

PRESCRIBING GUIDANCE FOR SYMPTOM MANAGEMENT IN THE LAST HOURS OR DAYS OF LIFE



DYSPNOEA/BREATHLESSNESS If on morphine for pain (not breathlessness) Is the patient already on or if the eGFR ≤30ml/min. morphine for breathlessness? **Please contact Palliative Medicine Specialist** Yes No patient is using < 4 PRN doses PO/24 hours, Prescribe morphine 2.5 subcut PRN to Q1H to convert dose to subcut PRN only 4 doses in 24 hours for dyspnoea *Divide the PO morphine dose by 2 to AND If patient is likely to continue to need morphine 4 or calculate the subcut dose Midazolam 2.5mg - 5mg subcut PRN to Q1H more times in 24 hours convert previous 24-hour up to 4 doses in 24 hours for associated total PO morphine requirement to CSCI* anxiety. Consider 1mg - 5mg subcut Q1H PRN in elderly. AND also prescribe: Review every 24 hours or •Morphine at 1/6 to 1/12 of the CSCI dose, subcut earlier if 3-4 PRN doses are Q1H PRN to 4 doses/24 hours for dyspnoea. used in 24 hours •Midazolam 2.5mg - 5mg subcut PRN to Q1H up to 4 doses in 24 hours for associated anxiety. Consider 1mg - 5mg subcut Q1H PRN in elderly. If 7.5mg or more of either PRN morphine and/or If 7.5mg or more of either PRN morphine and/or PRN midazolam has been used in 24 hours, PRN midazolam has been used in 24 hours, Dose is guided by actual use in then proportionately increase the morphine +/previous 24 hours then administer a proportionate dose of midazolam in the CSCI* morphine +/- midazolam via CSCI*

*CSCI = continuous subcutaneous infusion

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If symptoms persist or for further advice:

Hospital patients: Contact Hospital Palliative Care Team (Weekdays 9am-5pm) Hawke's Bay Soldier's Memorial Hospital. At other times and for all other patients in the community: Contact Cranford Hospice community doctor (06) 878 7047.