

**EAST LANCASHIRE GUIDELINES FOR THE  
MANAGEMENT OF SYMPTOMS  
IN THE LAST DAYS OF LIFE**

**Reviewed and updated August 2009**

**Next review date August 2011**

Approved for use by the East Lancashire Health Economy Drug & Therapeutics Committee. Available online at [www.elmbb.nhs.uk](http://www.elmbb.nhs.uk), click on 'Guidelines'.

Contact: Erin Bolton (End of Life Care Lead NHS East Lancashire) or Wendy Laycock (End of Life Care Lead NHS Blackburn and Darwen and East Lancashire Hospice)

## CONTENTS

TITLE	PAGE
EXPLANATORY NOTES	3
PAIN CONTROL USING MORPHINE	5
PAIN CONTROL USING DIAMORPHINE	6
TERMINAL RESTLESSNESS AND AGITATION	7
RESPIRATORY TRACT SECRETIONS	8
NAUSEA AND VOMITING	9
BREATHLESSNESS	10

### **Original Contributors:**

Dr Sheelagh Donnelly - Medical Director @ E/L Hospice Pendleside

Dr Susan Corkhill - Medical Director @ Pendleside Hospice

Kerry Carroll - Macmillan Clinical Nurse Specialist

Janet Alston - Clinical Lead East Lancs Hospice

Anne Lloyd - Community Matron BwD PCT

Fiona Hunt - District Nursing Sister BwD PCT

Carmel Wiseman - End of Life Care Project Lead

Richard Lee - East Lancashire New Drugs Pharmacist

Dr Butterworth - GP BwD PCT

### **Review Date: Aug 09**

#### **Reviewed by:**

Dr Alison Roberts

Consultant in Palliative Medicine, ELHT

Dr Mark Kitching

Consultant in Palliative Medicine. East Lancs Hospice

Dr Susan Corkhill

Community Palliative Care Physician

Erin Bolton

End of Life Care Lead, NHS East Lancashire

Eileen Roberts

Macmillan CNS Palliative Care (Community)

Vince Goodey

Pharmacy Governance Lead, ELHT

In association with East Lancashire Specialist Palliative Care Team

Adapted from Liverpool Care Pathway LCP

# East Lancashire Guidelines for the Management of Symptoms in the Last Days of Life

## Explanatory notes

These guidelines-

- have been prepared to assist in decision making for the prescribing and monitoring of drugs useful in the management of symptoms commonly encountered in the last days of life and are designed for adults
- have been prepared and approved for use throughout East Lancashire in Primary and Secondary Healthcare settings
- may be used in patients who have not entered the End of Life Care Pathway
- must be considered when the End of Life Care Pathway is agreed for a patient

**Anticipatory prescribing will ensure that, in the last days/hours of life, symptoms can be addressed in a timely manner.**

Users of this guideline must be aware that-

- Patients with end-stage cardiac or renal disease may require adjustments to drug doses or the choice of drug. It is beyond the scope of this document to encompass all conditions.
- Drug doses are a guide only and may be increased or decreased at the discretion of the prescriber.
- If symptoms persist, or for further advice regarding drug choice or dose please contact the appropriate Specialist Palliative Care Team (details overleaf).

## Roles and Responsibilities

### Prescribing

Prescribing must only be undertaken by a Doctor or Non-Medical Prescriber in accordance with:-

- ELHT Medicines Management Policy ELHT/C064
- NHS East Lancashire Non-Medical Prescribing Policy/ Policy number 44
- ELHT Non-Medical Prescribing Policy ELHT/C098

### Drug Administration

Drugs must be administered in accordance with:-

In association with East Lancashire Specialist Palliative Care Team

Adapted from Liverpool Care Pathway LCP

- NHS East Lancashire and NHS Blackburn with Darwen Medicines and Controlled Drugs Policy/ Policy number 59
- ELHT Medicines Management Policy ELHT/C64
- East Lancashire Specialist Palliative Care (Acute & Community)  
MS26 SUBCUTANEOUS SYRINGE DRIVER (PALLIATIVE CARE)  
POLICY AND PROCEDURE

