**SUMMARY GUIDELINES FOR ANTICIPATORY MEDICATION (JUST IN CASE DRUGS) FOR THE MANAGEMENT OF SYMPTOMS IN THE LAST DAYS OF LIFE**
**THESE ARE GUIDELINES ONLY – EACH PATIENT'S NEEDS MUST BE CONSIDERED INDIVIDUALLY**

| Indication | Medicine | Dose | Frequency | Max 24 hr dose to be given PRN | Route | Usual vial strength and size | NOTES |
|---|---|---|---|---|---|---|---|
| **Pain** | **IF OPIOID NAIVE PRESCRIBE ONE OF THE FOLLOWING:** | | | | | | ● If frail consider lower starting dose of morphine e.g.1-2mg subcutaneously PRN 1 hourly<br>● If mild to moderate renal impairment, consider lower starting dose of morphine as above; if eGFR <30 mL/min/1.73 m², consider using oxycodone instead |
| | Morphine sulfate | 2.5mg-5mg | 1 hourly | 30mg | SC | 10mg/mL (1mL) | |
| | **OR** Oxycodone | 1mg-2mg | 1 hourly | 12mg | | 10mg/mL (1mL) | |
| | **IF ON REGULAR OPIOIDS PRESCRIBE AN APPROPRIATE PRN OPIOID:** | | | | | | **To establish appropriate subcutaneous PRN opioid dose:**<br>- Calculate current total daily oral morphine/oxycodone dose<br>- Divide this by six for oral PRN dose<br>- Divide the oral PRN dose by 2 for SC PRN dose<br>● If on regular oxycodone in a syringe pump or regular oral oxycodone, prescribe oxycodone for PRN SC use<br>● If on a **fentanyl patch**, continue it and prescribe morphine or oxycodone SC PRN depending on what the patient was taking orally, see guidelines for appropriate SC PRN dose (opioid conversion information overleaf) |
| | Continue the opioid the patient is already taking | See notes | 1 hourly | Equivalent of six PRN doses | SC | Strong enough to enable maximum 2mL injection<br>**Morphine**: 10mg/mL, 15mg/mL or 30mg/mL<br>**Oxycodone**: 10mg/mL or 50mg/mL | |
| **Nausea/ Vomiting** | **USUALLY PRESCRIBE (consider first and second line options if needed)** | | | | | | ● Lower doses of levomepromazine can avoid excess sedation.<br>● Alternative antiemetics include:<br>- haloperidol 0.5-1.5mg SC PRN, max. 8 hourly, max. 5mg in 24hrs;<br>- cyclizine 25-50mg SC PRN, max. 8 hourly, max. 150mg in 24 hrs;<br>- metoclopramide 10mg SC PRN, max. 6 hourly, Max. 30mg in 24hrs.<br>● If already taking an effective oral anti-emetic, consider continuing that subcutaneously |
| | Levomepromazine | 2.5mg - 6.25mg | 4 hourly | 25mg | SC | 25mg/mL (1mL) | |
| | See notes for alternatives | | | | | | |
| **Agitation** | **USUALLY PRESCRIBE** | | | | | | ● If eGFR <30 mL/min/1.73 m², consider reducing midazolam dose e.g. 1mg – 2.5mg subcutaneously PRN 1 hourly<br>● Consider prescribing midazolam AND a drug for delirium, if indicated<br>● If patients are not responding to these doses, contact the Specialist Palliative Care Team for advice. Under specialist advice, higher doses of levomepromazine and midazolam may be used. |
| | Midazolam | 2.5mg–5mg | 1 hourly | 30mg | SC | 10mg/2mL (2mL) | |
| | **SECOND LINE OR IF DELIRIUM IS PRESENT, ALSO PRESCRIBE ONE OF THE FOLLOWING** | | | | | | |
| | Haloperidol | 0.5-1.5mg | 2 hourly | 5mg | SC | 5mg/mL (1mL) | |
| | Levomepromazine | 6.25mg – 12.5mg | 1 hourly | 25mg | SC | 25mg/mL (1mL) | |
| **Excess Respiratory Secretions** | **USUALLY PRESCRIBE** | | | | | | Alternatives include:<br>- hyoscine butylbromide 20mg subcutaneously PRN, max. 1 hourly, max. 120mg in 24hrs<br>- hyoscine hydrobromide 400micrograms subcutaneously PRN, max. 1 hourly, max. 1600micrograms in 24 hours (note, causes sedation) |
| | Glycopyrronium | 200 micrograms | 1 hourly | 1200 micrograms | SC | 200micrograms/mL (1mL) | |
| **Breath-lessness** | **IF OPIOID NAÏVE PRESCRIBE ONE OF THE FOLLOWING (see notes if taking regular opioids):** | | | | | | ● If taking regular opioids, consider prescribing a lower dose of their regular PRN opioid for breathlessness – seek Specialist Palliative Care advice<br>● Consider oxycodone if renal impairment (particularly if eGFR <30 mL/min/1.73 m²)<br>● If on regular oxycodone, prescribe oxycodone for PRN use |
| | Morphine sulfate | 2.5mg-5mg | 1 hourly | 30mg | SC | 10mg/mL (1mL) | |
| | **OR** Oxycodone | 1mg-2mg | 1 hourly | 12mg | | 10mg/mL (1mL) | |
| | **IF ASSOCIATED ANXIETY/FEAR, CONSIDER ALSO PRESCRIBING:** | | | | | | |
| | Midazolam | 2.5mg-5mg | 1 hourly | 30mg | SC | 10mg/2mL (2mL) | |

