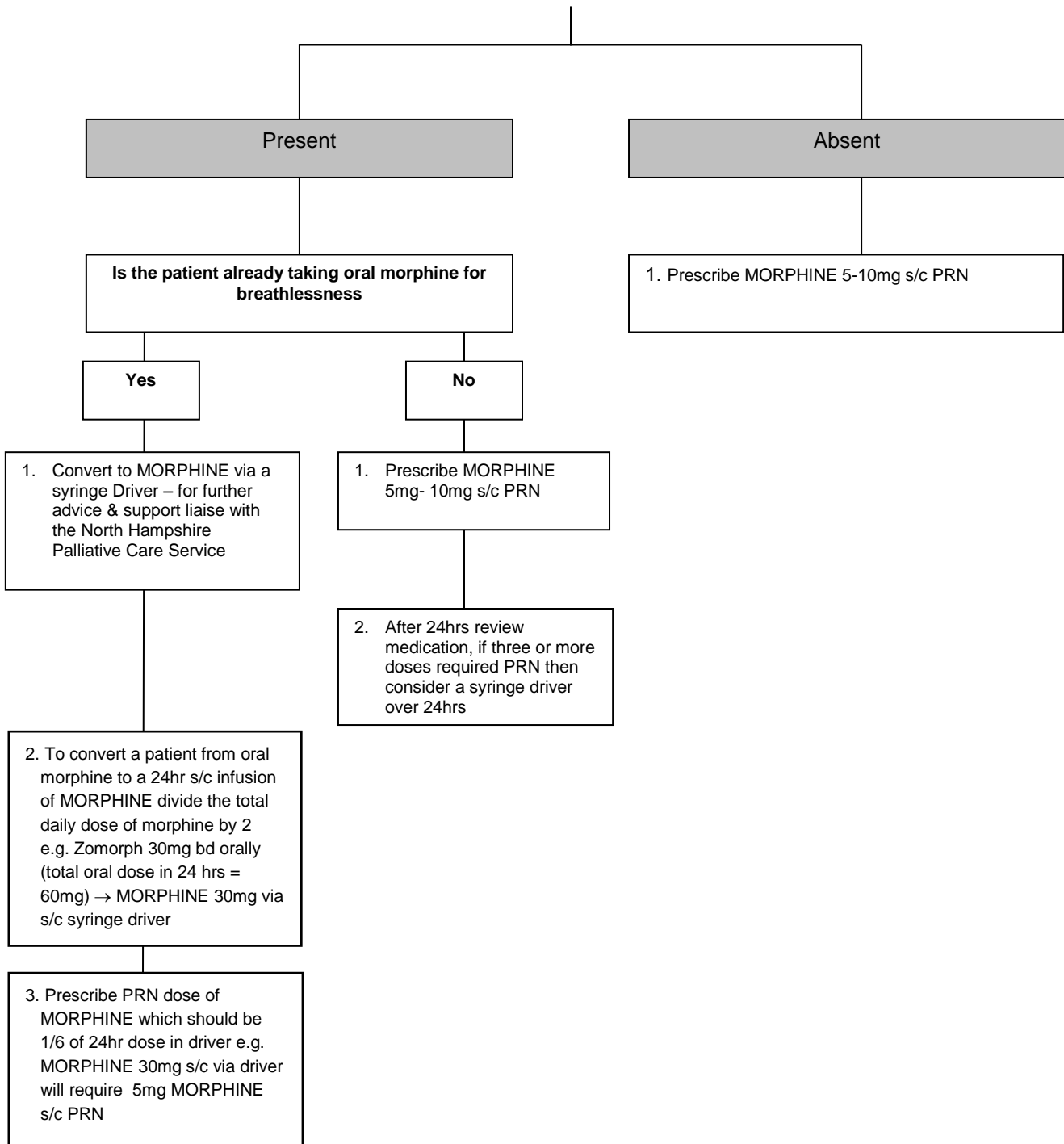
## Nausea and vomiting



### SUPPORTIVE INFORMATION:

- All syringe drivers should be prescribed on JAC electronic prescribing (CSCI = continuous subcutaneous infusion).
- If symptoms persist contact the Hampshire Hospitals Palliative Care Service.
- Alternative antiemetics according to local policy and procedure may be prescribed  
e.g. **Levomepromazine s/c 6.25mg PRN (6.25 – 12.5mg via syringe Driver over 24hrs)**
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.

# Dyspnoea



## SUPPORTIVE INFORMATION:

- All syringe drivers should be prescribed on JAC electronic prescribing (CSCI = continuous subcutaneous infusion).
- If symptoms persist contact the Hampshire Hospitals Palliative Care Service.
- **If the patient is breathless and anxious consider Midazolam stat 2.5mg s/c PRN**
- If patient has severe renal failure (GFR<10) use PRN Morphine only and contact Hampshire Hospitals Palliative Care Service for advise on alternative opioids.
- **Diamorphine 2.5 - 5mg s/c may be utilized as an alternative to Morphine 5 – 10mg s/c PRN if unavailable**
- Anticipatory prescribing in this manner will ensure that in the last hours / days of life there is no delay responding to a symptom if it occurs.