### **Further references**

Royal Marsden Manual of Clinical Nursing Procedures.  
Lancashire and South Cumbria Cancer Network Palliative Care Prescribing Guidelines

### **Specialist Palliative Care Team Contact Details**

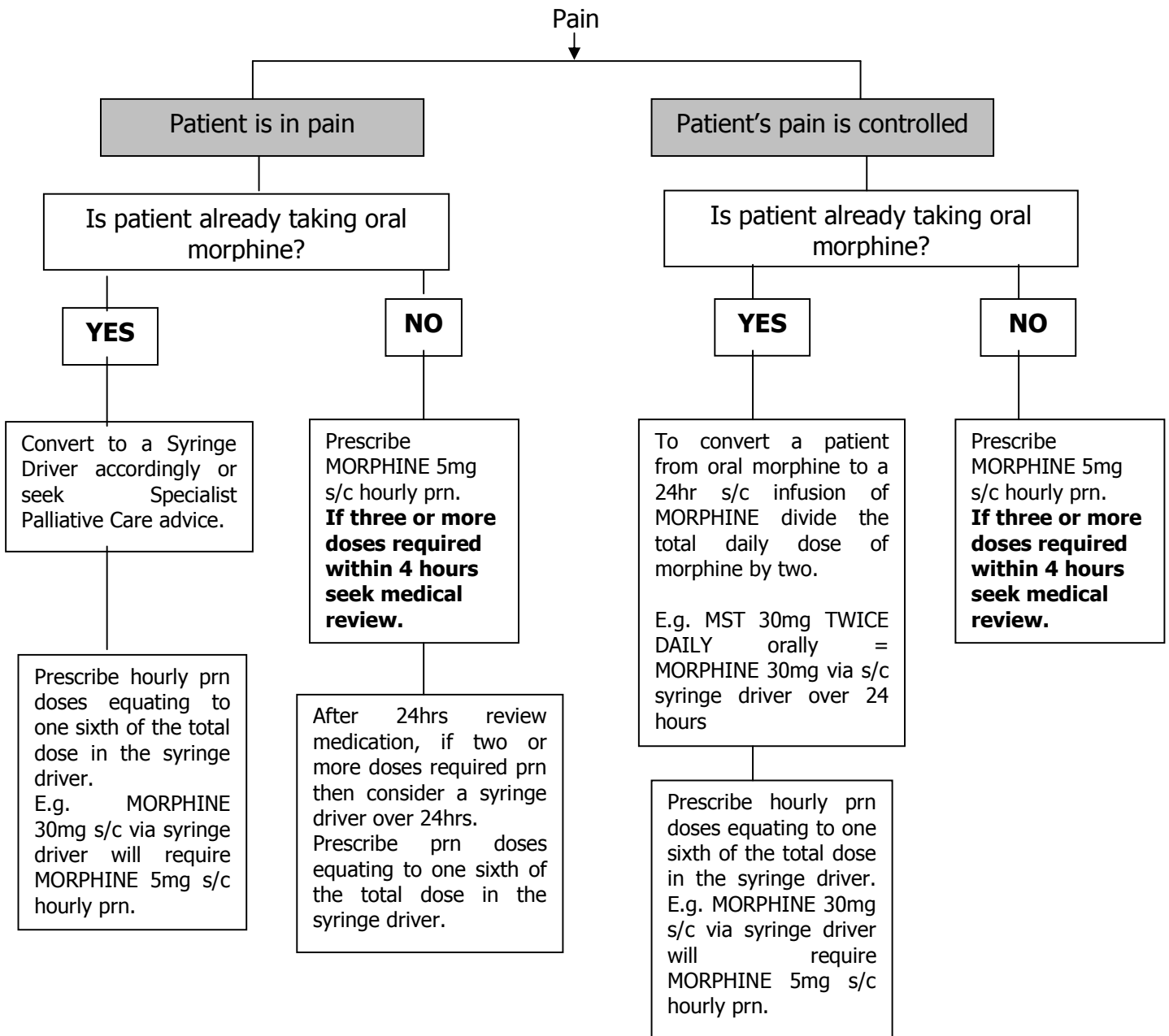
ELHT Hospital Specialist Palliative Care Team 01254 732316