**● See Lancashire and South Cumbria Clinical Practice Summary for further information via https://www.england.nhs.uk/north-west/north-west-coast-strategic-clinical-networks/our-networks/palliative-and-end-of-life-care/for-professionals/clinical-practice-summary/ .**
**● See overleaf for further guidance and opioid conversion information**
**● Note – if patients are not responding to the above measures or are more complex, please seek Specialist Palliative Care advice. The doses used by Specialist Palliative Care Teams may differ from the above. East Lancashire Community Specialist Palliative Care Team – 01254 736326. Blackburn with Darwen Community Specialist Palliative Care Team – 01254 965846**
**Palliative Care Out-of-hours 24 Hour Professional Helpline - 07730 639399/ 01254 965868**

- **Either a set dose or a range of doses can be prescribed depending on the patient's circumstances – a range is not mandatory**
- **Consider if any other symptoms are likely e.g. seizures, terminal haemorrhage. If so, consider prescribing additional PRN drugs e.g. for acute seizure midazolam 5mg-10mg, repeated after 5 minutes, maximum 20mg (2 doses) subcutaneously, intramuscularly or buccally.**
- **Unless stated otherwise, medication being given for pain, breathlessness or agitation does not have a definite maximum dose, and so the "Max 24 hr dose to be given PRN" on an authorisation form applies only to PRN doses. Medication being given for nausea, vomiting or excess respiratory secretions does have a maximum dose, and so the "Max 24 hr dose to be given PRN" should include any of the same medication being given by syringe pump.**
- **Ensure enough drugs are prescribed to meet the patient's anticipated needs; usually 10 ampoules of each drug, but more if patient likely to need more or bank holiday**
- **If 2 or more PRN doses of a particular drug are needed in 24 hours, consider starting a syringe pump**
- **If a syringe pump is or may be needed, ensure the diluent is prescribed, e.g. 10 x 10mL ampoules of water for injection**

**Always go to and from total oral morphine equivalent dose when converting between opioids**

| Morphine (mg) ← | | | | Total Oral Morphine Daily Dose (mg) | Oxycodone (mg) → | | | |
|---|---|---|---|---|---|---|---|---|
| Sub-Cutaneous | | Oral | | | Oral | | Sub-Cutaneous | |
| S/C PRN Dose | S/C over 24hrs | PO PRN Dose | PO MR Dose (every 12hrs) | | PO MR Dose (every 12hrs) | PO PRN Dose | S/C over 24hrs | S/C PRN dose |
| 1-2.5 | 10 | 2.5-5 | 10 | **20** | 5 | 2.5 | 5 | 1 |
| 2.5 | 15 | 5 | 15 | **30** | * | 2.5 | 7.5 | 1-2.5 |
| 2.5-5 | 20 | 7.5 | 20 | **40** | 10 | 2.5-5 | 10 | 1-2.5 |
| 5 | 25 | 7.5-10 | 25 | **50** | * | 5 | 12.5 | 2.5 |
| 5 | 30 | 10 | 30 | **60** | 15 | 5 | 15 | 2.5 |
| 5-7.5 | 35 | 10-12.5 | 35 | **70** | * | 5-7.5 | 17.5 | 2.5-5 |
| 7.5 | 40 | 15 | 40 | **80** | 20 | 7.5 | 20 | 2.5-5 |
| 7.5-10 | 50 | 17.5 | 50 | **100** | 25 | 7.5-10 | 25 | 5 |
| 10 | 60 | 20 | 60 | **120** | 30 | 10 | 30 | 5 |

Seek specialist advice for higher doses or for conversion of opioids from the subcutaneous route to oral.

*** When equal divided doses not possible due to tablet strength e.g. Oxycodone 25mg/24hrs . Prescribe equal doses at higher or lower level e.g. 10mg BD or 15mg BD, dependent on clinical judgement ***

| Total Oral Morphine Daily Dose (mg) | Buprenorphine Trans-dermal Patch (Micrograms/hr) | Fentanyl Transdermal Patch (Micrograms/hr) |
|---|---|---|
| 12 | 5 | |
| 24 | 10 | |
| 30 | | 12 |
| 36 | 15 | |
| 48 | 20 | |
| 60 | | 25 |
| 84 | 35 | |
| 90 | | 37.5 |
| 120 | | 50 |
| 126 | 52.5 | |
| **Always seek specialist advice before titrating opioids above this level; pain is often poorly responsive to opioids and alternative analgesics may be required. (BNF, 2025)** | | |
| 168 | 70 | |
| 180 | | 75 |
| 240 | | 100 |

**Transdermal Patch Opioid Equivalents**

- Please note that these equivalent doses are approximations. Individual patient factors should be taken into account when making conversion decisions.
- A variety of formulations of buprenorphine and fentanyl patches are available. Patches should therefore be prescribed by brand, dose and duration to avoid confusion.
- PRN doses should be based on the approximate total 24hr oral morphine equivalent. For suggested doses see the equivalence table above.

Figures are based on the Palliative Care Formulary 8th edition and BNF, 2025