Community Specialist Palliative Care Team  
East Lancashire Macmillan CNS 01254 770071

East Lancashire Hospice Specialist Palliative Care Team  
Blackburn with Darwen 01254 342810

East Lancashire 24-Hour Specialist Palliative Care Help Line 0773 0639399

## PAIN CONTROL USING **MORPHINE**

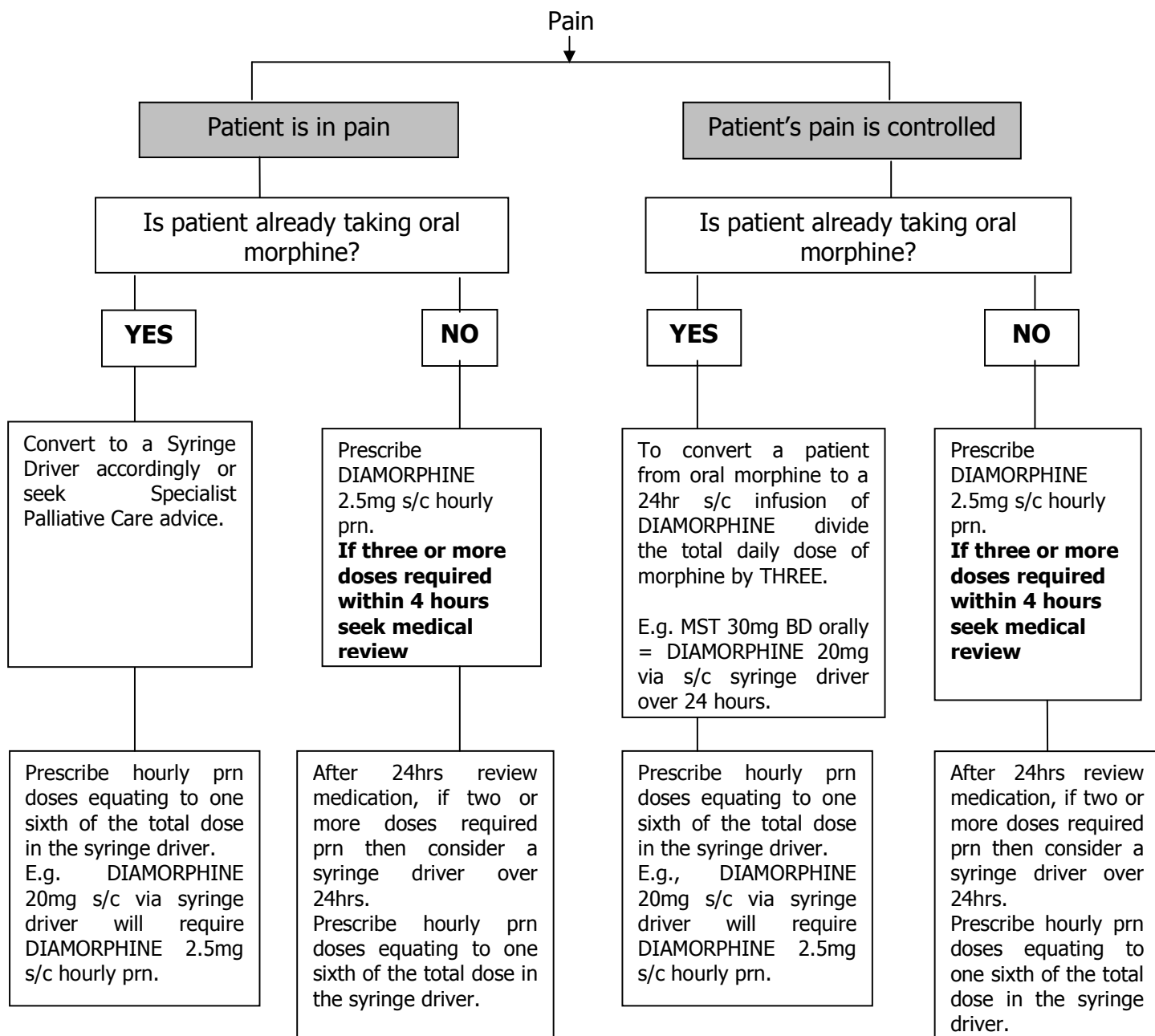


### **SUPPORTIVE INFORMATION**

- ❖ To convert from other strong opioids, or if symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24-hour Helpline.
- ❖ **WARNING** – Caution is required in selection of morphine products. Always double check the ampoule strength when preparing doses. Always use the lowest strength ampoules appropriate for the prescribed dose.

In association with East Lancashire Specialist Palliative Care Team  
Adapted from Liverpool Care Pathway LCP

## PAIN CONTROL USING **DIAMORPHINE**

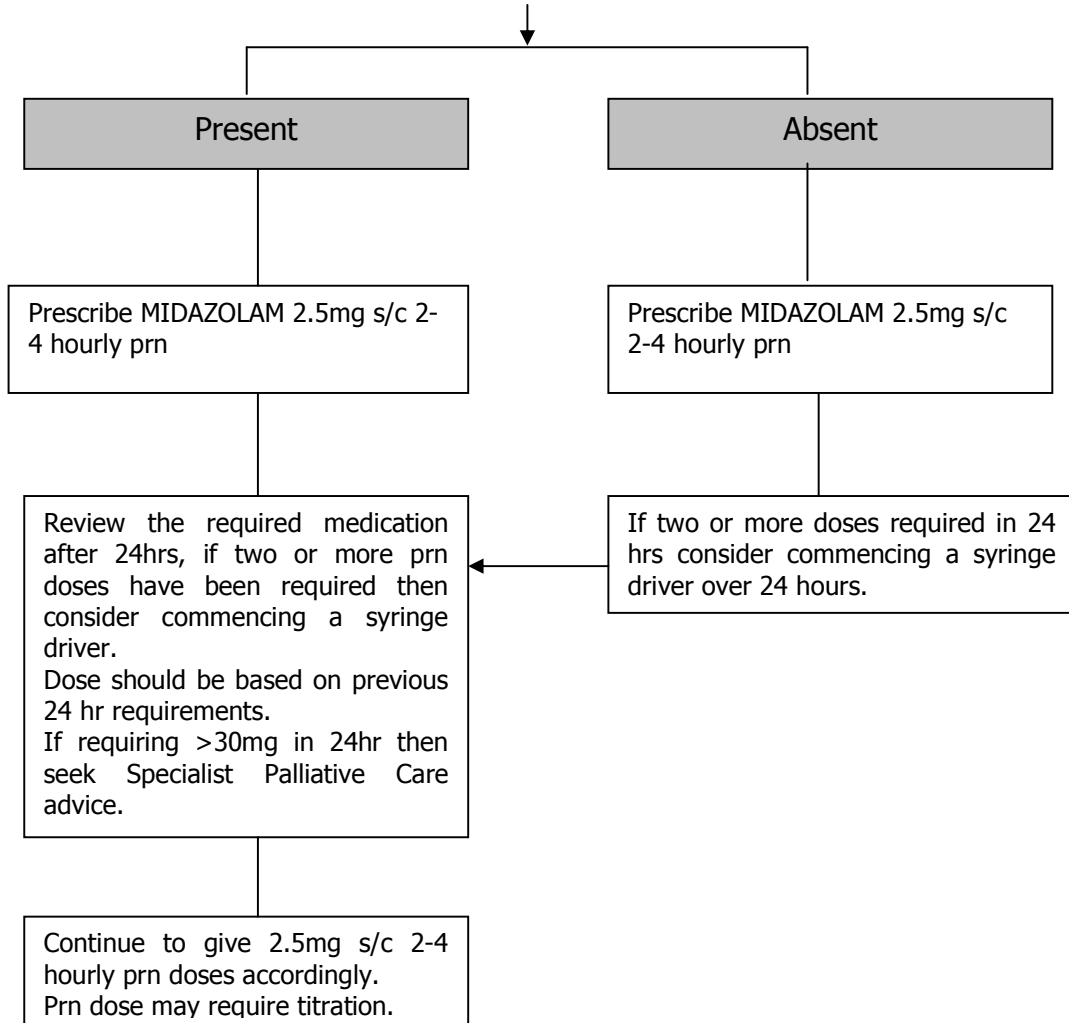


### SUPPORTIVE INFORMATION

- ❖ To convert from other strong opioids, or if symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24-Hour Helpline.
- ❖ **WARNING** – Caution is required in selection of Diamorphine products. Always double check the ampoule strength when preparing doses. Always use the lowest strength ampoules appropriate for the prescribed dose.

In association with East Lancashire Specialist Palliative Care Team  
Adapted from Liverpool Care Pathway LCP

## TERMINAL RESTLESSNESS AND AGITATION

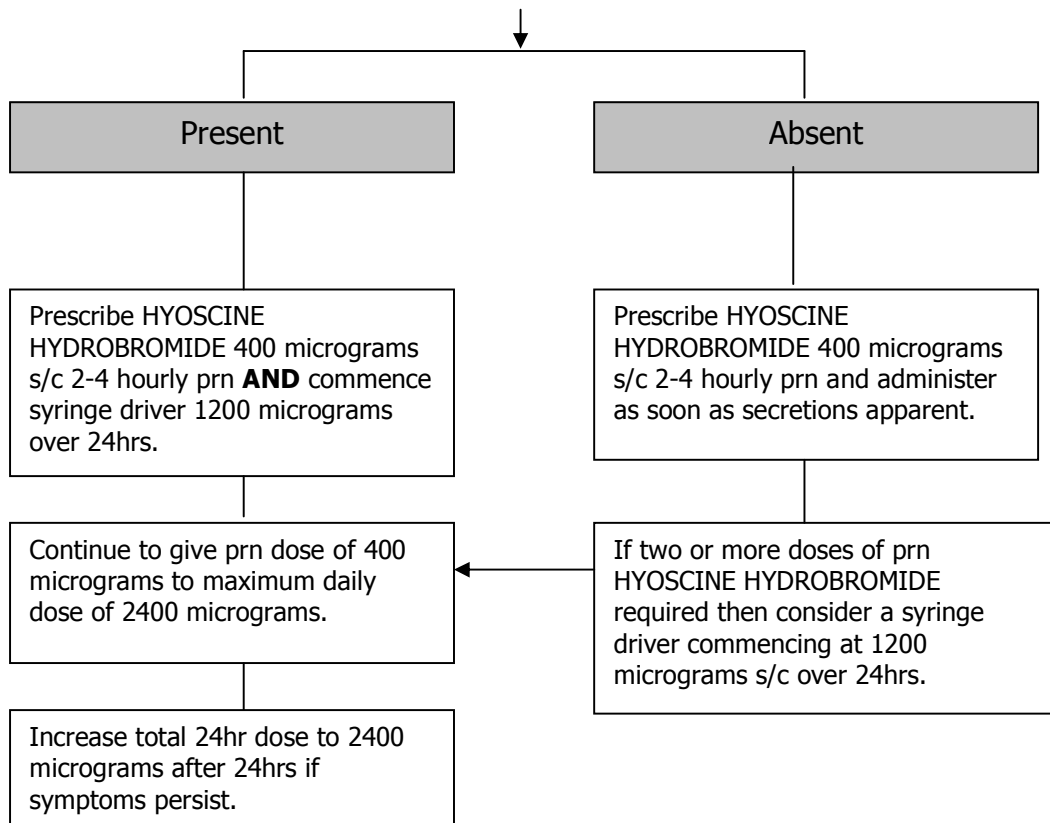


## SUPPORTIVE INFORMATION

- ❖ Exclude reversible causes and address as appropriate e.g. pain, urinary retention faecal impaction.
- ❖ If symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24-hour Helpline.
- ❖ **WARNING** – Caution is required in selection of Midazolam products. Always double check the ampoule strength when preparing doses. Caution: Midazolam 10mg/2ml injection strength is reserved for palliative care use only in most clinical settings

In association with East Lancashire Specialist Palliative Care Team  
Adapted from Liverpool Care Pathway LCP

## RESPIRATORY TRACT SECRETIONS

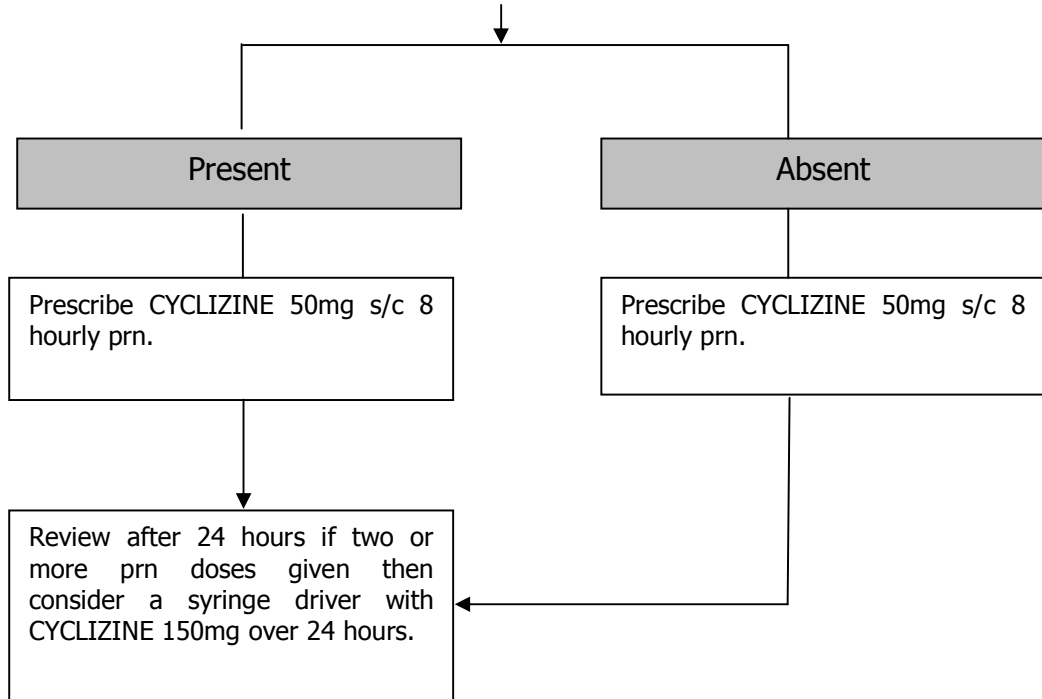


### SUPPORTIVE INFORMATION

- ❖ \*Note: Do not confuse Hyoscine Hydrobromide with Hyoscine Butylbromide (Buscopan).
- ❖ If symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24-hour Helpline.



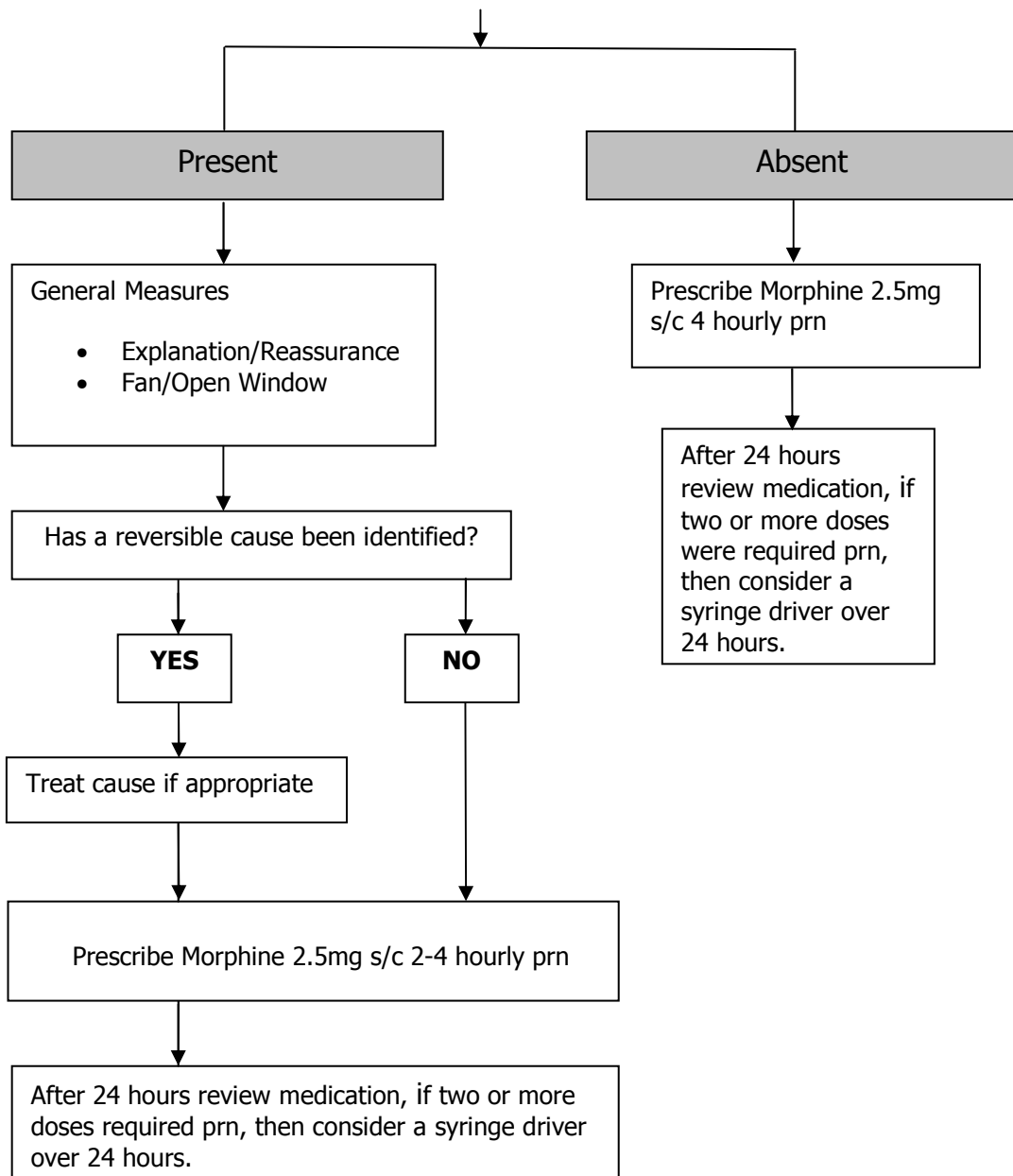
## NAUSEA AND VOMITING



### SUPPORTIVE INFORMATION

- ❖ Consider possible causes for nausea and vomiting and address as appropriate.
- ❖ Cyclizine is not recommended in patients with heart failure.
- ❖ Alternative antiemetics may be prescribed  
e.g. Haloperidol 1.5mg s/c 4-6 hourly prn (to max 5mg in 24 hours) or up to 5mg via syringe driver.  
Levomopromazine 6.25mg s/c 4-6 hourly prn (to max 25mg in 24 hours) or up to 25mg via syringe driver.
- ❖ If symptoms persist contact the Specialist Palliative Care Team or the Specialist Palliative Care 24-hour Helpline.

## BREATHLESSNESS



### SUPPORTIVE INFORMATION

- ❖ Morphine is useful for management of breathlessness; however prescribing is not necessary if already on strong opioid for pain relief. Prescriptions/authorisations must specify if breathlessness is the indication.
- ❖ If the patient is breathless **and** anxious consider Midazolam 2.5mg s/c 4 hourly prn, this can also be added to the syringe driver.
- ❖ If symptoms persist contact the Specialist Palliative Care Team or Specialist Palliative Care 24-hour Helpline.
- ❖ **WARNING** – Caution is required in selection of Morphine and Midazolam products. Always double check the ampoule strength when preparing doses. Always use the lowest strength ampoules appropriate for the prescribed dose.